

# Inspection Report

<b>Name of Service:</b>	<b>Arches Care Home</b>
<b>Provider:</b>	<b>Beaumont Care Homes Limited</b>
<b>Date of Inspection:</b>	<b>16 October 2024</b>

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Beaumont Care Homes Limited
<b>Responsible Individual:</b>	Mrs Ruth Burrows
<b>Registered Manager:</b>	Ms Gabrielle McDonald – not registered
<b>Service Profile:</b> This home is a registered nursing home which provides nursing care for up to 32 patients living with physical disability and/or learning disability. Patients' bedrooms are situated over the ground and first floor and there are a range of communal areas throughout the home.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 October 2024, from 9.45 am to 2.15 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 24 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of this report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 or more details on what people told us.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Three areas for improvement relating to medicines management have been carried forward for review at the next pharmacy inspection. No new areas for improvement were identified. Full details, can be found in the quality improvement plan (QIP) in Section 4.

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### 3.2 What people told us about the service

Patients spoken with told us that they were happy living in Arches Care Home and that their experiences with staff were positive. Patients described staff as "very good", and told us that staff supported them to go about their day as they wish. For example, one patient said, "they (staff) let me do what I want", and another patient said, "I can come and go."

Patients talked about their connections with family, friends, and the local community. For example, some patients talked about family visiting the home, some patients talked about leaving the home to attend day centre or go shopping, and one patient explained how staff supported them to attend regular appointments outside of the home. Some patients also talked about going on holidays with family.

Patients confirmed that they were able to spend time alone if they preferred and could opt out of organised activities if they wished, with one patient saying that they were "taking it easy", and another patient saying that they were having a lie in after breakfast.

Patients told us that staff knew them well and that staff had an understanding of their likes, dislikes, and preferred routines, and that staff honoured these preferences.

Patients said that they were happy with the food and that they had a choice of meals each day and also enjoyed take away food or eating out on occasions.

Patients said that they were happy with the environment and confirmed that they could personalise their bedrooms to their own taste and interests.

Relatives spoke positively about the care and services provided in the home, “I would give the place ten out of ten.” Relatives confirmed that visiting arrangements were working well and that they were kept informed about their loved one’s needs and care.

Relatives told us that if they have any issues or concerns they would not hesitate to speak with the manager or nurse in charge.

Following the inspection RQIA received two completed relative questionnaires. Both indicated that they were very satisfied with the care and services provided in Arches Care Home; “the care is excellent”, “the high level of care is carried out professionally.”

Relatives expressed that they felt assured that their loved ones were safe, “there is always someone on their rounds”, “they (patient) are in good hands, the staff are kind.”

Staff told us that they were happy working in the home. Further detail about staff views can be found in section 3.3.1 of this report.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, call bells were answered promptly, some patients were seen to have a lie in, and a patient was heard to tell staff what clothes they wanted to wear. Staff were seen to be warm and caring in their interactions with patients.

#### **3.3.2 Quality of Life and Care Delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences. Observations throughout the day confirmed that there was ongoing communication between staff in relation to patient needs. For example, there was a ‘safety pause’ prior to mealtimes.

Staff were observed to be prompt in recognising patients’ needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients’ needs. For example, staff were seen to provide reassurance and support to a patient following an incident, and kept the patient informed about what was happening.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others. For example, some patients were seen to move freely around communal areas, and staff were heard to ask patients if they wished to attend day centre. Some patients told us about their varied weekly schedules and said that staff supported them to meet their weekly goals and social events.

At times some patients may require the use of equipment that could be considered restrictive, such as alarm mats or lap belts. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Examination of care records and discussion with nursing staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the breakfast and lunch time meals, and discussion with patients and staff indicated that there were robust systems in place to manage patients' nutrition and mealtime experience. One relative told us that their loved one's level of independence and ability to help themselves could fluctuate from time to time, and this relative expressed that they sometimes worried if staff would be able to identify when their loved one needed more assistance. Discussion with the relative and the manager confirmed that the relative was provided with assurances that their loved one's needs in relation to support with meals was monitored closely. Following the inspection RQIA received feedback from a relative confirming that assistance with meal was "followed up...which is good."

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity, knitting club, which took place in the morning, confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as, listening to music, watching a movie, or waiting to go to day centre. Discussion with patients confirmed that they were involved in the planning of activities as they had suggested a knitting club.

There were posters around the home advertising upcoming events, such as a Halloween party and funky trouser day. There was evidence of planned events with the community or entertainers. For example, a visit and performance from a local school band, and another event with a musical entertainer.

Review of records evidenced that weekly activity programmes were planned, and included events such as, arts and crafts, shopping trips, sensory sessions, puzzles, religious services, and one to one time. Patients' birthdays were celebrated.

Review of records, discussions with patients, staff, and management, and observations during the inspection, evidenced that a previously identified area for improvement in relation to activities had been addressed by the provider.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. There was evidence of ongoing environmental improvements with repairs to damaged walls and paint touch ups.

Patients told us that they could have their bedrooms decorated to suit their own tastes and interests. Communal rooms were suitably furnished and comfortable, and there were homely touches throughout, such as photos of patients, pictures on walls, framed movie posters, plants and flowers.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks, nurse call system checks, electrical installation checks and water temperature checks. The most recent fire risk assessment was undertaken on 11 March 2024 and any recommendations made by the assessor had been addressed by the provider.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

There had been no change in the management of the home since the last inspection. Ms Gabrielle McDonald was appointed manager on 25 March 2024 and an application to register Ms McDonald with RQIA was in progress.

Patients, relatives, and staff commented positively about the manager and described her as approachable. Patients were seen to come and go from the manager's office. A relative told us that they would "go to the office" if they needed to talk to the manager. Staff said that the "office door is always open", and that the manager would spend time around the home daily.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	0

\*The total number of areas for improvement includes three which have been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Gabrielle McDonald, Manager, and Stephanie Flack, Operations Manager, Beaumont Care Homes Ltd, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 June 2022	The registered person shall ensure that when nutrition and medicines are administered via the enteral route an up-to-date daily regimen is available and total fluid intake is recorded daily.  Ref: 2.0
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 June 2022	The registered person shall ensure that records of medicines received into the home and transferred out of the home are accurately maintained.  Ref: 2.0
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 June 2022	The registered person shall review the storage arrangements for medicines as detailed in the report.  Ref: 2.0
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>





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Authority

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