

Inspection Report

24 June 2024



Arches Care Home

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited Responsible Individual: Mrs Ruth Burrows	Registered Manager: Ms Gabrielle McDonald – not registered
Person in charge at the time of inspection: Ms Gabrielle McDonald	Number of registered places: 32 No more than 1 patient in categories NH-PH/PH(E)
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 30
Brief description of the accommodation/how the service operates: This is a registered nursing home that can accommodate up to 32 patients living with a learning and/or physical disability. The patients' bedrooms are situated over two floors with communal living and dining space on both floors.	

2.0 Inspection summary

An unannounced inspection took place on 24 June 2024 from 10.10 am to 1.30 pm by a care inspector.

The inspection focused on areas for improvement identified at the last care inspection.

The home was clean and tidy and there was a welcoming atmosphere. Patients looked relaxed as they went about their daily routines, and told us that they were happy living in Arches Care Home.

Patients were seen to exercise choice in relation to their daily lives, such as where and how they spent their time. Staff interactions with patients were warm and respectful, and staff demonstrated knowledge about individual patient needs and preferences.

RQIA were assured that the delivery of care and services provided in Arches Care Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Gabrielle McDonald, manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients told us that they were happy with the care and services they received in the home. Patients said that staff were "good" to them and one patient described staff as "my friends."

We consulted with a range of staff in different roles, including agency workers. All staff said that they were happy working in the home and described positive working relationships between each other and with management.

No staff survey responses were received.

One relative questionnaire was received following the inspection. The relative indicated that they were very satisfied that the care provided was safe, effective, and delivered with compassion, and that the service was well led. The relative commended individual staff by name and spoke about staff being “patient and person centred in their daily care.” The relative told us that staff were “unfailingly caring, compassionate, and friendly”, and that as a family they were confident that their loved one was “well supported.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 March 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	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.	Carried forward to the next inspection
	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.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records of medicines received into the home and transferred out of the home are accurately maintained.	Carried forward to the next inspection
	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.	
Area for Improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the storage arrangements for medicines as detailed in the report.	Carried forward to the next inspection
	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.	

Area for Improvement 4 Ref: Regulation 13 (1) (b) Stated: First time	<p>The registered person shall ensure that staff respond to nurse call bells without unnecessary delay.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for Improvement 5 Ref: Regulation 12 (1) (b) Stated: First time	<p>The registered person shall ensure that staff are aware of the procedure for blood glucose monitoring in accordance with best practice.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for Improvement 6 Ref: Regulation 14 (1) (c) Stated: First time	<p>The registered person shall ensure that alarms mats are provided to patients without delay in accordance with their assessed needs.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for Improvement 7 Ref: Regulation 12 (2) (b) Stated: First time	<p>The registered person shall ensure that there is a system in place for the timely repair and/or replacement of faulty falls management equipment.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for Improvement 8 Ref: Regulation 13 (7) Stated: First time	<p>The registered person shall ensure that staff adhere to best practice in line with the Regional Infection Prevention and Control Manual for Northern Ireland.</p> <p>Auditing systems should capture staff practice in relation to IPC and evidence actions taken to address any shortfalls.</p>	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 9 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the environmental infection prevention and control (IPC) issues identified in this report are addressed. Auditing systems should capture IPC deficits in the environment and evidence actions taken where required. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 39.1 Stated: First time	The registered person shall ensure that all agency staff employed to work in the home have an induction and orientation completed and that records are maintained. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for Improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure that the duty rota accurately reflects the manager's working arrangements Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for Improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that care records are dated, timed, and signed by the completing nurse in accordance with the Nursing and Midwifery Council (NMC) guidelines on record keeping. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

Area for Improvement 4 Ref: Standard 37.4 Stated: First time	The registered person shall ensure that there is a system in place for the timely archiving of records so that only the most up to date information is held on patient files.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 11.1 Stated: First time	The registered person shall ensure that, until activity staff are recruited, interim arrangements are put in place for the provision of activities.	Partially met
	Action taken as confirmed during the inspection: Efforts to improve the provision of activities was noted; the activities leader had attended the Beaumont activities leader network for shared learning and ideas, and some weekly planners had been completed. However, there was no planner in place on the day of inspection and feedback from staff and patients indicated little improvement in the variety of activities on offer. Further detail can be found in section 5.2.4 of this report. This area for improvement was stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The duty rota accurately reflected the staff working in the home on a daily basis and the manager's hours and capacity worked were stated.

Review of records evidenced that inductions were completed for all staff working in the home, including agency nurses, care staff, domestics, and catering. Discussion with staff confirmed that they found the inductions helpful and informative. Several inductions were ongoing during the inspection and staff confirmed that they felt supported and were paired with more experienced staff so that they could become familiar with the policies and procedures in the home and with patients' preferred routines.

Staff described having good teamwork and positive working relationships with management.

Staff said that there was enough staff in the home each day to meet the needs of patients. Staff acknowledged that at times they have felt an additional burden when working with staff who were not familiar with the home, such as agency staff but commented that they were happy about new staff joining the team and recognised the important part that all staff play in the induction process.

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, some patients went to the day centre while others chose to remain in the home and staff were observed to ask patients what they wished to do.

Nurse call bells were answered without delay and patients confirmed that staff were available to them when they needed.

A relative provided positive feedback in relation to staff, describing staff as compassionate, friendly, knowledgeable about individuals' likes and dislikes, and displayed patience. "They give exemplary help."

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of patients. Discussion with staff evidenced that they knew the patients well.

The arrangements for blood glucose monitoring were reviewed. Since the last care inspection, nursing staff had participated in a supervision session to ensure that all nurses carried out the correct procedure in line with best practice. Records of supervisions were maintained and made available for inspection. Discussion with nurses evidenced that best practice was being implemented.

The management of falls was reviewed. Patients who were assessed as being at increased risk of falls had measures in place to reduce this risk. For example, patient areas and floors were clutter free, staff provided assistance with mobility where required, and specialist equipment such as alarm mats were used where appropriate.

Records pertaining to falls management were well maintained, and it was confirmed that any patients requiring specialist equipment had this in place. Discussion with staff evidenced that they knew how and when to escalate any issues or faults with equipment, and what measures to take to keep patients safe.

Review of a sample of care records showed that nurses were signing and dating any entry or update in line with the Nursing and Midwifery Council (NMC) guidelines on record keeping, and any out of date records were appropriately archived.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

A relative said "the care is excellent and very person centred."

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy, warm, and well lit. There were no malodours.

Since the last inspection there was evidence of an ongoing refurbishment and decorating programme. A new maintenance person had commenced post and was working through environmental repair jobs.

Following the inspection, the manager shared the home's refurbishment plan with RQIA which evidenced plans to redecorate some communal areas and patients' bedrooms, and to replace some furnishings. The progress of this refurbishment plan will be reviewed again at the next inspection.

Bedrooms were clean and personalised. Storage areas had been reorganised and items were stored appropriately.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, environmental and hand hygiene audits were conducted and action taken where required.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed, homely, and welcoming. Patients were seen to go about their day as they wished, with the support of staff.

A number of patients attended a day centre in the morning and returned to the home later in the day. Patients told us that they were happy with the arrangements about spending time outside of the home and confirmed that they could visit family or use the local amenities with the help and support of staff.

The manager confirmed that there was ongoing recruitment for a second activities leader, and that they hoped to have someone commence post in the near future.

Discussion with staff and patients, and observations during the inspection evidenced that the provision of activities was limited. An activities planner was in place for previous weeks, however this was not consistent and no planner was in place for the week of the inspection. A previously stated area for improvement was partially met and is stated for a second time.

A relative told us that their loved one was supported by staff to make choices throughout the day.

5.2.5 Management and Governance Arrangements

The management arrangements of the home had changed since the last inspection. Ms Gabrielle McDonald was appointed manager on a temporary basis on 25 March 2024. Following the inspection RQIA were informed that this arrangement would be made permanent and that the process to register Gabrielle as the manager for Arches Care Home would be completed in due course.

Staff were aware of the management arrangements and of who was in charge of the home at any given time. Staff spoke in positive terms about the manager and described her as “present, visible...approachable”, “supportive and available” and “very good.”

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. It was positive to note that the manager also conducted daily walk-rounds of the home and maintained records.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	3*	1*

*The total number of areas for improvement includes one that has been stated for a second time and three which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Gabrielle McDonald, manager, 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 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: 5.1
	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.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 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: 5.1
	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.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: 23 June 2022	The registered person shall review the storage arrangements for medicines as detailed in the report. Ref: 5.1
	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.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 11.1 Stated: Second time To be completed by: 24 June 2024	The registered person shall ensure that, until activity staff are recruited, interim arrangements are put in place for the provision of activities. Ref: 5.1 and 5.2.4
	Response by registered person detailing the actions taken: The current Personal Activities Leader is employed 40hrs. When she is not in the Home, care staff take over this role and facilitate and promote the activity programme with the residents. A weekly activity schedule is in place for the residents, with a lot of variety offered. This includes 1:1

	<p>sessions and group activities as well as outings and musical entertainment for the whole Home. On Sundays there is Holy Communion made available, and a blessing for those who choose to avail, and on the first Saturday of each month there is a church service facilitated by Bloomfield Presbyterian Church.</p> <p>Recruitment has been ongoing for the deficit PAL role to ensure activities are covered over the 7 days. A new recruit will commence employment in September, working alongside the current PAL, to provide a fun and stimulating activity programme for the residents.</p> <p>Beaumont Care Homes have launched regional PAL meetings every three months, chaired by one of the company's Quality Support Managers. This is giving the Personal Activity Leaders an opportunity to network and discuss activity planners, events, documentation and share ideas.</p>
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