

Unannounced Care Inspection Report 5 April 2018



Arches

Type of Service: Nursing Home (NH)
Address: 144 Upper Newtownards Road, Belfast, BT4 3EQ
Tel No: 028 9065 8274
Inspector: Kieran McCormick

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 33 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Claire Royston	Registered Manager: Judith Anne Brown
Person in charge at the time of inspection: Judith Anne Brown – Registered Manager	Date manager registered: 17 October 2017
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 registered places: 33 No more than 1 patient in categories NH-PH/PH(E).

4.0 Inspection summary

An unannounced inspection took place on 5 April 2018 from 09.35 to 15.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the arrangements for the provision of activities, care records, staff training and development, induction, supervision and appraisal, adult safeguarding and record keeping. There was also evidence of good practice identified in relation to the management of complaints, incidents, teamwork and communication between residents, staff and other key stakeholders.

Areas requiring improvement were identified and include the safe storage of prescribed medications, the environment of the patient smoking room and ensuring a remedial action plan has been implemented where actions have been identified following meetings and completion of quality assurance audits.

Patients described living in the home in positive terms, including the following comment:

“I am getting on great and am dead on”.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Judith Anne Brown, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 8 February 2018

The most recent inspection of the home was an unannounced premises inspection undertaken on 8 February 2018. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI’s), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with seven patients individually and with others in small groups, three staff and one patient’s visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA via an online survey.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 26 March to 8 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- three staff recruitment and induction files
- adult safeguarding records
- three patient care records
- five patient supplementary care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of employers liability
- recent staff meeting records
- recent resident/relative meeting records
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 February 2018

The most recent inspection of the home was an unannounced premises inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 11 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement Ref: Standard 46.2 Stated: First time To be completed by: 30 June 2017	The registered provider shall ensure that the shortfalls identified in the environment do not contravene the regional infection prevention and control guidance and the areas identified on inspection are actioned.	Met
	Action taken as confirmed during the inspection: Infection prevention and control issues identified during the last inspection have been evidenced as addressed.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 26 March to 8 April 2018 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

Staff recruitment information was available for inspection; the records for three staff were reviewed. In all but one file, two references had been sought prior to the commencement of employment, and in all three files health declarations had not been completed. This was discussed with the registered manager who agreed to immediately address. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Discussion with staff and a review of records evidenced that the provision of supervision and appraisal was imbedded into practice in the home. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of registered nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with, clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place. A safeguarding champion was identified for the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas.

Patients/representatives/staff spoken with were complimentary in respect of the home's environment. The majority of the home was found to be warm, well decorated, fresh smelling and clean throughout. The inspector noted a smell of cigarette smoke in the main foyer area of the home; this was identified to be coming from the patient smoke room. A review of the room identified cigarette butts and ash on the floor of the room, ashtrays were overflowing, there was no fire retardant bin, ventilation in the room was insufficient to extract the lingering smoke smell, there were pieces of rubbish on the floor and the walls required repainting. These findings were discussed with the registered manager for urgent attention and an area for improvement, under the standards, was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

During a tour of the home the inspector observed prescribed thickening agents and food supplements inappropriately stored in patient dining areas. This was brought to the attention of the registered manager and an area for improvement, under the regulations, was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

The following areas were identified for improvement in relation to the patient smoking area and the safe storage of thickening agents and food supplements.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patients care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Care plans and risk assessments were reviewed monthly by the named nurse.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. A review of care records for a patient with wounds evidenced that these were maintained in accordance with best practice guidance and recommendations from the TVN.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with staff and a review of records confirmed that staff meetings were held on a regular basis and records were maintained. A review of records evidenced that patient and/or relatives meetings were held. A review of all the meeting records available evidenced that where an area for action had been highlighted at meetings an action plan to address had not been devised. This area for improvement has been incorporated with another identified area in the report, see section 6.7. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, teamwork, and communication between residents, staff and other key stakeholders.

Areas for improvement

The following area was identified for improvement: the process for recording meetings should evidence that an action plan has been implemented to address any action identified during meetings with staff, patients or patient's representative.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector arrived in the home at 09.35 hours and was greeted by staff who were helpful and attentive. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Ten patient and ten relative questionnaires were issued at the time of inspection, three questionnaire responses were received from relatives, each indicated that they were very satisfied across all four domains with the delivery of safe, effective, compassionate and well led care. Two questionnaires were received from an unknown source; these responses indicated that the individuals were very satisfied across all four domains; a comment recorded included "the staff are brilliant".

Comments from patients who met with the inspector included the following statements:

"I am getting on great and am dead on"

"the food is lovely"

Relatives who met with the inspector stated:

"the care is great, I have no concerns (relative) is very well looked after"

The inspector met with three staff. A poster inviting staff to complete an online survey was provided. At the time of writing this report no responses were received.

Any comments received from patients, relatives and staff were shared with the registered manager for their consideration and action as required. Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

Observation of the lunch time experience and discussion with patients evidenced that patients enjoyed a pleasurable dining experience. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary, food was covered when being transferred from the heated trolley to patients who were not in the dining room.

The inspector observed a varied range of activities available to patients in the home. On the day of inspection a number of patients were going on an outing to an afternoon tea party. Patients and staff were able to advise the inspector of holidays that had been planned for patients to Blackpool, Strangford and Disneyland. Staff advised they supported patients on these holidays in their own time, this was commendable.

The inspector noted that the home had been nominated and won a number of awards throughout 2017, this included awards collected at the annual National Learning Disability Awards ceremony.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. A suggestions box was available in the front area of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, availability and variety of patient activities and award recognition for the service provided.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The RQIA registration certificate was up to date and displayed appropriately, the registered manager has now completed registration with RQIA since the last inspection. A certificate of employers' liability insurance was also up to date and displayed. The statement of purpose and service user guide was also available for review.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded.

Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home, this was also displayed in the foyer area of the home.

The registered manager was knowledgeable in regards to the registered categories of care for the home. Review of records and observations undertaken during inspection confirmed that the home was operating within its registered categories of care.

A review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. A copy of the complaints procedure was available in the home. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients and their representatives were aware of who the registered manager was.

An examination of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. However a review of accidents/incidents between January and March 2018 evidenced that three events notifiable to RQIA under regulation 30 had not in fact been reported. This was discussed with the registered manager who was also sign posted to the 2017 RQIA notifiable events guidance. The registered manager submitted the notifications prior to the end of the inspection and demonstrated clear understanding of reporting similar such events going forward.

The registered manager was able to evidence that robust systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to infection prevention and control, medication management, falls, care records, complaints, incidents/accidents and use of restraint. In the case of a number of the audits reviewed there was no analysis of findings or evidence that appropriate actions had been taken. There was a lack of evidence to support that where a shortfall had been identified an action plan to address the shortfall had been devised. This was identified as an area for improvement under the care standards.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, completion of Regulation 29 monitoring visits, quality improvement and maintaining good working relationships.

Areas for improvement

The following area was identified for improvement: the process for auditing should evidence that an action plan has been implemented to address any shortfall identified during auditing.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Judith Anne Brown, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that prescribed thickening agents and food supplements are securely stored at all times whilst in the home.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: This has been addressed. All prescribed thickening agents and food supplements are being stored in the treatment room. Supervision has been carried out with all staff to ensure they understand the importance of correct storage. This is being monitored on a daily basis during the registered manager daily walk about.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2018</p>	<p>The registered person shall ensure that the smoking room is appropriately maintained at all times and that the current extraction system is reviewed to ensure optimal effect.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: This has been addressed. The smoking room has been repainted and the property manager has been asked to arrange the upgrading of the extractor fan which he is sorting out.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35.4</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2018</p>	<p>The registered person shall ensure that quality/governance audits and staff, patient and relative meetings evidence that where a shortfall/action has been identified a corresponding action plan is implemented to address this.</p> <p>Ref: Section 6.5 and 6.7</p>
	<p>Response by registered person detailing the actions taken: This has been addressed. The registered manager has already put action plans in place following staff, patient and relatives meetings.</p>

Please ensure this document is completed in full and returned via Web Portal



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