



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 5 December 2019



Arches

Type of Service: Nursing Home
Address: 144 Upper Newtownards Road, Belfast, BT4 3EQ
Tel No: 028 9065 8274
Inspector: Caroline Rix

www.rqia.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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 33 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Judith Anne Brown (Judy) 17 October 2017
Person in charge at the time of inspection: Judy Brown	Number of registered places: 33 comprising: No more than one patient in categories NH-PH, and NH-PH (E).
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 30

4.0 Inspection summary

An unannounced inspection took place on 5 December 2019 from 09.35 hours to 15.30 hours.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of care homes, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Patients in nursing homes have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with all areas for improvement identified in the home 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 assessment of patients' needs and the planning of how these needs would be met. The delivery of care took into account personal choice and independence for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care required.

No new areas for improvement were identified during this inspection.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others and staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	0	3*

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

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Judy Brown, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 16 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 16 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. No patient/relative's questionnaires were returned to RQIA following the inspection.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No survey responses were received following the inspection.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 25 November to 8 December 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- two patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports for October and November 2019
- RQIA registration certificate

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b), (c) and (l) Stated: First time	The registered person shall ensure that the issues identified regarding the environment of the home are actioned. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Inspector observed that the laundry room and domestic store areas, identified for improvement, had been satisfactorily met, with new shelving, iron and ironing board in place. The replacement of the laundry room heater was also noted.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that infection prevention and control measures in the home are in accordance with regional procedures at all times. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector observed that infection prevention and control measures in the home had been satisfactorily met, with the replacement waste bins and shower chairs in use and being maintained.	

<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the governance systems in the report that report on the quality of nursing and services provided by the home are effective and thorough.</p> <p>Ref: 6.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the various governance and auditing reports completed. The reports confirmed an effective system is in place to monitor the quality of nursing and services provided by the home.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: Second time</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: 6.3</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector observed that the smoking room had sufficient number of clean ash trays available, which are emptied on a regular basis. The ventilation was found to be working efficiently and the floor area was free of cigarette debris.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 43.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the level of noise in the home is monitored and there are quiet periods throughout the day and/or patients have access to quiet areas.</p> <p>Ref: 6.6</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector observed a number of quiet lounges and dining areas which were being used by patients. Noise levels within the home were found to be acceptable on the day of inspection.</p>		

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.25 Stated: Second time	The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. Ref: 6.3.2	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement has not been reviewed and has been carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 14.26 Stated: First time	The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. Ref: 6.3.2	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement has not been reviewed and has been carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 14.6, 14.7 Stated: Second time	The registered person shall ensure that personal monies authorisations providing authority for the home to make purchases of goods or services or to set out any particular financial arrangement in place between the home and each patient are updated. Ref: 6.3.3	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement has not been reviewed and has been carried forward to the next inspection.	

6.2 Inspection findings

6.3 Is care safe?

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

Staffing levels within the home were reviewed with the manager who confirmed 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 25 November and 8 December 2019 evidenced that the planned staffing levels were adhered to. The duty rota accurately reflected the staffing levels discussed with the manager during inspection; the person in charge was clearly identified on the duty rota for all shifts. 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.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment records for one care assistant confirmed all pre-employment information had been obtained and reviewed in keeping with regulations.

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 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).

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.

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. The availability of the organisations training facilitator was described as particularly valuable in sourcing specific training to meet particular patient needs.

The 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. 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' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. The redecoration of some quiet rooms has been completed since the previous inspection.

Bedrooms were personalised to suit the tastes and preferences of individual patients. Christmas trees and decorations were placed in all areas which provided a festive atmosphere, with each bedroom having a small tree decoration which had been chosen by that patient. Several patients spoke positively about the home to the inspector, including comments such as:

- "It's great here, I love Christmas- don't you."
- "I get all the help I need- when I need it."

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction. The planned weekly fire alarm testing was undertaken during the inspection, with staff, patients and visitors advised in advance by the maintenance man.

Issues regarding the management of and maintenance of the designated smoking room in the home identified at the previous care inspection were found to have been addressed with an efficient ventilation system in use, sufficient clean ashtrays available and floor area free of ash or cigarette debris. A number of patients were observed using the smoking room throughout the inspection day and the area was kept clean and tidy.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

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

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

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

Upon arrival to the home the inspector was welcomed into the setting in a friendly and polite manner. The reception area is spacious and welcoming in appearance with a range of useful information for both patients and visitors, such as, minutes from a recent patients' meeting, details of Sunday worship services and provision of a 'Suggestion box' for patients/relatives to use.

Some patients were observed to be relaxing within the communal lounges while others were either finishing breakfast in the dining room or were resting in their bedrooms. A number were waiting to be collected by a mini bus to attend their day centre.

Feedback from staff confirmed that there was 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 or worries, they could raise these with the nurse in charge of the manager. All grades of staff consulted with during inspection clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Review of two 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.

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.

The care of patients who required regular assistance with pressure area care was reviewed. Review of supplementary care records for one patient, who was assessed as being at a high risk of developing pressure sores, evidenced that staff regularly and effectively assisted the patient with repositioning. These supplementary records had been completed in an accurate and comprehensive manner. It was also noted that an appropriate pressure relieving mattress was in use. The care plan clearly referenced the current repositioning schedule for the patient and how use of the pressure relieving mattress should be monitored and reviewed.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present.

Feedback from patients' relatives and visitors included the following comments:

- "I am very happy with the care provided to my relative. Staff are always welcoming, helpful and very professional. I appreciate their open and direct communication with me, which has been

very important. I know if there are any issues they will be sorted out and I will be kept up to date.”

- “This is a great place; it was a blessing to have found this home. Staff couldn’t do more for xxx and include them in everything that is planned. Music is very much a favourite; it feels like a big family.”

Staff were observed engaging with patients and visitors in an enthusiastic and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. The inspector noted that call bells were answered promptly.

Staff comments received included:

- “The care is of a very high standard, I enjoy working here.”
- “We never feel rushed and have plenty of time to concentrate on each patient.”

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were offered choice, privacy, dignity and respect. Staff demonstrated an in depth knowledge of individual 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.

The inspector observed the serving of the midday meal on the first floor. The small dining room on this floor was in use along with the main dining room. Discussion with some patients evidenced that they 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. One visitor was present during lunchtime and assisted her relative with their meal.

The inspector observed a varied range of activities available to patients in the home. Patients and staff were able to advise the inspector of their great enjoyment of the gospel choir that visited

and sang for them all the previous day; a care worker commented “one patient continued to sing most of the evening and into the night as well, she loved the singing so much” . Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Patients have the opportunity to worship as there is a communion service weekly and an interdenominational service monthly.

Shopping trips to local venues are arranged as well as visits to the cinema, the Belfast City Hall Christmas lights and the ‘Man Shed’ in Holywood. A recent overnight stay by some patients in Portaferry was described by a relative as “very successful and greatly enjoyed”. Staff described how they strive to ensure patients have the same opportunities as others.

Discussion with the 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 such as changes to the activity programme.

Staff spoken with by the inspector commented;

- “I wouldn’t hesitate to have my relative living here, the care is very good.”
- “I love to see the patients enjoying themselves and having a good laugh.”

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 is the person in day to day operation of the home; the current manager has been registered with RQIA since 2017 and was knowledgeable of her responsibility with regard to regulations and notifying RQIA of events. The manager reported that they were well supported by the regional manager within the organisation. A review of the duty rota evidenced that the

manager's hours were clearly recorded. Patients and staff reported that the manager was very approachable and available to speak to.

Discussion with the 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 and relatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The manager was able to evidence that robust systems were in place to monitor and report on the quality of nursing and other services provided. The inspector viewed audits 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. The audits reviewed included an analysis of findings, with evidence that appropriate actions had been taken.

Discussion with the manager and review of governance audits provided assurance that the incidence of falls and wounds were regularly reviewed. Each patient's primary nurse has the responsibility for auditing care records on a monthly basis after which it is then passed to the manager for further review.

The inspector reviewed records that evidenced 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.

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.

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 in a variety of formats. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Judy 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 14.25</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 15 January 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that personal monies authorisations providing authority for the home to make purchases of goods or services or to set out any particular financial arrangement in place between the home and each patient are updated.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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