



Unannounced Care Inspection Report 09 February 2021



Arches

Type of Service: Nursing Home

Address: 144 Upper Newtownards Road, Belfast, BT4 3EQ

Tel No: 028 9065 8274

Inspector: Gillian Dowds

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 nursing home registered to provide nursing care for up to 33 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Violet Graham – application submitted
Person in charge at the time of inspection: Violet Graham	Number of registered places: 33
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: 29

4.0 Inspection summary

An unannounced inspection took place on 09 February 2021 from 09.15 to 18.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the internal environment
- care delivery
- care records
- governance and management arrangements.

Patients said:

- “I like it here.”
- “Everyone is friendly. ”
- “It’s good. ”

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	2	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Violet Graham, manager and Gary Cousins regional support manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of 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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 13 patients, three patients’ relatives and nine staff. Questionnaires were left in the home to obtain feedback from patients and patients’ relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with ‘Tell us’ cards to allow patients and their representatives who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas from 8 to 21 February 2021
- staff training records
- staff supervision schedule
- one staff recruitment file
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records including repositioning records, food and fluid intake charts
- annual quality report
- staff nurse competency assessment
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 5 December 2019.

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 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: 6.1	Met
	Action taken as confirmed during the inspection: A review of records and consultation with the finance inspector evidenced that this area for improvement was met.	
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: 6.1	Met
	Action taken as confirmed during the inspection: A review of records and consultation with the finance inspector evidenced that this area for improvement was met.	
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: 6.1	Met
	Action taken as confirmed during the inspection: A review of records and consultation with the	

	finance inspector evidenced that this area for improvement was met.	
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6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. The atmosphere in the home was calm and unhurried. Patients and staff spoken with indicated that they were satisfied with staffing levels in the home.

There was a system in place to monitor compliance with mandatory training and staff were reminded when training was to be completed.

Review of one staff recruitment record evidenced that the necessary checks were completed prior to staff commencing work in the home.

There was a system in place to monitor that staff were registered with the NISCC and NMC as required.

Staff spoken with commented positively about working in the home, they told us that teamwork was good and they felt well supported in their role even with the additional challenges that have arisen from the COVID-19 pandemic; comments included:

- "It's been very different this year."
- "Staffing is brilliant, the teamwork is brilliant."
- "We have good support."
- "Teamwork is really good."
- "Teamwork is brilliant we all work together, the nurses and manager help out on the floor."
- "Violet (manager) is really supportive and approachable."
- "We are here for the patients, not for us, I love it here."

6.2.2 Personal protective equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check on arrival at the home. The manager and staff confirmed that all staff and patients had a twice daily temperature check recorded. However records reviewed of the recording of staff temperatures indicated at times staff temperatures were recorded once instead of twice daily this was discussed with the manager and she agreed to address this.

Staff told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance.

The manager told us that staffs' use of PPE and hand hygiene was monitored through observations and audits. Staff confirmed that they had received training in the use of PPE.

6.2.3 The environment

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. We observed underneath some of the hand gel dispensers, and underneath some of the raised toilet seats / shower chairs were not effectively cleaned. This was discussed with the manager and an area for improvement was identified.

We observed some areas of chipped paintwork through the home and some of the bathrooms required to be redecorated. One floor outside the communal lounge on the upper floor also required to be repaired. We also observed that the cinema room and library were currently being used as storage areas. This was discussed with the manager who advised that an internal audit had been done and that they were in the process of developing a refurbishment plan and advised that these areas would be addressed through that. Progress with the refurbishment plan will be reviewed at the next care inspection.

The manager told us that there was a system in place to ensure that frequently touched points, for example light switches and door handles, were cleaned regularly over the 24 hour period and deep cleaning was completed as required in addition to the regular cleaning schedule.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect.

The manager advised us that visiting was facilitated in the allocated visiting room. Visitors booked appointments; staff meet them on arrival, assist with PPE and IPC measures and take them to the allocated visiting area. They also assist patients with window visits, virtual visiting and telephone calls.

Staff discussed the importance of effective communication and told us that every effort had been made during the COVID-19 pandemic to ensure that families were kept informed and up to date.

The Personal Activity Leader (PAL) and staff also continue to provide an activity programme for patients on a 1:1 or group basis, for example a recent "night at the Oscars" was held and patients presented with their relevant awards. The PAL also advised of the plans for parties Valentine's Day and the Chinese New Year.

Patients' spoken to told us they were well looked after and staff were friendly;

- "I like it here the food is nice."
- The staff are "friendly."
- "We are having a party soon."

Patients discussed receiving their Covid -19 vaccination and staff advised they supported the patients with this. One patient spoken to said "We got coke and crisps for being brave."

6.2.5 Care records

We reviewed three patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist (SLT) and tissue viability nurse (TVN) where necessary.

Patients' weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example, prescribed supplements, were recorded. Food and fluid records reviewed were up to date.

We reviewed the wound care records in place for one patient that indicated the patient had two wounds. We observed that there was body map and care plan in place but no ongoing wound assessment for either wound. We discussed this with the deputy manager at the time of the inspection and assurances were provided following the inspection that one of the wounds had healed completely, the other wound was healing well but the care records had not been updated to reflect this. An area for improvement in relation to wound care documentation was identified.

Records for one patient who required assistance with their repositioning were reviewed; we observed gaps in the recording of the repositioning. We also observed that the pressure relieving mattress and setting were not recorded on this chart. To clarify the setting we referred to the patients care plan and this evidenced that the mattress was not at the correct setting. An area for improvement was identified.

Records reviewed relating to care provided in the event of a fall evidenced that, whilst staff did carry out neurological observations, these were not consistently recorded for the 24 hour period of time following the fall; an area for improvement was identified.

6.2.6 Governance and management arrangements

We reviewed a sample of governance audits, including those focused on infection prevention and control, and hand hygiene. Audits were in place to monitor the quality of the service provided. Where deficits were identified an action plan was developed to ensure improvements made.

The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due. There was a system in place to monitor that staff were registered with the NMC or NISCC as required.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies.

Staff spoken to told us they felt supported in their role and that the manager was approachable.

Areas of good practice

Areas of good practice were identified in relation to staff interaction with patients and the staff awareness of their patients' needs. Areas of good practice were also identified in relation to the teamwork and the ongoing activities in the home.

Areas for improvement

Areas for improvement were identified in relation to IPC, wound care documentation, repositioning documentation and the consistent recording of neurological observations.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

During the inspection we observed positive interactions between patients and staff. Patients were observed to be well cared for, content and settled. Staffing levels were satisfactory and staff advised they felt well supported in their role.

PPE and handwashing facilities were available throughout the home.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Violet Graham, Manager and Gary Cousins Regional Support 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 12 (1)(a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 6.4.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed wound management with all of the Registered Nurses. The FSHC policies and procedures in relation to wound care is available for all staff. The Registered Nurses have completed wound care competencies and understand the importance of completing the correct documentation for wound care. The Registered Manager will review care plan documentation monthly as part of the wound auditing process to ensure compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure following an unwitnessed fall the observations are consistently recorded in accordance with best practice guidance.</p> <p>Ref: 6.4.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager has discussed under supervision with Registered Nurses the FSHC policy and procedure for an unwitnessed fall. This has included the requirement for neurological observations to be completed and recorded for 24 hours after an unwitnessed fall. The Registered Manager will monitor compliance</p>

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 46</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure the shower chairs and raised toilet seats are effectively cleaned after use and attention to detail is given when cleaning the hand gel dispensers.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has replaced the identified shower chair and raised toilet seat. Decontamination records have been reviewed and the Registered Manager has communicated to all staff the importance of equipment being washed after use. Hand gel dispensing units have been replaced and will be cleaned daily or more frequent if required. Compliance for both areas will be monitored and recorded by Registered Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 2 April 2021</p>	<p>The registered person shall ensure for those patients who require assistance with repositioning:</p> <ul style="list-style-type: none"> • The care plan accurately states the frequency of the repositioning required • the type of pressure relieving mattress in use and setting is recorded on all relevant documentation • a contemporaneous record is maintained of the patients repositioning provided as per the care plan. <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed with the Registered Nurses the residents who require repositioning. Care plans have been re-written to incorporate frequency, type of mattress and setting required. This information has been transcribed to repositioning booklets. Contemporaneous record keeping has been discussed under supervision with Care staff. Compliance will be monitored and signed on booklet by Registered Manager and Nurses.</p>

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



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