



The Regulation and
Quality Improvement
Authority

Arches
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Unannounced Care Inspection of Arches

10 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 10 December 2015 from 10.15 to 16.45.

The focus of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the previous care inspection on 15 June 2015, to re-assess the homes level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes 2015.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 15 June 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5*	3

*The total number of requirements includes one requirement stated for the third and final time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Violet Graham, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Dr Maureen Claire Royston	Registered Manager: Violet Graham
Person in Charge of the Home at the Time of Inspection: Violet Graham	Date Manager Registered: Application not yet submitted
Categories of Care: NH-PH, NH-PH(E), NH-LD, NH-LD(E)	Number of Registered Places: 33
Number of Patients Accommodated on Day of Inspection: 26	Weekly Tariff at Time of Inspection: £593 - £624 per week

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the level of compliance attained.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the home manager
- discussion with the regional manager
- discussion with the registered nurses
- discussion with care staff
- discussion with patients and a relative
- a general tour of the home and review of a random selection of patients' bedrooms, bathrooms and communal areas
- examination of a selection of patient care records
- examination of a selection of records pertaining to the inspection focus
- observation of care delivery
- evaluation and feedback

During the inspection, the inspector met with 10 patients individually and with others in smaller groups; three care staff, two registered nurses and one relative.

Prior to inspection the following records were analysed:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the care inspection of 15 June 2015

The following records were examined during the inspection:

- duty rotas for nursing and care staff for the week commencing 7 December 2016
- care records relating to:
 - restrictive practice
 - elimination
- staff training records
- quality audits including audits of infection control measures, care records and restrictive practice

5. Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 17 September 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.1 Review of Requirements and Recommendations from the Last Care Inspection dated 15 June 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (4) Stated: Second time	The registered person is required to ensure registered nurses undertake training in restraint/restrictive practice in accordance with best practice guidelines.	Not Met
	Action taken as confirmed during the inspection: Information was not available in the home to evidence registered nurses had undertaken training in the use of restrictive practice. As the home manager had just commenced in the home she was unable to provide any further information in relation to training. The inspector met with nursing staff during the inspection and was informed that they thought this training had been arranged however, they were unable to attend it. This requirement has not been met. Given that this requirement is being stated for the third time, enforcement action was considered in discussion with senior management. It was concluded that enforcement action would not be taken at present.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 18.2 Stated: First time	Staff should maintain records in respect of restrictive practice and the release of lap belts in a consistent manner and as prescribed in care plans.	Met
	Action taken as confirmed during the inspection: The review of two patients' care records in relation to the use of a restrictive practice evidenced that best practice guidelines were adhered to. Evidence was present of consultation with the patients' representatives, the multidisciplinary team and the daily monitoring of the use of the restrictive practice along with a regular evaluation of the need or continued need for the use of a restrictive practice.	
Recommendation 2 Ref: Standard 21.11 Stated: Second time	Patients' progress records should evidence that bowel function is consistently monitored, evaluated and recorded.	Partially Met
	Action taken as confirmed during the inspection: Care staff record patients' bowel pattern referencing the Bristol Stool chart. However, the review of patients progress records by nursing staff did not evidence nursing staff were monitoring bowel patterns. Therefore there was no evidence that nursing staff were effectively evaluating patients' bowel patterns and adhering to prescribed interventions. As this recommendation has been stated twice in previous inspection reports a requirement has now been made.	
Recommendation 3 Ref: Standard 41.4 Stated: First time	The staff duty rota should reflect that a skill mix of at least 35% registered nurses and up to 65% care staff is maintained over 24 hours.	Met
	Action taken as confirmed during the inspection: Staffing arrangements were reviewed. Evidence was present on the staff duty rota that the skill mix of rostered staff was satisfactory.	

Recommendation 4 Ref: Standard 44.1 Stated: First time	<p>The building is decorated to a standard acceptable for patients. A programme of redecoration should be implemented alongside an internal programme of addressing any scratches etc. on paintwork.</p> <p>Action taken as confirmed during the inspection: At the time of the inspection redecoration of the home was on-going. The corridor on the ground floor had been repainted and the entrance lobby had been papered. The repainting of the corridors on the first floor is planned for the near future.</p> <p>However, other aspects of the environment require attention, for example; the windows in the lounge on the first floor need to be dressed with curtains and some furnishings required to be cleaned or replaced. A recommendation has been made.</p>	<p style="text-align: center;">Met</p>

5.2 Additional Areas Examined

5.2.1. Infection Prevention and Control

During a tour of the building a number of issues in respect of infection prevention and control measures were observed.

A toilet brush in one toilet facility was steeping in a container which appeared to have a cleaning agent in it. The toilet brush was not as recommended in infection prevention and control guidelines in that it could not be 'air dried' following use. The practice of 'steeping' a toilet brush in an area which is easily accessible by patients is a health and safety risk. A toilet brush of similar design was also observed in another toilet facility on the same floor. A recommendation has been made that all toilet brushes in the home are by design, air dry toilet brushes. Staff should not be cleaning equipment in solutions which are potentially hazardous to patients in communal areas.

There was numerous staff information notices taped to walls in the home. The notices were taped with dark blue tape and were very noticeable. Information for display should be laminated and not taped to walls in accordance with infection control guidelines.

Wheelchairs, in use by patients, were observed to require a thorough cleaning. Staff were asked who had the responsibility for the cleaning of wheelchairs. Staff stated it had been previously been the responsibility of night staff however, this arrangement was not satisfactory and day staff had been given the responsibility. A system for the cleaning of patients' wheelchairs should be implemented and monitored. It is advised the delegation of who this duty is allocated to should be reviewed to ensure valuable time is not taken away from patient care.

The last infection prevention and control audit available at the time of inspection was dated 21 September 2015. The review of infection control audits did not clearly evidence that where a shortfall was identified remedial action had been taken.

Staff training information regarding infection prevention and control evidenced 60% of staff had completed this training. Given the areas of concern identified at the inspection a requirement has been made that the percentage of staff that have completed this training increases and daily practice improves.

Management must ensure a robust system of quality monitoring is implemented in relation to infection prevention and control. The system should ensure the issues discussed in section 5.2.1 are addressed. A requirement has been made.

5.2.2. The Environment

The environment was clean and in the process of being redecorated. Staff stated some areas of the home were cold including the lounge on the first floor and some bedrooms. Storage heaters are the basis of the heating system in use. The lounge on the first floor did feel cold, this is a large room and difficult to maintain the temperature. Discussion took place with the maintenance person who stated room temperatures are not monitored. As room temperatures are problematic, a recommendation has been made that room temperatures are monitored and records are maintained so as to identify if or where there are issues with room temperatures.

The manager stated that both she and the regional manager had reviewed the use of all rooms in the home as some rooms were underused or not being used for their designated function. For example; the dining room on the first floor is small for the number of and needs of the patients who use it. A second dining room is available on this floor but not used. The reason given by staff was that the computer and desk staff use to complete their electronic learning had been moved from the nurses' office to this dining room. The computer desk is large and has reduced the useable space in this room. Given the space constraints in the remaining dining room consideration should be given to maximising the use of the second dining room. Where the change of use or function of a room has change RQIA should be informed, in writing, of the change/s. A recommendation has been made.

5.2.3. Meals and Mealtimes

The management of meal times was observed in the dining room on the first floor. There was an apparent delay in patients who required assistance with pureed meals receiving their meals in unit one.

Meals were transported from the kitchen in a heated trolley. Three care assistants and a registered nurse were on duty and four patients were out at day care. A care assistant was directing the mealtime giving the meals to care staff from the trolley. However, meals were being set in front of patients before staff had time to assist them. The temperature of the meal had cooled from the point of removal from the heated trolley to the patient being assisted with the meal. Two patients, seated in wheelchairs, were not placed at a dining table; they were placed side by side at the dining room wall. Staff stated this was due to the lack of available space in the dining room.

Meals were observed being transported to patients who did not come to the dining room, on a tray. The meal was uncovered. Meals transported to patients on a tray should remain covered until the point of service. The approach to meals and mealtime must be reviewed in terms of the timing of serving meals to patients who require assistance, patients should, as far as possible, be seated at a dining room table at mealtimes and meals must remain covered until the point of service. A requirement has been made.

5.2.4. Care Practices

During a tour of the building patients were observed to be generally well presented with their clothing being suitable for the season. However, greater attention requires to be given to the personal care needs of patients by staff. Two male patients were in evident need of a shave. The review of the personal care records completed by care staff evidenced the patients had not been shaved for two days. There was no explanatory note on the record as to why they had not been shaved. A number of patients were observed with long nails which were also not clean. Patients' glasses were also in need of cleaning. It is the responsibility of all staff to ensure the personal care needs of patients is maintained to a high standard, at all times. A recommendation has been made.

5.2.5. Consultation with patients, their representatives and staff

The inspector was able, as part of the inspection process, to meet with the majority of patients. A number of patients were unable to verbalise their views of the care they received due to communication limitations. All patients appeared comfortable in their surroundings and no issues were brought to the attention of the inspector.

The relatives of one patient took the time to speak with the inspector.

Comments received from the relative included the following:

"Staff are excellent, they couldn't do enough for my"

"Staff are very attentive."

"We have no complaints."

Discussion took place with two nurses and three care staff.

Comments received from the staff included the following:

"The home is very busy."

"The care in the home is very good."

"There is a lot of new staff."

The inspector spoke with 10 patients individually and with others in smaller groups; three care staff, two registered nurses and one relative.

Observations confirmed that patients who could not communicate due to their condition were relaxed and content in their environment. Patients were observed to be in either one of the lounges or in their bedroom and reflected their choice. There was evidence of good relationships between patients and staff. Staff were observed to attend to patients' needs in a caring and sensitive manner.

Areas for Improvement

Two requirements were made in relation to infection prevention and control procedures.

A requirement in relation to the training of staff regarding restraint/restrictive practice has been stated for a third and final time.

A requirement has been made in relation to the approach to meals and mealtimes in the home.

A recommendation regarding the monitoring of patients bowel function has been subsumed into a requirement.

A recommendation was made that the room temperatures in the home are recorded and monitored to identify specific areas of the home which staff have identified as cold.

A recommendation was made in relation to the personal care needs of patients.

A recommendation was made informing that RQIA should be informed of the change of use/function of any room or area in the home.

Number of Requirements:	5*	Number of Recommendations:	3
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*The total number of requirements includes one requirement stated for the third and final time.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Violet Graham, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 14 (4) Stated: Third time To be Completed by: 11 January 2016	<p>The registered person is required to ensure registered nurses undertake training in restraint/restrictive practice in accordance with best practice guidelines.</p> <p>Ref: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered Nurses have had DOL training on the 17/12/15 and further traing will be arranged for all staff in the year 2016</p>
Requirement 2 Ref: Regulation 12 (1) (a) Stated: First time To be Completed by: 11 January 2016	<p>The registered person is required to ensure the elimination needs of patients, including bowel function, is consistently monitored, evaluated and recorded in nursing care records.</p> <p>Ref: Recommendation 2 Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Registered Nurse will monitor evaluate and record resident elimination and bowel functions daily .</p>
Requirement 3 Ref: Regulation 20 (1) (c) (i) Stated: First time To be Completed by: 18 January 2016	<p>The registered person is required to ensure the number of staff who have completed training in respect of infection prevention and control is increased.</p> <p>Ref: Section 5.2.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Infection Control training has taken place on the 22/12/16 and further training for all,staff will be arranged for the year 2016</p>
Requirement 4 Ref: Regulation 12 (1) (2) Stated: First time To be Completed by: 18 January 2016	<p>The registered person is required to ensure the approach to meals and mealtimes in the home is conducive to the needs of the patients and in accordance with best practice.</p> <p>Ref: Section 5.2.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The dining room has been re arranged to accomodate the resident using the dining room.</p> <p>Staff have had training on the 5/1/2016 re the dining experience for residents</p> <p>Home Manager and the Nurse in charge will observe the resident dining experience daily</p>

<p>Requirement 5</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be Completed by: 18 January 2016</p>	<p>The registered person shall ensure a robust system of quality monitoring is implemented in relation to infection prevention and control. The system should ensure the issues discussed in section 5.2.1 are addressed.</p> <p>Ref: Section 5.2.1</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The house keeper has replaced all toilet brushes with air dried toilet brushes all hand written notices taped to the wall have been removed and replaced with notices that have been typed and liminated</p> <p>Cleaning schedule in place for night staff to clean resident wheelchairs</p> <p>Monthly infection control audits will take place ,remedial action plan will be implemented and all issues will be addressed in a timely manner</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard E 11</p> <p>Stated: First time</p> <p>To be Completed by: 31 January 2016</p>	<p>The temperature of rooms should be recorded and monitored to enable the identification of the specific rooms in the home that are stated by staff to be cold.</p> <p>Ref: Section: 5.2.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The temperature of rooms within different areas of the home have been recorded and they all have been within the normal range 19 - 22 degrees</p> <p>Maintenance man will record a sample of room temperatures weekly</p>
<p>Recommendation 2</p> <p>Ref: Standard 44.11</p> <p>Stated: First time</p> <p>To be Completed by: 18 January 2016</p>	<p>RQIA should be informed of the change of any room in the home. The information submitted should identify the original use of the room and the proposed new function.</p> <p>Ref: Section 5.2.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The regional manager will inform the RQIA of any room changes</p>

Recommendation 3 Ref: Standard 6.14 Stated: First time To be Completed by: 11 January 2016	<p>Greater attention should be given to the personal care afforded to patients. A high standard of personal care is the responsibility of all staff. Management should implement a system to monitor the personal care needs of patients.</p> <p>Ref: Section 5.2.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff have had training on the 5/1/2016 re personal hygiene further training will be planned for all staff in the year 2016 Nurse in charge will monitor the standard of personal hygiene delivered daily to the residents</p>		
Registered Manager Completing QIP	Violet Graham	Date Completed	6/1/16
Registered Person Approving QIP	Dr Claire Royston	Date Approved	18.01.16
RQIA Inspector Assessing Response	Heather Sleator	Date Approved	19/01/16

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address