

# Unannounced Care Inspection Report 11 April 2017



## Arches

**Type of Service: Nursing Home**  
**Address: 14 Upper Newtownards Road, Belfast, BT4 3EQ**  
**Tel no: 028 9065 8274**  
**Inspector: Heather Sleator**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Arches took place on 11 April 2017 from 09.30 to 16.15 hours.

The inspection sought to assess progress with any issues raised during and 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.

### **Is care safe?**

There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice. Staff also confirmed that there were good communication and support systems in the home, including; staff appraisal and staff supervision systems, staff meetings and staff were required to attend a 'handover meeting' when commencing duty. With the exception of one staff member, staff stated that the staffing arrangements in the home were satisfactory.

The environment of the home was bright and attractive. An issue arose in respect of infection prevention and control adherence and aspects of the environment of the home. The garden/patio area at the back of the home was tidy, and appropriate garden furniture was present.

One recommendation has been made.

### **Is care effective?**

There was evidence of positive outcomes for patients. All staff demonstrated a high level of commitment to ensuring patients received the right care at the right time.

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. As with the staffing arrangements of the home however, one staff member stated that the acting manager and deputy were not receptive to issues raised. This was discussed with the acting manager, by telephone, prior to the issue of the report. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

There were no requirements or recommendations made.

### **Is care compassionate?**

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. The level of engagement in activities from both patients and staff was evidently having a positive impact on the patients' experience in the home. A number of patients had been taken on holiday to Blackpool and Strangford and another holiday to Disneyland Paris was planned. The activities programme was varied with more visits to local attractions and places of interest.

There were no requirements or recommendations made.

## Is the service well led?

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. Discussion with the manager and staff; and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. The acting manager was available to patients and their relatives and operated an 'open door' policy for contacting her and for discussion.

There were no requirements or recommendations made.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Judy Brown, Acting 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.

### 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 September 2017. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Healthcare Dr Claire Royston	<b>Registered manager:</b> Judy Brown
<b>Person in charge of the home at the time of inspection:</b> Judy Brown	<b>Date manager registered:</b> Acting – No Application

<b>Categories of care:</b> NH-PH, NH-PH(E), NH-LD, NH-LD(E)	<b>Number of registered places:</b> 33  No more than 1 patient in categories NH-PH/PH (E).
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### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 12 patients, three care staff, ancillary staff, two registered nurses and one relative.

Questionnaires for patients (8), relatives (10) and staff (10) to complete and return were left for the home manager to distribute. Please refer to section 4.5 for further comment.

The following were examined during the inspection:

- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 September 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector.

There were no issues required to be followed up during this inspection as there were no requirements or recommendations made as a result of the inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 16 June 2016

There were no requirements or recommendations made as a result of the last care inspection.

## 4.3 Is care safe?

The acting 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. Review of the staffing rota from 27 March to 9 April 2017, evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels with one exception. A staff member responded via questionnaire that staffing levels on the first floor were not sufficient to meet the needs of the patients. The acting manager was informed of this, by telephone, prior to the issue of the report and agreed to review the dependency needs of the patients on the first floor and staffing arrangements, including workload.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

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. Staff were mentored by an experienced member of staff during their induction. Records for three staff members were reviewed and found to be completed in full and dated and signed appropriately.

Review of the training matrix/schedule for 2017 indicated that training was planned to ensure that mandatory training requirements were met. Staff training was delivered by combining an e-learning programme and face to face training in the home. Training outcomes for 2017, so far, indicated that the acting manager was monitoring staff compliance with mandatory training requirements. For example, 97 percent compliance had already been achieved in fire safety training and adult safeguarding; other areas had compliance levels between 90 to 100 percent. Staff consulted with and observation of care delivery and interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice. The acting manager confirmed that staff had also completed a range of other training areas including; deprivation of liberty standards, restrictive practice and pressure ulcer awareness.

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

The acting manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Infection prevention and control measures were generally adhered to and equipment was appropriately stored. However, there was significant wear and tear evident to the woodwork in the home, particularly on skirting boards, doors and doorframes. This may be due to the use of equipment in the home, for example, hoists, wheelchairs and/or patients specialised seating. A section of skirting in a bathroom was observed to be missing and due to this the skirting was not seamless, in accordance with infection prevention and control guidelines. The review of the quality audits in relation to infection prevention and control completed by the acting manager did not clearly evidence that where a shortfall had been identified the necessary remedial action had taken place to address the shortfall. A recommendation has been made that the shortfalls identified in the environment do not contravene the regional infection prevention and control guidance.

Fire exits and corridors were observed to be clear of clutter and obstruction

### Areas for improvement

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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records accurately reflected that 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.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate, and included regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. The review of the minutes of staff meetings evidenced the acting manager had held general staff meetings and subsequent meetings with the individual groups of staff for example; catering staff and housekeeping. Staff stated that the acting manager was receptive and encouraged their ideas. This is good practice.

Staff stated they knew they worked together effectively as a team and had strong communication skills. Comments such as; 'I love it here,' this is a good home, everything we do is for the patients,' were received.

Patients', where applicable and a representative spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the acting manager.

There was information available to staff, patients and representatives in relation to advocacy services was displayed on the information board in the entrance lobby. The information board displayed the name of the nurse in charge, photographs of the patients recent holiday to Strangford and Blackpool and the organisation's electronic quality of life feedback system.

Observation of the mid-day meal confirmed that dining tables were attractively set, a range of condiments were available, colourful crockery was in use and patients, including patients who required a therapeutic diet, were afforded a choice of meals at mealtimes. Meals were delivered on trays to patients who choose to not come to the dining room, the meal was appropriately covered and condiments and the patients preferred choice of fluid, for example; juice or milk were on the tray. The meal time was not rushed in any manner and there were sufficient staff on duty to assist patients with their meal. A registered nurse was present in the dining room to assist and monitor patients' nutritional intake. The home has the facility of a 'snack' kitchen on the ground floor. Patients use the kitchen to have their meals or prepare their own meals (with the assistance/supervision of staff).

The mid-morning tea trolley was also observed. Patients had a choice of fluids and were offered a choice of snack including fresh fruit, yoghurts and biscuits.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

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. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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.

Examples of staff knowledge of their patients included the observation of patients' who had communication difficulties. Staff knew what the patients' was trying to say and immediately reassured the patient and attended to their needs. Patients were observed to be happy and content following interaction with staff and staff were attentive to the needs of patients. On numerous occasions patients were observed going to the nurse's station to sit and talk to staff; this was especially so with the patients that had returned from day care and were eager to discuss their day.

It was evident there was an increased level of engagement in meaningful activities by staff throughout the home. There was a varied range of activities both internally and outside of the home. As previously stated five patients had been on holiday to Blackpool recently, three patients are going to Disneyland Paris, accompanied by staff and short breaks continue to occur to a holiday lodge in Strangford Co Down. Patients had also been to local places of interest including, for example the Opera House and local attractions in Belfast. This is good practice.

Discussion with the acting manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with patients individually, and with others in smaller groups, confirmed that living in the Arches was a positive experience.

Patient comments to the inspector included:

'I went to Blackpool.'

'I like it here.'

'I'm happy here.'

## **Questionnaires**

As part of the inspection process we issued questionnaires to staff, patients and patients' representatives. The returned questionnaires from six relatives were positive regarding the quality of nursing and other services provided by the home, with relatives affirming they were either very satisfied or satisfied with the services provided by the home.

One relative commented:

"This is a wonderful care home. I couldn't ask for a better care home for my (relative), all the staff go out of their way to care for my (relative).

Five staff completed and returned questionnaires. Staff were satisfied that safe, effective and compassionate care was afforded to patients and that the service was well led. However, comments from staff included that there were regular problems with a hoist, staffs workload increased when agency staff were on duty and that staffing levels on the first floor were not sufficient to meet the needs of the patients. The issues raised in the questionnaires were discussed with the acting manager, by telephone, prior to the issue of the report. The acting manager agreed to address the issues, as far as possible.



## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

Discussion with the acting 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 knew the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the acting manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the acting manager and 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. Representatives spoken with and who responded by questionnaire, confirmed that they were aware of the home's complaints procedure. Staff and representatives generally confirmed that they were confident that staff and management would manage any concern raised by them appropriately. One staff member responded by questionnaire that they did not feel the acting manager or deputy manager addressed their concerns regarding the staffing arrangements on the first floor. The acting manager agreed to review this concern.

Discussion with the acting manager and review 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 notifications of incidents to RQIA since the last care inspection in June 2016 confirmed that these were managed appropriately.

Discussion with the acting manager and staff; and review of records evidenced that 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 falls, care records, the environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. As stated in section 4.3 the infection prevention and control audits did not clearly evidence that where a shortfall had been identified that the necessary remedial action had taken place. The organisations governance arrangements include a range of other audits to be completed as well as the audits listed above. For example, the acting manager completes, on a monthly basis, audits in relation to housekeeping, the use of bed rails, restrictive practice and a health and safety walk around audit. On a weekly basis the registered manager completes a feedback survey with one patient and/or one relative and completes and records the findings of a daily walk around the home. The information garnered is automatically forwarded to a team in the organisation who generate an action notice where a shortfall had been identified. The findings of any audit completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit.

Discussion with the registered manager and review of records for January to March 2017 evidenced that Regulation 29 monthly quality 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. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussions with staff confirmed that there were generally good working relationships and that management were responsive to any suggestions or concerns raised, as discussed in section 4.5.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

## **5.0 Quality improvement plan**

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

The registered provider/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 provider 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 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.

## **5.1 Statutory requirements**

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## **5.2 Recommendations**

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2017</p>	<p>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.</p> <p><b>Ref: section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Replacement doorcal for one bedroom door has been ordered along with coloured kick plates for 6 additional bedroom doors - awaiting delievery of same. Other doors have had additional kick plates replaced as required .Paint work in the corridors is being repainted to ensure infection control standards are addressed.</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 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)