

Inspection Report

14 December 2021



Arches

Type of Service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Miss Natasha Southall	Registered Manager: Mrs Violet Graham Date registered: 6 June 2021
Person in charge at the time of inspection: Mrs 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: 25
Brief description of the accommodation/how the service operates: This is a registered nursing home that can accommodate up to 33 patients living with a learning and/or physical disability. The bedrooms are situated over two floors with communal living and dining space on both floors.	

2.0 Inspection summary

An unannounced inspection took place on 14 December 2021 from 9.30am to 6.00pm by a care inspector.

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

Areas for improvement were identified in relation to recruitment processes, compliance with Control Of Substances Hazardous to Health (COSHH) regulations and with patients' care records.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Arches was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, their relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

At the end of the inspection the Registered Manager was provided with details of the findings.

4.0 What people told us about the service

Nine patients were spoken with, both individually and in small groups and four staff. Patients said the staff were friendly and they liked living in the home.

Staff told us they were supported in their role and comments from staff were passed to the manager for consideration or action as required. No responses to the online questionnaire was received.

Six completed patient questionnaires were received following the inspection. All the respondents indicated that they were satisfied with the services provided in the Arches; one comment included, "Arches is a very nice place."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 09 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1)(a) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of records and information provided following the inspection evidenced this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure following an unwitnessed fall the observations are consistently recorded in accordance with best practice guidance.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: A review of equipment evidenced that the hand gel dispensers reviewed were clean however the underside of some shower chairs	

	were not effectively cleaned. This area for improvement has not been fully met and has been stated for a second time.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure for those patients who require assistance with repositioning: <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. 	Partially met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not fully met. This will be discussed further in section 5.2.3 This area for improvement has not been fully met and has been stated for a second time.	

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. However, it was observed that in the recruitment file for one employee; gaps in employment and reasons for leaving previous employment was not documented. This was discussed with the manager and an area for improvement was identified.

The manager confirmed that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty.

Review of records provided assurances that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored on a monthly basis.

Staff were provided with an induction programme to prepare them for working with patients in the home, this also included agency staff.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due. Review of records showed that mandatory training comprised of a range of relevant topics, for example, adult safeguarding and infection prevention and control.

Staff spoken with were aware of their roles and responsibility in reporting concerns. Staff confirmed that they felt well supported in their role by the manager who they described as very supportive and approachable.

It was observed that there were enough staff on duty to respond to the needs of the patients in a timely way. Patients said that staff were friendly.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patient's needs and their daily routine.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

Patients who were less able to mobilise were assisted by staff to change their position regularly. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans or had regular skin checks recorded. It was also observed that the pressure relieving mattresses in use on a small number of patients' beds were incorrectly set. This was discussed with the manager and an area for improvement identified at the previous inspection remains not met and will be stated for a second time.

If a patient had an accident or a fall, an accident report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents. A review of records for two falls evidenced that the post falls observations were consistently recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the patients' nutritional needs and provided assistance and support as needed.

Staff communicated well with patients who had difficulty in making their wishes or feelings known. Staff responded promptly to patients' requests for assistance and were knowledgeable about their daily routines.

The recommendations of the dietician and the speech and language therapist (SALT) were clearly recorded in the care plans reviewed. Up to date records were kept of what patients had to eat and drink daily. There was evidence that patients' weights were checked at least monthly

to monitor weight loss or gain; an action plan was developed if significant weight loss or gain was noted.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals and were kept under review.

The daily and monthly evaluation of care records was reviewed. This evidenced that some of the evaluations lacked a person centred approach and the oversight by the registered nurses of the supplementary care records was inconsistent. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced patients' rooms were tastefully decorated and patients said they were happy with their rooms. Patients' rooms were personalised with items of memorabilia which was important to them. Redecoration of a dining room and new flooring was observed in the upper corridors, however, the floors in two communal toilets required the seals to be replaced; this was discussed with the manager who agreed to address this.

Some equipment, such as the underside of shower chairs, was not effectively cleaned and some appeared have areas of rust. This was discussed with the manager who advised that new chairs had been ordered; an area for improvement in this regard was partially met and stated for a second time.

Cleaning chemicals were accessible in a sluice room and various beauty products such as nail varnish and shampoos were accessible in the hairdressers room. A patient's prescribed cream was also observed in an identified communal bathroom. This was discussed with the manager and an area for improvement was identified.

The fire risk assessment had been completed in the home on 24 April 2021 and the action plan developed from the assessment had been completed.

Hand hygiene facilities were available and personal protective equipment (PPE) was provided to all visitors before proceeding further into the home. Visiting and care partner arrangements were in place in keeping with the current Department of Health guidance. Staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly.

Measures were in place to manage the risk of Covid-19. There was signage at the entrance of the home reflecting the current best practice guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of all visitors were maintained for track and trace purposes.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. They could stay in their bedrooms or in the communal lounges.

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

The home was attractively decorated with Christmas trees and decorations. In the lounges televisions were on or music was playing and staff were seen to be chatting to the patients in a warm and friendly manner.

The deputy manager explained the planned activities and we observed various pieces of patients' art work in the home. The activity plan was available to view and an effort was made to offer a range of activities such as a pizza party, pyjama party, virtual tours of places such as Blackpool, an online pantomime had been booked, visits to the local cinema and the annual Oscars ceremony for the patients had been scheduled for the new year.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting was in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There was no change of management since the last inspection. Mrs Violet Graham has been the Registered Manager in this home since 4 June 2021.

There was evidence of a system of auditing in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service has an adult safeguarding champion appointed, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage any safeguarding.

Review of the home's record of complaints evidenced a robust system was in place for the management of complaints.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to patients' next of kin, their care manager or RQIA if required.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and a copy was retained in the home to view.

Staff said the manager and deputy manager were supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	4*

*The total number of areas for improvement includes two under the standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Violet Graham, Registered Manager and Suzanne Johnston, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure chemicals are stored in keeping with the Control Of Substances Hazardous to Health regulation. This is stated in reference to the access to the chemicals in the sluice and the hairdresser's room and appropriate storage of patients' prescribed creams.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: As discussed, there had been new carpet laid which had caused the doors not to close properly, leaving the sluice and hair dresser door open. Staff were made aware that all doors with keypads must be closed securely. Chemicals should be stored safely in a locked cupboard. This was addressed with staff. Staff to ensure after they use residents creams they must return them to the residents bedroom or nurses station for safe storage depending on individual risk assesment. This will continue to be monitored by senior staff.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: Second 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: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: New shower chairs were purchased and old shower chairs disposed off. Cleaning schedule reflects effective cleaning for raised toilet seats and hand gel dispensers.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 1 March 2022</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: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Review of all repositioning care plans and pressure relieving mattress in use took place. Care plan were updated and reflect frequency of repositioning, mattress type and mattress setting. Staff to complete repositioning chart and document accurately in repositioning book, this reflects care plan in place. Stickers in place on the foot of beds to reflect the setting of the air flow mattress. Nurse in charge to check these settings twice daily to ensure these are accurate. All of the above will be monitored by Senior staff</p>
<p>Area for improvement 3</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that during recruitment checks any gaps in employment records and reasons for leaving previous employment are explored and explanations are recorded.</p> <p>Ref:5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Home Manager will check personnel files of all new staff when they are received from the Recruitment Team to ensure application form is completed correctly and if there are any gaps in employment, Home Manager will follow up on these. There is also a check list at the front file to ensure correct documentation is gathered prior to starting employment.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that monthly care plan reviews and daily evaluations of care are meaningful; patient centred and include the oversight of supplementary care.</p> <p>Ref:5.2.2</p>
<p>To be completed by: Immediately and ongoing</p>	<p>Response by registered person detailing the actions taken: This has been further discussed with staff to reiterate the importance of person centred care planning and daily notes to ensure an accurate record is kept and that supplementary care documentation are reflected in daily notes and supplementary care documentation is checked and signed by Nurse In Charge of each floor daily. Deputy/Sister will continue to oversee.</p>

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