



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 16 May 2019



## Arches

**Type of Service: Nursing Home**  
**Address: 144 Upper Newtownards Road, Belfast, BT4 3EQ**  
**Tel No: 028 9065 8274**  
**Inspectors: Gillian Dowds and Heather Sleator**

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

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Four Seasons Healthcare<br><br><b>Responsible Individual:</b><br>Maureen Claire Royston   | <b>Registered Manager and date registered:</b><br>Judith Anne Brown (Judy)<br>17 October 2017   |
| <b>Person in charge at the time of inspection:</b><br>Judy Brown  | <b>Number of registered places:</b><br>33   |
| <b>Categories of care:</b><br><br>Nursing Home (NH)<br>LD – Learning disability.<br>LD (E) – Learning disability – over 65 years.<br>PH – Physical disability other than sensory impairment.<br>PH (E) - Physical disability other than sensory impairment – over 65 years. | <b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br>32<br>No more than 1 patient in categories NH-PH/PH (E). |

### 4.0 Inspection summary

An unannounced inspection took place on 16 May 2019 from 09.40 hours to 17.00 hours.

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

Evidence of good practice was found in relation to the provision and training of staff, staff's attentiveness to patients and patient care. The environment was safely managed without detracting from the homely atmosphere.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice and independence for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care required.

We observed that patients were offered choice within the daily routine, that systems were in place to provide patients with a say in the day to day running of the home and that the activities provided had a positive impact on the patients. The activities programme was full and varied.

There were established management arrangements with systems in place to provide management with oversight of the services delivered.

Areas for improvement were identified in relation to the environment, infection prevention and control, effective quality monitoring arrangements and the management of noise levels in the home.

Patients described living in the home in positive terms. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. One patient commented, “Everything I want is here.”

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

**4.1 Inspection outcome**

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 3           | *2        |

\*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Judy Brown, Registered 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**

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

During our inspection we:

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

Questionnaires and ‘Have We Missed You’ cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 29 April to 16 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met or partially 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 the last care inspection dated 5 April 2018

| Areas for improvement since the last care inspection  |  |                          |
|---|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 |  | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 13 (4)(a)<br><b>Stated:</b> First time  | The registered person shall ensure that prescribed thickening agents and food supplements are securely stored at all times whilst in the home.   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>We observed that when thickening agents were used they were removed from safe storage and were securely stored following use. |                          |

| Action required to ensure compliance with The Care Standards for Nursing Homes (2015)   |  | Validation of compliance |
|---|--|--------------------------|
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 44<br><b>Stated:</b> First time   | The registered person shall ensure that the smoking room is appropriately maintained at all times and that the current extraction system is reviewed to ensure optimal effect.   | <b>Partially met</b>     |
|   | <b>Action taken as confirmed during the inspection:</b><br>We observed that the designated smoking room had been repainted and that the extraction system was working satisfactorily. However, evidence of cigarette debris was visible on the floor of the smoking room.<br><br>This area for improvement has been partially met and has been stated for a second time. |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 35.4<br><b>Stated:</b> First time | The registered person shall ensure that quality/governance audits and staff, patient and relative meetings evidence that where a shortfall/action has been identified a corresponding action plan is implemented to address this.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>The reviews of patient, relatives' and staff meetings were reviewed and where remedial action was required an action plan had been implemented to address the shortfall.  |                          |

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

Staffing levels within the home were reviewed with the registered manager. The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients and their visitors about staffing levels and none expressed any concern. Several patients spoke positively about the home to the inspector, including comments such as:

- "Staff are great."
- "Everything I want is here."

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Care Standards for Nursing Homes, April 2015. One staff member told the inspectors: "Great here....everyone is very friendly and helpful."

Discussion with both the registered manager and staff provided assurance that staff were effectively supported by the registered manager through informal conversation and a process of bi-annual supervision and annual appraisal. Six staff were spoken with individually and each one expressed a high level of satisfaction with the support they received from the registered manager. Staff comments included:

- "Staff are very good, we all help each other out if we're short."
- "I enjoy it here."

Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction. One such staff member told the inspector that they had been inducted by a senior care assistant and then worked alongside staff and stated this was helpful.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The management of adult safeguarding within the home was discussed with the registered manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. It was pleasing to note that several communal areas, including a lounge and dining room appearing bright and welcoming to patients and visitors. However, there were some areas of the environment and infection prevention and control measures (IPC) which required urgent attention, namely the bathrooms/shower rooms and toilet facilities. Equipment, for example shower chairs and clinical waste bins, needed replacing due to rust being present. We also viewed the laundry area and storerooms. Again shortfalls were observed as the laundry was disorganised and the iron and ironing board needed replacing; and extra storage shelves were required in storerooms so as goods could be stored off of the floor. General storage in the home was limited and, due to this, a lounge area was being used to store wheelchairs. Given the

diverse needs of the patients and the high occupancy levels it was disappointing that this facility is no longer available for patients to use. The areas observed on inspection had not been identified through the homes own quality monitoring (governance) systems. Areas for improvement were identified regarding the environment, infection prevention and control and effective governance.

We discussed the identified issues with the registered manager at the conclusion of the inspection and with the regional manager by telephone on 17 May 2019. Due to the number of issues identified RQIA requested that the regional manager submit an action plan to address the issues, including timescales for completion, to RQIA within two weeks. An action plan was submitted to RQIA on 23 May 2019. Compliance with the action plan will be monitored by RQIA through the inspection process.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. Some chairs in patients' bedrooms and lounges were broken and/or the fabric of the chair was torn. These were highlighted to the registered manager who agreed to ensure that the identified chairs were replaced and stated that new chairs were on order.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme. The most recent fire drill/evacuation training for staff was 10 April 2019 with more training dates scheduled to ensure staff meet their mandatory training requirement. However, issues regarding the management of and maintenance of the designated smoking room in the home were identified at the previous care inspection of 5 April 2018. We observed that the room had been repainted and that ventilation was working at the optimal level. There was evidence of cigarette debris on the floor of the room and that the ashtrays provided were not sufficient for the disposal of cigarette debris. The registered manager was informed that more suitable ashtrays/receptacles should be purchased. This standard has therefore been stated for a second time in this report.

In relation to medicines management the most recent medicines management inspection was 8 October 2018 and no areas for improvement were identified at the inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, training and staffing arrangements.

### **Areas for improvement**

Areas for improvement were identified regarding the environment, infection prevention and control measures and effective governance.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 3                  | 0                |



**6.5 Is care effective?**

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

Feedback from both the registered manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.

Staff who were spoken with stated that that if they had any concerns, they could raise these with the registered manager. Staff spoke positively about working within the home. Staff commented, "I love it here."

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT). The care records also evidenced that staff regularly communicated with patients' families or representatives and also used a range of risk assessments to help inform the care being provided.

The use of a pressure mat which alerted staff to the movement of one patient was reviewed. It was good to note that appropriate and comprehensive risk assessments had been completed which clearly indicated that this equipment was both necessary and proportionate in helping to keep the patient safe. The patient's history was clearly noted along with an appropriate and person centred care plan.

Wound care which was being provided to one identified patient was also considered. Wound care documentation evidenced that the multidisciplinary team (MDT) had been involved in the patients' care and treatment and that any recommendations made by the MDT had been incorporated into the patients care plan. Wound care management was in accordance with professional guidelines.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present. A discussion with a registered nurse regarding falls management confirmed the registered nurse's clear understanding and responsibility in respect of post falls management.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the use of potentially restrictive practices, wound care management and post falls management.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09.40 and were met immediately by staff who offered us assistance. Patients were present in the lounges or in their bedroom, as was their personal preference. Some patients were waiting at the entrance lobby for the bus to come and take them to day care. The atmosphere in the home was welcoming. Observations of interactions throughout the day demonstrated that patients relating positively to staff and to each other. Patients were engaged by staff with respect and encouragement at all times. One patient commented, "I love it here" and "Staff are excellent."

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Patients have the opportunity to worship as there is a communion service weekly and an interdenominational service monthly. Shopping trips to local venues are arranged as well as visits to the cinema, the Grand Opera House, the 'Man Shed' in Holywood and there was an afternoon tea party from an after school club which was very successful and greatly enjoyed. Staff strive to ensure patients have the same opportunities as others and day trips to Newcastle and Portrush are regular features as are holidays. Holidays for patients have been arranged to Jersey, Strangford and Disneyland Paris. We met with a number of patients who were going on holiday and they were very excited about the upcoming trips.

There was also great excitement in the home as two patients were renewing their wedding vows the week following the inspection. Staff had been very supportive of the couple and had helped with the arrangements regarding cars, hospitality, wedding outfits and a reception venue. In discussion with the couple, both expressed how helpful staff had been and were really looking forward to the 'big day'.

The serving of the midday meal on the first floor was observed. The small dining room on this floor was being redecorated which meant all the patients were in this dining room. Whilst the approach and support staff gave patients was very good the volume of noise in the dining room was quite high, this was added to by the radio being on. The noise level on the first floor was discussed with a registered nurse as music was also playing in the lounge. Music can provide a positive atmosphere however the volume was high and consistent. We discussed the importance of providing quieter times occasionally as continual music and noise can be unsettling. This has been identified as an area for improvement.

One relative's questionnaire was submitted to RQIA following the inspection and the respondent was 100 per cent satisfied that patients were treated in a compassionate manner. Positive comments were received from a relative who we spoke to during the inspection and included:

- "Staff are lovely and we get on well."
- "Can always find one (staff) when needed."
- "Totally satisfied, I think staff are excellent and couldn't do enough for you and are very kind."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and the activities programme.

## Areas for improvement

The following area was identified for improvement in relation to monitoring the continual use of radio and television regarding the high volume of noise this creates.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registered manager is the person in day to day operation of the home; the current manager has been registered with RQIA since 2017 and was knowledgeable of her responsibility with regard to regulations and notifying RQIA of events. The registered manager reported that they were well supported by the regional manager within the organisation. A review of the duty rota evidenced that the registered manager's hours were clearly recorded. Patients and staff reported that the manager was very approachable and available to speak to.

The registered manager reviews the services delivered by completing a range of monthly audits. Areas audited included staff practice with hand washing, cleanliness of the environment and care records. Complaints and accidents are reviewed monthly to identify trends and any common themes. The registered manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed. However, as previously discussed in 6.4 the need for more effective monitoring (governance) has been identified as an area for improvement.

In addition, monthly quality monitoring reports completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were reviewed. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the response and outcome to their complaint. One relative commented:

- "I've no complaints about this place."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to complaints management and monthly monitoring visits.

## Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Judy Brown, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

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

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

|  |   |
|--|---|
| <p><b>Area for improvement 1</b></p> <p>Ref: Regulation 27 (2) (b), (c) and (l)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>1 July 2019</p> | <p>The registered person shall ensure that the issues identified regarding the environment of the home are actioned.</p> <p>Ref: 6.4</p>  |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>The issues identified in the laundry have been addressed and new shelving has been requested for the domestic store. Painting of service corridor is being addressed. The Property Manager is investigating storage for wheelchairs.</p> |
| <p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 June 2019</p>                 | <p>The registered person shall ensure that infection prevention and control measures in the home are in accordance with regional procedures at all times.</p> <p>Ref: 6.4</p>   |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>This has been addressed. All shower chairs and clinical waste bins have been replaced.</p>   |
| <p><b>Area for improvement 3</b></p> <p>Ref: Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>14 June 2019</p>                 | <p>The registered person shall ensure that the governance systems in the report that report on the quality of nursing and services provided by the home are effective and thorough.</p> <p>Ref: 6.4</p>   |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>All audits are being fully completed and checked by Registered Manager. The Regional Manager will be checking the audits during regulation 29 visits monthly.</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><b>Area for improvement 1</b></p> <p>Ref: Standard 44</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>1 June 2018</p> | <p>The registered person shall ensure that the smoking room is appropriately maintained at all times and that the current extraction system is reviewed to ensure optimal effect.</p> <p>Ref: 6.3</p>  |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>This has been addressed. New ashtrays have been supplied. A rota is now in place checking the smoke room every hour during the day and ensuring that residents have not turned the extractor fan off.</p> |

|  |  |
|--|--|
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 43.5</p> <p><b>Stated:</b> First time</p> | <p>The registered person shall ensure that the level of noise in the home is monitored and there are quiet periods throughout the day and/or patients have access to quiet areas.</p> <p>Ref: 6.6</p>  |
| <p><b>To be completed by:</b><br/>Immediate action</p>   | <p><b>Response by registered person detailing the actions taken:</b><br/>The Registered Manager is monitoring the noise levels in the lounges/dining room, this has improved now. Second dining room has been redecorated and available for use. Redecoration of the small downstairs is being completed and will be available as a quiet area from this week.</p> |

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

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

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

**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care