

Unannounced Care Inspection Report

16 June 2016



Arches

Type of Service: Nursing Home
Address: 144 Upper Newtownards Road, Belfast, BT4 3EQ
Tel No: 028 9065 8274
Inspector: Heather Sleator

1.0 Summary

An unannounced inspection of the Arches Care Home took place on 16 June 2016 from 09.30 to 16.30 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. On this occasion we were accompanied, on inspection, by a lay assessor. Please refer to section 4.5 for further detail.

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.

The environment of the home was bright and attractive with new furnishings having been purchased. The garden/patio area at the back of the home was tidy, and appropriate garden furniture was present. Patients reported that they had enjoyed the garden activities in the recent good weather.

There were no requirements or recommendations 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. 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 in June 2016 and another holiday was planned for September 2016. The activities programme was

varied with more visits to local attractions and places of interest. A 'cinema' room had been created in a small lounge and patients enjoyed the 'cinema experience.'

There were no requirements or recommendations made.

Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

There was clear evidence that systems were in place to monitor and report on the quality of nursing and other services provided.

As discussed in the preceding sections it was evident that the registered manager had implemented and managed systems of working within the home which were patient focused, impacted positively of the patient experience and involved and encouraged staff, relatives and the wider community to participate in the daily life of the home. This had been achieved in a relatively short period of time as the registered manager had commenced in the home in December 2015. The registered 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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Violet Graham, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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 a finance inspection undertaken on 15 January 2016. Other than those actions detailed in the previous QIP there were no further actions required. 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

Registered organisation/registered provider: Four Seasons Health Care Dr Claire Royston	Registered manager: Violet Graham
Person in charge of the home at the time of inspection: Violet Graham	Date manager registered: 24 May 2016
Categories of care: NH-PH, NH-PH(E), NH-LD, NH-LD(E)	Number of registered places: 33

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 14 patients, four care staff, personal activities leader, 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:

- validation evidence linked to the previous QIP
- 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 5 January 2016

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 10 December 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14 (4) Stated: Third time	<p>The registered person is required to ensure registered nurses undertake training in restraint/restrictive practice in accordance with best practice guidelines.</p> <p>Action taken as confirmed during the inspection: The review of the staff training records evidenced that the registered nurses and some care staff had completed training in relation restrictive practice and deprivation of liberty standards provided by staff from Four Seasons Healthcare in January 2016.</p>	Met
Requirement 2 Ref: Regulation 12 (1) (a) Stated: First time	<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>Action taken as confirmed during the inspection: Four patient care records evidenced that registered nurses were monitoring patients' bowel function and where necessary, treatment was prescribed.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of the staff training records evidenced 79 percent of staff had completed the on line training module in infection prevention and control procedures and nine staff had completed face to face training in December 2015.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 12 (1) (2)</p> <p>Stated: First time</p>	<p>The registered person is required to ensure the approach to meals and mealtimes in the home are conducive to the needs of the patients and in accordance with best practice.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The observation of the midday meal confirmed that the patients dining experience had been reviewed and revised. There were improvements in the environment of the dining rooms, the presentation of dining tables and the approach of staff to the serving of meals and assistance given to patients.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Evidence was present of detailed monthly auditing in relation to infection prevention and control procedures in the home. Where a shortfall had been identified remedial action had been taken. The Regulation 29 monthly quality monitoring report completed by the regional manager evidenced that a range of completed audits had been reviewed during the monitoring visit.</p>		

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard E 11 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The registered manager established a system with the maintenance personnel of the home whereby a systematic check of room temperatures in the home is monitored and kept under review. Staff are now satisfied with room temperatures.	
Recommendation 2 Ref: Standard 44.11 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the regional manager confirmed that a minor variation had been submitted to RQIA for consideration.	
Recommendation 3 Ref: Standard 6.14 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The registered manager discussed the delivery of personal care with staff at a staff meeting following the inspection of 10 December 2015 and introduced personal care charts for staff to complete. The personal care charts are monitored by senior staff and there was an improvement observed in the standard of personal care afforded to patients at the time of the inspection.	

4.3 Is care safe?

The registered 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 6 to 18 June 2016, evidenced that the planned staffing levels were adhered to.

Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

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 2016/17 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 2016, so far, indicated that the registered manager was monitoring staff compliance with mandatory training requirements. For example, 79 percent compliance had already been achieved in infection prevention and control procedures and adult safeguarding; other areas had compliance levels between 70 to 80 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 registered manager confirmed that staff had also completed a range of other training areas including; deprivation of liberty standards, restrictive practice, pressure ulcer awareness, dysphagia and training in respect of the malnutrition universal screening tool.

Discussion with the registered 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 registered 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.

Staff were observed to respond to a patient who was distressed. Staff were unaware of being observed. Staff responded to the patient in a sensitive and caring manner over a considerable period of time and ensured the patient's needs were met. Staff were commended to the registered manager for their professional and caring manner.

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. Staff spoken with confirmed that nursing staff and senior care staff were knowledgeable of the actions to be taken in the event of an emergency. 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. New furnishings had been purchased, areas of the home had been repainted and new flooring had been laid and the garden/patio areas had been used and enjoyed by patients during the recent 'good weather.' Patients, their representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Review of four 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 registered manager had held general staff meetings and subsequent meetings with the individual groups of staff for example; catering staff and housekeeping. On occasions these were on a one to one basis. Staff confirmed they found the level of communication from the registered manager to be very good and clarified what was expected of them. Staff also stated the registered 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; 'This is a good home and we all work together,' 'We can readily raise concerns with senior staff,' were received. All grades of staff consulted

clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals as discussed in section 4.3.

Patient and representatives 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 registered manager.

There was information available to staff, patients and representatives in relation to advocacy services and the Mencap document 'Living and Dying with Dignity' was displayed on the information board in the entrance lobby. The information board also included a copy of the annual quality report of the home, dated 1 April 2016, the name of the nurse in charge, photographs of the patients recent holiday to Strangford and the organisation's electronic quality of life feedback system.

A relatives meeting was held in March 2016. At this time relatives raised the possibility of patients' holidays, as patients enjoyed 'getting away' and hadn't had the opportunity for a number of years. The registered manager acted on this request and staff arranged and accompanied seven patients on holiday in June 2016 and are planning to take another group of patients to the same venue in September 2016. This is commendable and good practice.

Observation of the mid-day meal confirmed that the dining experience for patients had been reviewed and had improved. Dining tables were attractively set, a range of condiments were available, new crockery had been purchased 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 lay assessor raised a query with the registered manager regarding the use of the coloured mugs/beakers used by patients. The registered manager felt the query was a valid point and agreed to consider the lay assessors comment.

The mid-morning tea trolley was also observed. New trolleys had been purchased and the presentation of beverages and snacks for patients had greatly improved. Patients were offered a choice of snack including fresh fruit, yoghurts and biscuits.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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 one patient who had communication difficulties. Staff knew what the patient was trying to say and immediately reassured the patient and attended to their needs. This was an example of a timely and sensitive intervention by staff. A small group of patients were observed in a lounge and were engaged in individual activity. Staff explained each activity and why it was important to the patient. 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. Discussion with the home's personal activities leader (PAL) evidenced that she had recently taken up the post and had been a senior care assistant in the home prior to this. The activities leader was very enthusiastic and was keen to provide a varied range of activities both internally and outside of the home. As previously stated seven patients had been on holiday in June 2016 with a second group planning to go in September 2016. Patients had also been to local places of interest including, for example St George's Market. A room in the home which had had little use previously had been turned into a 'cinema' room, complete with black out blinds on the window, 'stall' type seating arrangements and popcorn was given to the patients to simulate 'going to the pictures.'

Discussion with the registered 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 like it here.'

'Staff are good to me.'

'I'm happy here.'

Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and patients' representatives. The returned questionnaires were positive regarding the quality of nursing and other services provided by the home. Specific comments are detailed below:

The following comments were provided by patients:

'When you want them (staff) to do something for you it can sometimes take a while.'

'I stay in my room when I'm not at the day centre, I'm quite happy and contented being on my own.'

'Staff ask me how I feel and 'how are you keeping' every day.'

'The staff are very good to me.'

Comments from staff at the time of the inspection and via questionnaire included:

'The (manager) is great...I don't allow her to leave.'

'Much more organised now, good communication and staff spend more time with the patients.'

'The (manager) is brilliant.'

'Very good home and staff all work together.'

'Great to have a manager who knows what she's doing.'

'The (manager) is very approachable, great ideas for the home and gets things done.'

'Don't think we could have a better manager, she watched what worked and discussed things with us, and we've come a long way.'

'Well organised home, I can go to the manager or deputy and get an answer, they're always helpful.'

'Didn't think I'd say this as I'd been in my previous home for a long time but I love it here, great home and great staff.'

Some comments from patient representatives included:

'This home is amazing.'

'I had an issue, I spoke to the manager and it was immediately resolved.'

Lay Assessor's comments:

The lay assessor spoke to five patients and one patient completed a questionnaire. Feedback was very positive and no concerns were raised except for staff shortages which occasionally meant delays in staff responding to requests for assistance. This was discussed with the registered manager who agreed to bring this to the attention of staff at shift handover reports and at the next staff meeting.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered 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 registered manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered 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 confirmed that they were confident that staff and management would manage any concern raised by them appropriately. Two 'thank you' cards were viewed from the relatives and patients who had been in the home for a period of respite, comments included:

'Thank you for all the hard work, the birthday party was a great night.'

'Thank you very much for my time in the Arches, thank you for your help and your kindness.'

Discussion with the registered 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 December 2015 confirmed that these were managed appropriately.

Discussion with the registered 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, infection prevention and control, 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. The organisations governance arrangements include a range of other audits to be completed as well as the audits listed above. For example, the registered 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 daily 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 March, April and May 2016 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 good working relationships and that management were responsive to any suggestions or concerns raised, as discussed in section 4.5.

As discussed in the preceding sections it was evident that the registered manager, from commencing in the home in December 2015, had implemented and managed systems of working within the home which were patient focused, impacted positively on the patient experience and involved and encouraged staff to participate in the life of the home. The registered manager was available to patients and their, relatives and operated an 'open door'

policy for contacting her and she provided staff with a positive role model for their practice and attitude.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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

Web www.rqia.org.uk

 @RQIANews