

Inspection Report

19 January 2023



Arches Care Home

Type of service: Nursing Home

Address: 144 Newtownards Road, Belfast, BT4 3EQ

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited	Registered Manager: Ms Suzanne Johnston
Responsible Individual: Mrs Ruth Burrows	Date registered: 4 April 2022
Person in charge at the time of inspection: Ms Suzanne Johnston until 12.00pm Mr Maphilindo Sanchez from 12.00pm.	Number of registered places: 32 No more than 1 patient in categories NH-PH/PH (E).
Categories of care: Nursing Home (NH) LD – Learning disability LD (E) – Learning disability – over 65 years PH – Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 29
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 patients' 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 19 January 2023 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.

New areas requiring improvement were identified during this inspection and are discussed within the main body of the report and in Section 6.0. Two areas for improvement identified at a previous care inspection were met. One area for improvement reviewed from the previous inspection is partially met and stated for a third time. Three areas for improvement were carried forward for review at the next inspection.

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.

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 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

Patients spoke positively about the care that they received and on their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient told us, "It's good" while another patient said, "I like it here".

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

One relative spoken with told us she was very happy with the care provided to her loved one.

No questionnaires were returned by patients or relatives and no responses were received from the staff online survey.

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 23 June 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that when nutrition and medicines are administered via the enteral route an up-to-date daily regimen is available and total fluid intake is recorded daily.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records of medicines received into the home and transferred out of the home are accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the storage arrangements for medicines as detailed in the report.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
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: Second 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.	Met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</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>Action taken as confirmed during the inspection: A review of records evidenced that, whilst some improvements were observed in the recording of repositioning, there were still some remaining deficits. This is discussed further in section 5.2.2.</p> <p>This area for improvement has not been fully met and has been stated for a third time.</p>	<p>Partially met</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>Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that monthly care plan reviews and daily evaluations of care are meaningful; patient centred and includes the oversight of supplementary care.</p> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.</p>	<p>Met</p>

5.2 Inspection findings

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. Newly employed staff were provided with an induction programme to prepare them for working with patients in the home. A review of records for the induction of agency staff evidenced that not all agency staff had an induction in place. In addition, there was no clear process for the verification of agency staff identity, registration and/or training prior to the beginning of each shift. This was discussed with the deputy 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 the staff working in the home on a daily basis. The manager's hours were not recorded in the duty rota and changes were made to the rota using correction fluid. This was discussed with the deputy manager and an area for improvement was identified.

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.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted confirmed that they received regular training in a range of topics however, a review of the training compliance indicated that not all staff had received training in some aspects of mandatory training such as adult safeguarding or attended a fire drill. Information received following the inspection confirmed that further training dates had been arranged and that staff were reminded that training was to be completed. This will be reviewed further at the next inspection.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork and had no concerns regarding the staffing levels.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual patients' needs, their daily routine, wishes and preferences. Staff recognised and responded to patients' needs, including those patients who had difficulty in making their wishes or feelings known.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. It was observed that staff members were adept at comforting and reassuring patients who became distressed or anxious.

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.

If a patient had an accident or a fall, a detailed report was completed. Review of a sample of patients' care records identified that the patients' falls risk assessments and care plans were reviewed following the falls. There was evidence that staff monitored patients following a fall through the recording of clinical and neurological observations, however, the records evidenced that the observations were not consistently recorded. This was discussed with the deputy manager and an area for improvement was identified.

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.

It was observed that patients were enjoying their lunch. The dining experience 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. There was a choice of meals offered; the food was attractively presented and smelled appetising. Portion sizes were generous. There was a variety of drinks available. Patients spoke positively in relation to the quality of the meals provided.

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

There was evidence that care records were regularly reviewed and updated regarding changes in patients' needs. One patient's care records was not clear on the prescribed use of a lap belt. Two patients were observed with a lap belt in use on the morning of the inspection; this was discussed with the manager who advised that these should only be used when transporting the patients. This was addressed by the manager at the time of inspection and further updates were received to RQIA regarding the continuous monitoring.

Patients who were less able to mobilise require special attention to their skin care. A sample of records relating to pressure care was reviewed. Deficits were observed in the completion of the repositioning records, such as; the frequency of repositioning required, the type/setting of the equipment in use and signatures of both staff who repositioned the patient. Whilst it was positive to note that there were no pressure wounds in the home, the recording of pressure care had previously been stated as an area for improvement for the second time. This was discussed with the manager and an action plan was submitted to RQIA following the inspection providing assurances as to how this area of care was to be addressed. This area for improvement will be stated for a third time and a new area for improvement with regard to the manager's oversight of repositioning records was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff; these records were person centred.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm and comfortable. Bedrooms and communal areas were suitably furnished, clean and tidy. Many of the bedrooms were personalised with items important to patients. It was positive to see that some areas of the home had been recently redecorated including some bedrooms and the front entrance to the home. The manager told us that redecoration was ongoing and provided RQIA with an updated redecoration plan.

Fire exits and corridors of the home were observed clear from obstruction. The fire risk assessment for the home had been completed on 6 April 2022 and the action plan was signed as completed. Fire drills were undertaken regularly and a record of these drills was maintained.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Staff were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There was an adequate supply of personal protective equipment (PPE) and hand sanitisers were readily available throughout the home.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedrooms whilst other patients enjoyed spending time with in the communal lounges and dining areas. Patients were observed enjoying listening to music and watching TV, while others enjoyed a visit from relatives.

The manager advised that they recently recruited a further patient activity lead (PAL) to facilitate two staff providing a range of activities to include evenings and weekends. She told us that the existing PAL and staff were continuing to provide activities in the meantime.

Staff members said they were assisting where possible with activities in the absence of the second PAL. Patients spoken with told us they like to do activities such as colouring in and listening to music. Some staff described the activities on offer as repetitive. Activities was discussed with the manager who advised that activities were under review and hoped to develop the planner to include holidays for the patients. Activities will be reviewed further at the next inspection.

5.2.5 Management and Governance Arrangements

Staff members 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.

There has been no change in the management of the home since the last inspection. Ms Suzanne Johnston has been the registered manager since 4 April 2022.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly.

A review of the records of accidents and incidents which had occurred in the home found that not all had been reported to RQIA appropriately. This was discussed with the manager and an area for improvement was identified.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

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 the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	6*	3*

* The total number of areas for improvement includes one that has been stated for a third time and three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Maphilindo Sanchez, 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	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that when nutrition and medicines are administered via the enteral route an up-to-date daily regimen is available and total fluid intake is recorded daily. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that records of medicines received into the home and transferred out of the home are accurately maintained. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall review the storage arrangements for medicines as detailed in the report. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure a robust system is in place to ensure the identity, professional registration and completed training for agency staff is verified prior to commencement of a shift and that an induction to the home is completed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Home Manager is to ensure that the agency member profile is sent to the home or downloaded before confirming the agency member for the shift. The profile will be checked to ensure it is completed correctly with photograph ID and proof that the agency staff member is registered with NISCC/NMC. The profile will be printed and filed. The identity of the agency member of staff will be verified against this profile on arrival to home, and an induction completed before they commence their shift. Compliance will be monitored by the Home Manager as part of the internal governance and also during the reg 29 visit carried out by the Ops Manager</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the clinical and neurological observations are accurately and consistently recorded in line with best practice guidance following any patients' fall in the home where a head injury, or the potential for a head injury, is suspected.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The registered nurses within the home completed training on recognition of the deteriorating patient on 22/02/2023. The training also covered the rationale for carrying out neurological observations, the time frame they need to be completed in and how to record them accurately. Compliance will be monitored during the Reg 29 audit carried out by the Operations Manager</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that notifiable events are reported to RQIA in a timely manner.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Home Manager will ensure that all notifiable events will be reported within the correct time frame. The nursing staff have been informed that in the absence of the Home Manager it is the responsibility of the Nurse in Charge of the home to report and complete the notifiable event to the RQIA. Compliance will be monitored during Regulation 29 monitoring visits.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: Third time To be completed by: 1 March 2023	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. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All care plans for residents who require assistance with repositioning, have been reviewed and been updated/rewritten to ensure they reflect the frequency of the repositioning, type of pressure relieving mattress in use including details of the correct setting. The Repositioning books have been checked to ensure staff are repositioning resident in line with the plan of care. Compliance will be monitored as part of the Home governance audits and during the Reg 29 audit carried out by the Operations Manager.
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the hours worked by the manager are clearly recorded on the duty rota and any amendments made to the rota are corrected in line with best practice guidance. Ref: 5.2.1
	Response by registered person detailing the actions taken: The hours worked by the Home Manager are now entered on the duty rota and any amendments made will be reflected where required.
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: 1 March 2023	The registered person shall ensure there is a robust system in place to review the quality of the recording of the repositioning records. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Home Manager through the home governance audits will review the recording of the repositioning charts. If deficits are highlighted then supervision will be carried out with the staff members involved. In the absence of the Home Manager the nurse in charge of each shift will check the repositioning records. Compliance will be monitored as part of the Regulation 29 visit.

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