



Announced Care Inspection Report 6 October 2020



Arlington

Type of Service: Nursing Home (NH)
Address: 7-9 North Parade, Belfast, BT7 2GF
Tel No: 028 9049 1136
Inspector: Nora Curran

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 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 25 persons.

3.0 Service details

Organisation/Registered Provider: Arlington Responsible Individual(s): Brian Macklin Mary Macklin	Registered Manager and date registered: Camelia Mara - registration pending
Person in charge at the time of inspection: Joanne McCallum	Number of registered places: 25
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 23 NH-I, NH-PH, NH-PH(E), NH-TI

4.0 Inspection summary

An announced inspection took place on 6 October 2020 from 10.00 to 13.45 hrs. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home.

The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality of life for patients
- Quality improvement.

Patients consulted with spoke in positive terms about living in Arlington and some of their comments can be found in the 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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Christine Thompson, regional manager, and Joanne McCallum, deputy 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.

5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas from 10 to 23 August 2020
- Staff training records
- Staff supervision matrix
- Statement of purpose
- Service User guide
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports from June and July 2020
- Complaints and compliments records
- Incident and accident records
- Minutes of patients' and staff meetings
- Activity planner
- Three patients' nutritional care records.

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

RQIA received no completed questionnaire responses within the allocated timeframe.

Following a review of the information submitted to RQIA, the inspection took place via teleconference with Christine Thompson, regional manager.

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 previous inspection

There were no areas for improvement identified as a result of the last inspection which was an unannounced medicines inspection on 13 February 2020.

6.2 Inspection findings

6.2.1 Staffing

At the commencement of the inspection, the regional manager confirmed the staffing levels and skill mix for that day. The regional manager explained that staffing levels are determined by patient dependency levels which are reviewed every three months or more often if acute changes are noted. A review of off duty rotas from 10 to 23 August 2020 showed that expected staffing numbers and skill mix had been adhered to during that period. The manager's hours and capacity in which they were worked were stated on the duty rota. Staffing was increased slightly on specific days to accommodate the home's participation in the regional planned and regular covid-19 testing of staff and patients. In the absence of the manager a nurse would assume charge of the home. All nurses had completed a nurse in charge competency which was reviewed annually. Patients spoken with did not express any concerns about current staffing, and most staff spoke in positive terms. Two staff members felt that increasing staffing levels by one person would improve the service, but acknowledged that they felt this was only necessary at busier times of the day such as breakfast time. All other staff spoken with were happy with the staffing levels and skill mix. Six staff were consulted with on the day of the inspection.

A recruitment process was in place to ensure all newly recruited staff had the necessary pre-employment checks completed before embarking on a set induction and training programme. Induction progress and training was monitored for all staff using a matrix for management overview. While covid-19 had impacted on some face to face training sessions, staff were expected to comply with mandatory online training and the manager would bolster these online sessions with additional questioning and discussions on work related topics. Supervisions were completed a minimum of six monthly for all staff and these were governed on a tracker along with yearly appraisals. Staff spoken with expressed that they were afforded time and support to complete the training necessary for them to conduct their roles in a safe and effective manner. We asked staff about the safeguarding of vulnerable adults process and all gave appropriate responses and were conversant in the reporting process. All staff spoken with expressed that they felt comfortable and confident in reporting concerns if they arose. The regional manager was identified as the adult safeguarding champion.

Where applicable, staffs' professional registration status with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) was monitored monthly and records were maintained. On the day of inspection this had last been checked on 5 October 2020.

In relation to staff, patients told us:

- “They are all so good and kind and loving and giving.”
- “Staff are great.”
- “I expect good standards and I get them.”
- “Staff are nice...they are a great help.”
- “Nice and friendly.”
- “The nurses are very nice.”
- “I like all the staff, they are good to me...I feel safe.”
- “Staff are the best.”

Staff said:

- “We could do with one more care assistant at busier times but we can provide good care despite this.”
- “I think we could do with one more staff in the morning as they are flat out...breakfast time needs more help.”
- “We get enough training.”
- “Residents get the proper care...lots of experienced staff.”
- “At the minute staffing levels are good, we get all done and manage well.”
- “I wouldn’t think twice about going to the nurse in charge or management if I had any concerns about patient care.”
- “With training we get what we need 100% and more...there are plenty of modules on the online training...I miss the social aspect of face to face training but we are safer at the minute doing the online.”
- “We definitely have enough staff on...as a team we work well.”
- “We all work together...it’s a good bunch of staff.”

6.2.2 Management arrangements

Since the last inspection the manager had gone on temporary planned leave and the deputy manager had stepped up as acting manager for the short term. This arrangement was made on a temporary basis and another manager had just been employed and was undergoing induction at the time of the inspection. This arrangement was further supported with input from the regional manager. No concerns were expressed by staff or patients in relation to the temporary management arrangements.

There was a clear organisational structure in the home and staff were aware of this. In the absence of a manager staff were aware of the process for escalating issues through the nurse in charge, who then had access to contact details on an on call rota. The regional manager was contactable for emergency situations or additional support for the person in charge.

Patients spoke in positive terms about the running of the home, with one saying, “It’s very well organised.”

Staff told us:

- “The manager and head office help guide us...if the manager is not here I know who to contact.”
- “We are managed very well...we have a new manager covering at the minute and there are no problems.”
- “I’ve been here many years and never left so that tells you...managed well.”
- “I feel listened to.”
- “Management is good...I could go talk about anything...good people...communication is very good.”
- “Brilliant home to work for.”

6.2.3 Governance systems

Prior to the inspection we requested copies of a number of audits and governance related records to be sent to RQIA. These included quality assurance audits such as hand hygiene, environmental infection prevention and control, falls, accidents and incidents, restrictive practice, wound care, weights records and complaints. We also requested the monthly monitoring reports from two consecutive months and the records from the most recent patients’, relatives’ and staff meetings. Infection prevention and control related audits will be discussed further in section 6.2.4.

As part of the self-assessment process prior to the inspection, the manager had acknowledged that no relative meetings had taken place since the start of the pandemic. And while it was recognised that many routine aspects of life in the home had been affected by the pandemic, we were assured that systems were now in place to prioritise the safety of patients and staff, allowing for alternative approaches for forums such as relative meetings. The manager identified this as an area for improvement and this will be reviewed at the next inspection.

We looked at the minutes from the last two patients’ meetings. We could see the attendance records and topics discussed. Feedback from patients was positive and some suggestions were made in relation to activities. The covid-19 pandemic was discussed; patients were updated on the latest information and guidance and were given the opportunity to express their thoughts and feelings on the matter. Emotional support was offered to patients.

The records from six staff meetings were also reviewed. Again we could see the attendance lists and topics discussed. The pandemic featured predominantly in the minutes and staff appeared to be regularly updated with changes in the guidance as they were published. The records also showed action plans from each meeting.

Falls, accidents and incidents were audited monthly. These audits detailed the event, outcome, actions required and if relevant bodies were informed. They also looked at trends. The restrictive practice audit from June 2020 detailed the types of practice in use, risk assessments and care plans. Consent for restrictive practice was monitored in the care plan audits. The wound care audit from July 2020 showed that one patient had a wound and that the treatment plan was being adhered to. This included an action plan stating what actions were required, by whom and by when. No concerns were identified in relation to these quality assurance audits.

A review of the complaints records for 2020 showed that one formal complaint had been made and the details of the investigation, outcome and complainant satisfaction level were documented.

Patients' weights were recorded a minimum of monthly and there was managerial overview in the form of a weight monitoring matrix. Any unplanned weight loss was identified quickly and an action plan put in place. Again there was managerial overview in the form of an action plan for weight loss monitoring matrix.

We looked at the monthly monitoring records for June and July 2020. The visits looked at the home environment, care records, governance records and consulted with staff and patients. A written report was provided to the manager with a clear action plan for quality improvement. Each month detailed progress made from the previous visit. No relative consultation had been documented due to covid-19 and restrictions on visiting. While the regional manager did inform us that written correspondence in relation to the covid-19 guidance had been sent to relatives, no alternative attempts had been made to contact relatives for feedback. As this was already highlighted as an area for improvement prior to the inspection, it was agreed that it may take some time for alternative relative consultation to take place. This will be reviewed at the next inspection.

6.2.4 Infection prevention and control (IPC)

The regional manager confirmed that throughout the pandemic and to date the home had remained free of covid-19. Environmental infection control audits were completed monthly and identified areas requiring action, and the response taken to address any deficits. We reviewed the IPC audits from May, June and July 2020. These audits also observed hand hygiene practices and detailed actions required. The audits conducted in June and July showed particular robustness in relation to areas for improvement, actions taken and progress made.

At the time of the inspection the home had closed to visiting and non-essential professional foot-fall and this was under regular review based on transmission rates in the community. Indoor visiting was considered under exceptional circumstances and risk assessed by the manager. The regional manager explained that plans were in place to build a visiting pod which would consist of a walled pod with two doors on either side and a clear partition/window down the middle, which would allow for safe, non-supervised visiting. The plans included a built in intercom system which would alert staff when required. When visiting was in operation, the home adhered to the covid-19 Regional Principles for Visiting in Care Settings in Northern Ireland. Arrangements were in place for virtual visiting and telephone calls which were facilitated by the activities co-ordinator on weekdays and care staff at weekends.

Staff spoken with during the inspection appeared knowledgeable and up to date with the recent covid-19 and IPC guidance. They expressed that they felt supported in their roles and responsibilities in relation to the pandemic and told us they had ample supplies and resources. Staff said that they felt safe in work and this was primarily due to having confidence that everyone was adhering to best practice and IPC standards.

A system was in place to reduce the risk of covid-19 being introduced to the home by staff or essential visitors. This included health declarations, temperature checks and strict uniform policy adherence. There were changing facilities for staff to change clothes, wash hands and don personal protective equipment (PPE). Staff and patients were also being tested for covid-19 on a regular basis as part of the regional testing programme.

With specific reference to the pandemic and IPC patients told us:

- “We are as safe as we can be...it’s very hygienic...I keep in touch with family.”
- “They are doing well here with the covid...I feel safe.”
- “The place is spotless...I see them even cleaning at night and the evenings.”
- “I keep in touch with my mum and aunt on the phone and at night I get to say good night and God bless.”
- “All I hear about is the virus on the news...thank God we stay safe in here.”
- “My bedroom is kept very clean.”

Staff said:

- “I feel safe when I’m in work, it’s more scary outside...we change into our uniforms, everyone sanitises and follows the right measures.”
- “We are kept up to date with the guidance, we get memos, there is a covid-19 folder we can read anytime, there is regular testing, and we know what to do in any event.”
- “From day one of this pandemic they had in everything we needed, they got in the extra PPE early on...they looked after us.”
- “We did online training about covid...we get handovers every day and we have the covid folder.”
- “We’ve done very well during the covid pandemic...we are all very happy with that, the atmosphere is good...the isolation times can be hard but I’m very happy.”
- “I feel safe, absolutely...at the start we didn’t know what to expect but we are well trained now and have the PPE and we know what’s expected of us.”
- “I try to spend time with patients doing video calls to relatives.”
- “In regard to the laundry the workload has increased but we get whatever supplies we need.”

6.2.5 Quality of life for patients

During the inspection we took a virtual walk around the home with the use of video call. We viewed the communal areas such as lounge, dining room, bathrooms and toilets. All were clean and tidy. There was PPE donning and doffing stations at strategic locations around the home. Corridors were clear and well-lit and fire exits were clear and free from obstruction. The main kitchen was clean and organised and staff were observed to be wearing appropriate PPE, including hats. We also viewed a sample of storage rooms which were tidy and organised. Rooms that contained substances that could be hazardous to health, such as sluice rooms and laundry were secured with keypad locked doors. We viewed a sample of patient bedrooms and found them to be clean and well maintained. Patients appeared comfortable in their surroundings.

The provision of activities was led by the activities co-ordinator over a five day week. Arrangements were in place for care staff to facilitate social activities at the weekends. We reviewed the activities planner from July 2020 and found it to have variety.

We reviewed nutritional related care records for three patients. There was evidence of relevant risk assessments for each patient which included the malnutrition universal screening tool (MUST), and resulted in written care plans to address any identified needs. The self-assessment stage of the inspection highlighted a new nutritional audit being used which ensured that any specialised nutritional recommendations from speech and language therapy or

dietetics were linked to all relevant staff, including kitchen staff. We looked at a four week menu plan and could see that every patient had a choice of two meals per sitting and this included those patients on modified diets.

Patients said about life in Arlington:

- “The food is excellent, and I’m hard to please.”
- “I’m always occupied.”
- “I love it here.”
- “Arlington is a nice place.”
- “The food is nice...you always get two things to pick from...only once I didn’t like what was offered but they got me something else. “
- “I don’t get involved with the activities but I read the paper a lot and the day goes in quick.”
- (Activities) “Sometimes there are different things...I like everything they do...the ones from the church used to come in before...but I get everything, I listen to the gospel music.”

Staff told us:

- “The chef has prepared us food too and it is lovely.”
- “There are lovely meals here, the modified meals are great and everyone gets two choices...there are always loads of snacks too...the two chefs in the kitchen are great and the residents really enjoy the food.”
- “The kitchen makes sure there is lots of food and they leave us stuff to make extra sandwiches and stuff in the evenings.”
- “We have the best cooks in the world here...they make the most important moments of the day, mealtimes.”
- “There are lots of activities...we are doing seasonal autumn decorations at the minute...we do games, movies, exercises, send photos to families who can’t visit...music really lifts the mood as well...I love my job here.”
- “Everyone knows the residents well...the care is very good.”
- “We have pride in our work.”
- “I love it...good team and a lovely home.”

6.2.6 Quality improvement

As part of the inspection process the manager conducted a self-assessment prior to the day of inspection and identified several areas in which quality improvements could be achieved. In partnership with the regional manager and provider the home had already put measures in place to address these areas. Firstly, in relation to nutrition the manager had identified that weights records were being monitored from several different audit systems which had the potential to lead to oversights. So they were in the process of implementing a new weights matrix and individual action plan which would allow for one agreed record for weights governance. This new audit system was introduced at the end of September 2020 and will be reviewed again at the next inspection.

Relative consultation had also been identified as an area for improvement during the self-assessment stage and the manager planned to find alternative, safe means to obtain feedback from relatives within the year.

The home was also embarking on several new initiatives that would assist with quality monitoring and improvement, namely a phone monitoring system which would provide an analysis on calls management, new nurse call-bell software which would provide information on trends and response times, and a new electronic patient records system for which all relevant staff would be trained in the use of.

There had also been some environmental improvements made within the last year in the form of new flooring, lighting, chairs and décor in selected areas.

Areas of good practice

Areas of good practice were identified in relation to the homes response to the Covid-19 pandemic, IPC measures, staff training and provision of meals. Additional areas of good practice were seen in relation to governance systems and innovative initiatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Overall the feedback from the inspection was positive. Arrangements had been put in place to address the temporary changes to management and were being supported by the regional manager. Patients and staff spoke in positive terms in relation to living and working in Arlington. Patient nutritional records were being maintained appropriately and staff training and development was ongoing during the pandemic. While the home had self-identified areas for ongoing improvement and implemented actions to address these areas, there were no additional new areas for improvement identified on the day of inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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