Unannounced Care Inspection Report
7 December 2016

Arlington

Type of Service: Nursing Home
Address: 7-9 North Parade, Belfast, BT7 2GF
Tel no: 028 9049 1136
Inspector: Lyn Buckley

1.0 Summary

An unannounced inspection of Arlington Nursing Home took place on 7 December 2016 from10:20 to 14:15.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

Observation of the delivery of care and review of care records evidenced that patients' needs were met by the levels and skill mix of staff on duty. Review of the staffing rotas evidenced that the planned staffing levels were adhered to. Discussion with patients, one relative and staff evidenced that there were no concerns regarding staffing levels.

Review of records and discussion with the manager and staff confirmed that there was an effective training programme in place. Observation of care delivery and interactions with patients clearly demonstrated that knowledge and skills gained through training and experience were embedded into practice. Staff were confident in carrying out their role and function in the home.

Review of records and discussion with the manager and staff confirmed that a robust governance and auditing process was in place to ensure the delivery of safe and effective care and services.

The home was found to be warm, well decorated, fresh smelling and clean throughout. Infection prevention and control measures were adhered to and equipment was appropriately stored.

A requirement was made in regard to the timely notification of incidents to RQIA in accordance with regulations.

Is care effective?

Review of patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. It was evident that care records reflected 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 records were maintained in accordance with best practice guidance, care standards and legislative requirements.

There was evidence of regular communication with relatives and representatives from the Trust within the care records.

There were no areas for improvement identified within this domain.

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. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. It was evident that there were good relationships between patients and staff. 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.

There were no areas for improvement identified within this domain.

Is the service well led?

Discussion with the 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 were aware of the roles of staff in the home and to whom they should speak if they had a concern.

Discussion with the 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 and complaints.

Discussion with the manager and review of records confirmed that the regional manager undertook unannounced monitoring visits on behalf of the responsible individual. Records of visits undertaken were available to patients, their relatives, staff and Trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff spoken with were complimentary regarding the new manager and stated that they felt confident to deliver care and other services under her leadership and guidance.

As discussed within this report, it was evident that since June 2016 the home's management team had implemented and managed systems of working within the home which were patient focused, impacted positively on the patient experience and involved and required/encouraged staff to deliver safe, effective and compassionate care to meet the assessed needs of patients.

There were no new areas for improvement identified within this domain as a requirement regarding notifications of events was made in section 4.3.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Jacinta Silva, home 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.

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 27 June 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. 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 person: Arlington/ Mr Brian Macklin and Mrs Mary Macklin	**Registered manager:** Ms Joanne McCollam (Acting)
Person in charge of the home at the time of inspection: Mrs Jacinta Silva	**Date manager registered:** New manager appointed 24 October 2016; Mrs Jacinta Silva - application to register received.
Categories of care: NH - I, PH, PH(E) and TI	**Number of registered places:** 25

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events 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 plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection the inspector spoke with six patients individually and with others in small groups, two care staff, the deputy manager, the catering manager and assistant, two staff from housekeeping, the home's administrator, the hairdresser and one relative.

In addition questionnaires were provided for distribution by the manager; 10 for relatives/representatives; eight for patients and 10 for staff. Refer to section 4.5 for details.

The following information was examined during the inspection:

- three patient care records including supplementary care charts such as repositioning and fluid intake records
- staff duty rosters 28 November to 11 December 2016
- staff training and planner/matrix for 2016
- one staff recruitment record
- complaints record
- incident and accident records
- record of quality monitoring visits carried out on behalf of the responsible individual in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit and governance
- records for checking nursing staff registration with Nursing and Midwifery Council (NMC) and checking with the Northern Ireland Social Care Council (NISCC) in relation to care staff
- evidence of consultation with staff, patients and relatives.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. The QIP was validated during this inspection. Refer to the next section for details.

4.2 Review of requirements and recommendations from the last care inspection dated 27 June 2016

Last care inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref**: Regulation 17 (1) **Stated:** Second time	The registered person shall ensure the governance and management arrangements of the home are in accordance with regulatory requirements and the minimum standards.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and review of a sample of audit and governance records evidenced that robust systems and processes had been put into place, were regularly undertaken and were monitored by senior management. This requirement has been met.	

Requirement 2 **Ref**: Regulation 14 (2) **Stated:** First time	The registered provider must ensure that a risk assessment is in place to manage the staffs' use of the final fire exit doors and the potential risk to patients if the doors are left open or when the door alert alarm is deactivated by staff.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and deputy manager confirmed that the staff were not using the internal fire escape and that the fire exit door alarms were active. Any requirements to deactivate the fire exit doors had to be approved and monitored by the nurse in charge and were time limited. Review of a sample of patient risk assessments also evidenced that this requirement had been met.	
Requirement 3 **Ref**: Regulation 27(c) **Stated:** First time	The registered provider must ensure that fire exits and fire exit routes are kept clear at all times.	**Met**
	Action taken as confirmed during the inspection: Observation of the home's environment evidenced that fire exits and fire exit routes were free from obstruction. This requirement has been met.	
Requirement 4 **Ref**: Regulation 27 (4) (a) and (b) **Stated:** First time	The registered provider must ensure that following a fire risk assessment that the 'actions required' are addressed in a timely manner to ensure adequate precautions against the risk of fire are taken.	**Met**
	Action taken as confirmed during the inspection: Review of records and discussion with management evidenced that this requirement had been met.	
Requirement 5 **Ref**: Regulation 14 (2) (a) (b) and (c) **Stated:** First time	The registered provider must arrange for the removal of 'clutter' and unused equipment to reduce risks to patients and staff.	**Met**
	Action taken as confirmed during the inspection: Observation of the home's environment evidenced that this requirement had been met.	

Requirement 6 **Ref**: Regulation 13 (7) **Stated:** First time	The registered provider must ensure that arrangements for infection prevention and control measures are in place and embedded into practice to reduce risks to patients and staff.	**Met**
	Action taken as confirmed during the inspection: Observation of the home's environment, review of governance records and discussion with staff evidenced that this requirement had been met.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 39 **Stated:** Third and final time	It is recommended that all training that takes place for the nursing home staff should be recorded and the training records made available for inspection. Details recorded should include names and signatures of those attending the training, the dates of the training, the name and qualification of the trainer or agency and the content of the training programme.	**Met**
	Action taken as confirmed during the inspection: Review of training and governance records confirmed that this recommendation had been met.	
Recommendation 2 **Ref:** Standard 12.13 **Stated:** First time	**Carried forward to the next care inspection for review** It is recommended the menu either offers a choice of meal at each mealtime. When the menu only has one option an equally nutritious alternative should be provided. This includes an alternative of hot meals and any special dietary or therapeutic requirements.	**Met**
	Action taken as confirmed during the inspection: The menu was clearly displayed in the dining room. Patient confirmed that had a choice of meals. Staff confirmed that they could accommodate any reasonable food choice in addition to the choice offered at each meal and that this included therapeutic/modified diets. This recommendation has been met.	

4.3 Is care safe?

The 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 evidenced that the planned staffing levels were adhered to. Discussion with patients, one relative and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care and review of care records 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 one staff member were reviewed and found to be completed in full and dated and signed appropriately.

Discussion with the manager evidenced that a system was in place to ensure staff attended mandatory training. Review of the training matrix/schedule and records, maintained since the last care inspection in June 2016, indicated that training was planned to ensure that mandatory training requirements were met. Staff consulted and observation of care delivery and interactions with patients clearly demonstrated that knowledge and skills gained through training and experience were embedded into practice. Staff were confident in carrying out their role and function in the home.

Discussion with the 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 manager and staff demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

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. Information from the falls audit, and other audits, informed the responsible individual's monthly monitoring visit in accordance with the Nursing Home Regulations (Northern Ireland) 2005 - regulation 29. Staff spoken with confirmed that nursing staff were knowledgeable of the actions to be taken in the event of an emergency. Review of accidents/incidents records evidenced that not all notifications had been forwarded to RQIA in accordance with regulations and a requirement was made. During feedback the details were discussed with the manager who agreed to forward the notifications retrospectively. Advice was provided in relation to the availability of guidance documents on RQIA's web site.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, all bath and shower rooms, the lounges and dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Patients 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

A requirement was made regarding the notification of events or incidents in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30.

Number of requirements	1	Number of recommendations	0

4.4 Is care effective?

Review of three 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 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 reflected 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 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 of regular communication with relatives and representatives from the Trust within the care records.

Discussion with staff confirmed that all 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 and minutes were made available.

Patients and one relative spoken with expressed their gratitude for the care received and said they had confidence in the home's staff/ management in addressing any concerns they might have. Patients were aware of who their named nurse was and knew the new manager.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the manager

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

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. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. It was evident that there were good relationships between patients and staff. 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.

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. Patients and confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. The records pertaining to consultation with patients and their relatives/representatives, including outcomes, were not reviewed on this occasion as the home was in the process of gathering and collating responses to their annual quality survey. The manager confirmed that initial results showed a good level of satisfaction with the home and the services provided.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Arlington was a positive experience. In addition eight patient questionnaires were provided by RQIA for distribution by the manager. Four were returned. Three respondents recorded that they were very satisfied with the home and one responded that they were satisfied in relation to the domains; is care safe, effective and compassionate and is care well led? There were no additional comments recorded.

One relative spoken with was very positive in relation to the care delivered, the environment, staff attitude and management of the home. In addition 10 relative/representatives' questionnaires were provided by RQIA to the manager for distribution. At the time of issuing this report three had been returned. Two respondents recorded that they were very satisfied with the home and one responded that they were satisfied in relation to the domains; is care safe, effective and compassionate and is care well led? There were no additional comments recorded.

Comments made by staff during the inspection are included throughout the report. In addition 10 staff questionnaires were provided by RQIA for distribution, by the manager, to staff not on duty during the inspection. At the time of issuing this report six questionnaires had been returned. Four respondents recorded that they were very satisfied and two responded that they were satisfied in relation to the domains; is care safe, effective and compassionate and is care well led? One staff member indicated that they were very satisfied with the safe care delivered but added "sometimes we are short staffed, which means we don't get to spend a lot of quality time with residents". Staffing levels and the delivery of care were discussed in section 4.3.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Discussion with the 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 were aware of the roles of staff in the home and to whom they should speak if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was also displayed. Discussion with the manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with the Nursing Homes Regulations (Northern Ireland) 2005- regulation 24 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and relatives confirmed that they were confident that staff and management would address any concern raised by them appropriately. Patients were aware of who the new manager was and referred to her as Jacinta.

As discussed in section 4.3 review of accidents/incidents records evidenced that not all notifications had been forwarded to RQIA in accordance with regulations and a requirement was made. During feedback the details were discussed with the manager who agreed to forward the notifications retrospectively. Advice was provided in relation to the availability of guidance documents on RQIA's web site.

Discussion with the 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 and complaints.

Discussion with the manager confirmed that the regional manager undertook unannounced monitoring visits on behalf of the responsible individual. Records of visits undertaken were available to patients, their relatives, staff and Trust representatives. Review of the report for the visits undertaken since June 2016 confirmed that an action plan was generated, as required, to address any areas for improvement. Subsequent visits reviewed progress with the previous action plan.

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. Staff spoken with were complimentary regarding the new manager and stated that they felt confident to deliver care and other services under her leadership and guidance.

As discussed in the preceding sections it was evident that since June 2016 the home's management team 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 deliver safe, effective and compassionate care to meet the assessed needs of patients.

For example, the delivery of a robust governance system, effective management of fire safety, incentive programmes for staff and allocation sheets for the deployment of staff and tasks on a shift by shift basis.

The senior management team, manager and nursing staff were available to patients, their relatives.

The manager discussed plans for the extension of the treatment room/nursing office. Advice was provided regarding how to apply to RQIA to vary the home's registration or to change the use of rooms within the nursing home. This proposed change was shared with the home's estates inspector following the inspection.

Areas for improvement

There were no new areas for improvement identified within this domain.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacinta Silva, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1 **Ref**: Regulation 30 **Stated:** First time	The registered provider must that RQIA are notified, without delay, of events or incidents occurring in the nursing home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30. **Ref: Section 4.3**
To be completed by: Immediate action required.	**Response by registered provider detailing the actions taken:** three head injury that ocurred between July-September 2016 already been notified on 8.12.2016 by the Manager. All future head injuries will be notified as per protocol.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

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