Arlington
RQIA ID: 1050
7-9 North Parade
Belfast
BT7 2GF

Inspector: Heather Sleator
Inspection ID: IN021680

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# Unannounced Care Inspection
# of
# Arlington

## 7 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

## 1. Summary of Inspection

An unannounced care inspection took place on 7 January 2016 from 10.00 to 16.30.

The focus of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the previous care inspection on 15 June 2015, to re-assess the homes level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes 2015.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 17 June 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | 3* | 7 |

*The total number of requirements includes one requirement stated for the third and final time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Christine Thompson, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

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| **Registered Organisation/Registered Person:**<br>Mary Macklin | **Registered Manager:**<br>Linda McCartney |
| **Person in Charge of the Home at the Time of Inspection:**<br>Kathy Israel | **Date Manager Registered:**<br>1 April 2005 |
| **Categories of Care:**<br>NH-I, NH-PH, NH-PH(E), NH-TI | **Number of Registered Places:**<br>25 |
| **Number of Patients Accommodated on Day of Inspection:**<br>24 | **Weekly Tariff at Time of Inspection:**<br>£593 - £637 per week |

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine the level of compliance attained.

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the regional manager
- discussion with the registered nurse
- discussion with care staff
- discussion with patients
- a general tour of the home and review of a random selection of patients' bedrooms, bathrooms and communal areas
- examination of a selection of patient care records
- examination of a selection of records pertaining to the inspection focus
- observation of care delivery
- evaluation and feedback

During the inspection, the inspector met with 10 patients individually and with others in smaller groups; three care staff, one registered nurse and ancillary staff.

Prior to inspection the following records were analysed:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the care inspection of 17 June 2015

The following records were examined during the inspection:

- staff duty rotas
- care records relating to:
  - restrictive practice
  - elimination
- staff training records
- quality audits including audits of infection control measures and care records

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Arlington was an unannounced care inspection dated 17 June 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last care inspection

<table>
<tr><th colspan="2">Last Care Inspection Statutory Requirements</th><th>Validation of Compliance</th></tr>
<tr><td rowspan="2">Requirement 1<br><br>Ref: Regulation 12 (1)<br><br>Stated: Second time</td><td>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –<br>(a) reflect his individual needs;<br>(b) reflect current best practice; and<br>(c) are (where necessary) provided by means of appropriate aids or equipment<br><br>This requirement is in respect to the use of any restrictive practice in the home.</td><td rowspan="2">Partially Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>The review of three care records did not evidence that a consistent approach to the use of a restrictive practice i.e. bedrails was in accordance with best practice guidelines. Evidence was not present in two care records that a risk assessment or care plans identified and monitored the use of bedrails.<br><br>This requirement has not been met. Given that this requirement is being stated for the third time, enforcement action was considered in discussion with senior management. It was concluded that enforcement action would not be taken at present.</td></tr>
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<table>
<tr><td rowspan="2">Requirement 2<br><br>Ref: Regulation 20 (1) (a)<br><br>Stated: Second time</td><td>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients-<br>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the nursing home in such numbers as are appropriate for the health and welfare of patients;<br><br>The duty rota for the home should reflect:<br>- the skill mix of staff is in accordance with regulatory and best practice guidance<br>- staffing levels throughout a seven day period are in accordance with regulatory and best practice guidance</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>The staff duty rota was reviewed from the period week commencing 7 December 2015 to week commencing 11 January 2016. The review focused on the skill mix of staff on duty over the twenty four hour period. On occasions the skill mix was below the recommended guideline of 35% nursing staff and 65% care staff. The regional manager gave her assurances that the dependency level of patients is monitored weekly and staffing ratios were appropriate to patient need.<br><br>Further information regarding the staff duty rota is detailed in recommendation 3 of the quality improvement plan of this report.</td></tr>
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| **Requirement 3**<br><br>**Ref:** Regulation 12 (2)<br><br>**Stated:** Second time | The registered person shall ensure that all aids and equipment used in or for the purpose of the nursing home is-<br>(a) suitable for the purpose for which it is to be used; and<br>(b) properly maintained and in good working order<br><br>This requirement applies to the use of third party bedrails in the home. | **Carried Forward** |
| | **Action taken as confirmed during the inspection**:<br>The manager was not available at the time of the inspection and the evidence to support the monitoring and maintenance of the use of third party bedrails was unable to be located. This requirement is carried forward for review at the next inspection. | |
| **Requirement 4**<br><br>**Ref:** Regulation 13 (7)<br><br>**Stated:** First time | The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.<br><br>Infection control audits should be completed on a regular basis, verified by the registered manager and any remedial action required actioned in a timely manner and verified by the registered manager. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The infection control audits which had been completed from January 2015 to December 2015 were reviewed. The completed audits did not identify any shortfalls in practice throughout the year. This was discussed with the regional manager who stated new infection prevention and control template had recently been introduced throughout the company's homes. The new template was deemed more robust and would encompass more areas for review each month as opposed to focusing on one specific are, for example, hand hygiene.<br><br>A requirement has been made in relation to the governance arrangements in the home, including the implementation of the new template and a robust review of infection prevention and control measures in the home. | |

| Last Care Inspection Recommendations | | Validation of Compliance |
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| **Recommendation 1**<br><br>**Ref:** Standard 36.4<br><br>**Stated:** First time | All policies and procedures should be reviewed to ensure that they are subject to a three yearly review.<br><br>A policy on palliative and end of life care should be developed in line with current regional guidance, Such as GAIN (2013) Palliative care guidelines and evidence is present that staff have an awareness of the new policy documentation. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Palliative and end of life care guidelines which reflected regional guidance were available in the home. | |
| **Recommendation 2**<br><br>**Ref:** Standard 32.6<br><br>**Stated:** First time | It is recommended that a system is implemented to evidence the effective management of pain. This should include analgesia prescribed on a 'prn' basis. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with the registered nurse on duty and a review of patients' prescription records evidenced pain is being managed and monitored effectively. | |
| **Recommendation 3**<br><br>**Ref:** Standard 46.2<br><br>**Stated:** First time | It is recommended that the following infection prevention and control measures are put into place:<br>• The use of notice boards which cannot be cleaned is stopped and the notice board is removed and/or replaced<br>• All signage throughout the home is laminated where appropriate.<br>• Any metal bin frame which is rusted should be replaced<br>• The use of uncovered bins is stopped and replaced if necessary with pedal bins<br>• There is nothing stored on the floors of the sluice other than the items required<br>• No unnecessary equipment should be stored in bathrooms when not in use | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The tour of the home included a review of infection prevention and control measures. All items detailed in the above list had been actioned and addressed. | |

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| **Recommendation 4**<br><br>**Ref:** Standard 47.1<br><br>**Stated:** First time | It is recommended that the infection control risk in relation to the rusted and 'taped' areas on a hoist are addressed and the hoist is made good. | **Met** |
| | **Action taken as confirmed during the inspection:**<br>The regional manager stated she had been informed that tape had been placed on the base of the hoists in response to an alert notice issued by the Northern Ireland Adverse Incidence Centre. It is management's responsibility to ensure the tape is maintained in a good condition and does not pose an infection control risk. | |
| **Recommendation 5**<br><br>**Ref:** Standard 39<br><br>**Stated:** First 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. | **Partially Met** |
| | **Action taken as confirmed during the inspection**.<br>The template in use for recording the training undertaken by a staff member did not accurately reflect regulatory requirements as stated above. This was discussed with the regional manager who agreed to revise the recording template so as all required information was present. | |

## 5.3 Additional Areas Examined

### 5.3.1. Care Records

**Restrictive practice**

As previously stated in section 5.2 a requirement was made to ensure that the treatment and other services provided to each patient; reflects his individual needs and reflects current best practice. This requirement was made in relation to the use of any restrictive practice in the home. Of the three care records which were reviewed two did not reflect best practice guidelines. The need for the use of bedrails was identified in a risk assessment in one care record. There was no evident reference to the use of and monitoring of the bedrails in the patient's care plans. The second care record did not evidence a risk assessment had been completed, despite the use of bedrails being observed on the patient's bed. Again there was no evident reference to the use and monitoring of bedrails in care plans. This requirement has been stated for the third and final time.

**Elimination**

Care records did not evidence a consistent approach to continence management by nursing staff. Of the three care records reviewed, one did not have a completed assessment despite a care plan for continence needs being in place. One assessment identified the type of product required however this information was not in the corresponding care plan. The remaining assessment and care plan also did not evidence the type of continence aid required. The continence assessment should identify the type of product and this information should be included in the patient's care plan.

Review of patient care records evidenced that registered nurses were not care planning using a specific, measurable and person centred approach. For example, the progress records of the patient's response to planned care stated, 'care of continence' and 'care of incontinence'. The inspector provided other examples during feedback and the regional manager agreed that these statements were not appropriate.

**Recording**

The progress records reviewed, in one patient's care records an issue had been identified regarding skin care/tissue viability. A specific request for guidance as to the treatment of the issue had been requested. There was no evidence within the progress records that the request had been responded to and that no direction had been given as to the agreed treatment plan for the patient. The body map had not been updated to reflect the condition of the patient's skin, the area affected and the date the issue was first identified. It is recommended that patient records are maintained in accordance with minimum standards, professional guidance and legislative requirements.

### 5.3.2. Staffing Arrangements

A requirement of the previous inspections of June 2014 and of June 2015 was in relation to the skill mix of nursing and care staff on duty throughout the seven day period. The review of the staff duty rota from week commencing 7 December 2015 to week commencing 11 January 2016 generally evidenced a skill mix of 35% nursing staff and at least 65% care staff, over the twenty four hour period had been attained. However, there were five occasions when this ratio was not attained during this period and when the registered manager was the only registered nurse on duty during the daytime period.

The duty rota did not consistently evidence the nurse in charge on every shift and the first and surname of each staff member on duty. The registered manager's hours did not reflect the hours worked in a nursing capacity and the hours worked in a managerial capacity. The duty rota did not accurately reflect the actual hours worked by staff and in what capacity. The activities coordinator had additional housekeeping duties. However, the duty rota still reflected the previous hours allocated to activities and incorrect housekeeping hours up until 17 January 2016. A recommendation has been made.

Consideration should however, be given to other areas whereby the staffing arrangements may have impacted on the operations of the home including:

- Governance arrangements including quality audits. The review of the infection control audits for 2015 evidenced that whilst they were complete no areas for action had been identified despite shortfalls being identified by inspectors at the previous inspection of June 2015. A new audit template is being introduced which the regional manager stated would be more robust and comprehensive.

- The auditing of care records did not evidence the shortfalls which were identified by the inspector. The review of audits evidenced the last care record audit was undertaken in October 2015. The template used was a 'tick box' template and did not evidence that where a shortfall was identified i.e. the box was not 'ticked', that remedial action had taken place. The names of two of the three patients' care records reviewed had not been included in the care records audit. The regional manager stated a new template had been introduced within the company which again was more robust but had yet to be implemented in the home. The regional manager stated new audit templates in relation to care records, infection control, wound care and medications had been developed and were expected to be operational by the end of January 2016.

- The regulation 29 monthly monitoring reports were available to September 2015. From October 2015 the regional manager had assumed the responsibility of completing the report following a monthly monitoring visit. However, the report is emailed to the home. The reports from October 2015 had not been printed and were not available for review.

- The regulation 29 report should review and comment on the progress made in addressing the requirements and recommendations made as a result of any inspection to the home. Due to the unavailability of the most recent reports this could not be reviewed.

- The record of staff training should reflect any training completed by staff. Where staff leave employment their name should be removed so as the record reflects the current staff team.

A requirement in relation to the governance and management arrangements of the home has been made.

### 5.3.3. Meals and Mealtimes

A review of the menu and discussion with catering staff confirmed that there was no choice of meal available for patients, including patients who required a therapeutic diet. The main meal of the day is served at 12:30. The meal served was chicken pie, potatoes and carrots. Patients who did not like the meal did not have an alternative hot meal readily available. Patients do however; have a choice of meal in the evening time. Patients should have a choice at all mealtimes and patients who require a therapeutic diet must also be afforded choice. The menu board which was displayed in the dining room was difficult to read due to the materials used. The menu should be displayed in a suitable format and location for patients' information. A recommendation has been made.

### 5.3.4. Environment

The nursing home was found to be clean, comfortable and well decorated throughout. However, there was an issue with the numbering of bedroom doors in respect of three rooms. In accordance with fire safety and evacuation procedures the correct numbering of these doors should be addressed as a priority. The regional manager agreed to action this immediately.

### 5.3.5. Patient and Representatives Views

Patients expressed their satisfaction with the care and attention afforded by staff in the home.

Comments included:
"I like it here"
"I can go out with my family"
"I get the newspaper every day"

One relative came to the office to express her satisfaction with the home. The relative stated staff, and one staff member in particular, were very kindly to her relative and she appreciated this.

**Areas for Improvement**

It is required that the governance and management arrangements in the home are robust and in accordance with The Nursing Homes Regulations (Northern Ireland) 2005.

It is recommended that registered nursing staff ensure that care plans that are patient centred and that the content of care plans are measurable and specific and relate to the assessed needs of the patient.

It is recommended that patient records are maintained in accordance with minimum standards, professional guidance and legislative requirements.

It is recommended that specific continence aids/products requires by the patient as identified in the continence assessment, is also included in the corresponding care plan.

It is recommended the staff duty rota accurately reflects the hours worked by staff and in what capacity. The duty rota should also reflect the hours worked by the registered manager in a nursing capacity and in a managerial capacity.

It is recommended that patients have a choice of meals at mealtimes including those patients who require a therapeutic diet.

It is recommended the day's menu is displayed in a suitable format and appropriate location for patients' information.

| **Number of Requirements:** | **3*** | **Number of Recommendations:** | **7** |
|---|---|---|---|

*The total number of requirements includes one requirement stated for the third and final time.

## 6. Quality Improvement Plan

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

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

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to ***RQIA's office*** and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

| Statutory Requirements | |
|---|---|
| **Requirement 1**<br><br>**Ref:** Regulation 12 (1)<br><br>**Stated:** Third time<br><br>**To be Completed by:**<br>15 February 2016 | The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –<br>(a) reflect his individual needs;<br>(b) reflect current best practice; and<br>(c) are (where necessary) provided by means of appropriate aids or equipment<br><br>This requirement is in respect to the use of any restrictive practice in the home. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>The Manager can confirm that all residents have a Restrictive practice care plan in place. This is completed on admission and updated as required. Any restrictive practice is audited monthly |
| **Requirement 2**<br><br>**Ref:** Regulation 12 (2)<br><br>**Stated:** Second time – carried forward for review from the previous inspection<br><br>**To be Completed by:**<br>15 February 2016 | The registered person shall ensure that all aids and equipment used in or for the purpose of the nursing home is-<br>(a) suitable for the purpose for which it is to be used; and<br>(b) properly maintained and in good working order<br><br>This requirement applies to the use of third party bedrails in the home. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>Nursing staff & the handyman are trained in the use of bedrails. The third party bed rails are checked using the correct guidelines & a Risk assessment on their use is held with the bed rail assessment |

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| **Requirement 3**<br><br>**Ref:** Regulation 17(1)<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>15 February 2016 | The registered person shall ensure the governance and management arrangements of the home are in accordance with regulatory requirements and the minimum standards. The registered person should ensure all areas as discussed in section 5.3.2 are addressed.<br><br>**Ref: Section 5.3.2** |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>Rotas have been updated - full names of staff & their duties are clearly recorded. Management hours are recorded and staffing levels/mix have been reviewed by area Manager.<br>There are new audits in place for care, wounds medication & infection control.<br>• Monthly reports & incident reports are available |
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref**: Standard 39<br><br>**Stated:** Second time<br><br>**To be Completed by:**<br>15 February 2016 | 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. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>A new training matrix has been developed across the group.<br>This clearly shows training completed and training due.<br>Most training is updated yearly and staff are aware of what they need to do |

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| **Recommendation 2**<br><br>**Ref**: Standard 4.9<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>8 February 2016 | It is recommended that registered nursing staff ensure that care plans that are patient centred and that the content of care plans are measurable and specific and relate to the assessed needs of the patient.<br><br>Patient records are maintained in accordance with minimum standards, professional guidance and legislative requirements.<br><br>**Ref: Section 5.3.1** |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br><br>We have had a chat with all the nurses about a more personalized approach to documentation. The manager is over seeing daily reports to ensure they are more specific in the actual needs of the patient. |
| **Recommendation 3**<br><br>**Ref**: Standard 41<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>8 February 2016 | It is recommended the staff duty rota accurately reflects the hours worked by staff and in what capacity. The duty rota should also reflect the hours worked by the registered manager in a nursing capacity and in a managerial capacity.<br><br>**Ref: Section 5.3.2** |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br><br>As with the new Rotas, the hours worked and the Role fulfilled are all clearly identified |

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| **Recommendation 4**<br><br>**Ref**: Standard 21.7<br><br>**Stated:** First time | It is recommended that specific continence aids/products requires by the patient as identified in the continence assessment, is also included in the corresponding care plan.<br><br>**Ref: Section 5.3.1** |
| **To be Completed by:**<br>8 February 2016 | **Response by Registered Person(s) Detailing the Actions Taken:**<br>RIN's have been advised when writing their care plans there needs to be a reference to the assessment completed. |
| **Recommendation 6**<br><br>**Ref**: Standard 12.13<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>15 February 2016 | 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.<br><br>**Ref: Section 5.3.3** |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>As the home is small, the cook knows all the residents individualy and is aware of their likes/dislikes we have put a new Resident folder in the dining Room which details residents likes/dislikes, allergies & special diets required |

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| **Recommendation 7**<br><br>**Ref**: Standard 12.13<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>15 February 2016 | It is recommended the day's menu is displayed in a suitable format for patients so as they may clearly see and read the meal choice.<br><br>**Ref: Section 5.5.3** |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br><br>The old menu board has been Replaced by a larger one with black surround - the Residents can read this quite well. |

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| **Registered Manager Completing QIP** | KMcCartney | **Date Completed** | 19/2/16 |
| **Registered Person Approving QIP** | | **Date Approved** | |
| **RQIA Inspector Assessing Response** | Heather Sleator | **Date Approved** | 24/02/16 |

***Please ensure the QIP is completed in full and returned to RQIA, 9th Floor Riverside Tower, 5 Lanyon Place, Belfast BT1 3BT ***