



Unannounced Care Inspection Report

15 April 2019



Arlington

Type of Service: Nursing Home
Address: 7-9 North Parade, Belfast BT7 2GF
Tel no: 02890491136
Inspector: Lyn Buckley

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 25 patients.

3.0 Service details

Organisation/Registered Provider: Arlington Responsible Individual: Mr Brian Macklin and Mrs Mary Macklin	Registered Manager and date registered: Camelia Mara - registration pending
Person in charge at the time of inspection: Camelia Mara - manager	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: 20

4.0 Inspection summary

An unannounced care inspection took place on 15 April 2019 from 09:50 hours to 14:00 hours.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to the day to day management and leadership of the home; the delivery of care and the staffing arrangements.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff were sought during and after the inspection, these are included in the main 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Camelia Mara, 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.

4.2 Action/enforcement taken following the most recent inspection dated 5 September 2018

The most recent inspection of the home was an unannounced medicines management inspection. No further actions were required to be taken and enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed in the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 8 to 21 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports (delete as required) from 1 January 2019

- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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 the most recent inspection dated 5 September 2018

The most recent inspection of the home was an unannounced medicines management inspection. This inspection did not require a QIP.

6.2 Review of areas for improvement from the last care inspection dated 17 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) Stated: First time	The registered person shall review the use of keypad locks within the nursing home in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty safeguards (DoLs); and the home's registered categories of care.	Met
	Action taken as confirmed during the inspection: Review of the information returned to RQIA in the previous QIP, discussion with the manager and observation of the environment confirmed that this area for improvement had been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 48 Stated: First time	The registered person shall ensure that fire doors are not propped or wedged open.	Met
	Action taken as confirmed during the inspection: Observations confirmed that staff had to wedge open the kitchen door to the dining room during the serving of the meal. All other fire doors were maintained appropriately. The manager agreed to investigate the reasons for this and to address this risk. The investigations and action taken to address this matter were confirmed in writing to RQIA 16 April 2019. RQIA were satisfied that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that staff are compliant with best practice in infection prevention and control within the home. This includes assurance of best practice in hand hygiene and use of personal protective equipment (PPE).	Met
	Action taken as confirmed during the inspection: Observation of the environment and staff practice; review of governance records and discussion with the manager and staff confirmed that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that any audit process is completed to evidence that all deficits identified have been addressed, when and by whom.	Met
	Action taken as confirmed during the inspection: Review of governance records completed by the manager and discussion confirmed that this area for improvement had been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager explained that the number of staff and the skill mix of staff on duty at any given time was decided through regular monitoring of patient dependency levels. We reviewed the staff duty rota from 8 to 21 April 2019 which confirmed that the planned staffing levels and skill mix were achieved. The duty rotas and discussion with staff also confirmed that catering and housekeeping staff were on duty every day to support the care staff.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

Patients said that they enjoyed living in the home and that staff were caring and kind. One patient said, "The staff are nice and care for me". Another patient said, "They keep an eye on you – keep you safe".

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. We receive no responses.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. We saw that staff were available in the lounges and in the dining room during mealtimes to provide assistance as required. We saw staff responding to nurse call bells and assisting patients in their bedroom with their mid-morning tea or coffee and during the lunchtime meal.

The home's environment was clean, tidy, and comfortably warm throughout. We also saw that fire safety measures and infection prevention and control measures (IPC) were in place to ensure patients, staff and visitors to the home were safe. However, there were two exceptions; the kitchen door to the dining room was wedged open during the serving of meals and one bathroom had a mattress and a hoist stored in it. As detailed in Section 6.2, the manager agreed to investigate the reasons for the wedging open of the kitchen door; and to address the storage in the bathroom. The investigation and actions taken were confirmed in writing to RQIA 16 April 2019; the day following this inspection and we were satisfied that these matters had been appropriately managed.

Staff spoken with were aware of their training in relation to fire safety and IPC and how to respond to any concerns or risks.

We reviewed staff recruitment records and can confirm that staff were recruited safely and in keeping with adult safeguarding requirements. Staff were also required to complete a structured induction programme. The manager had systems in place to ensure staff were competent and capable to do their job; and that nursing and care staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff spoken with confirmed that they had received training and were aware of their role in protecting patients, how to keep patients safe and how to report concerns. Discussion with the manager confirmed that they were aware of the regional safeguarding policy and procedures.

We reviewed of four patients' care records which evidenced that,if required,risk assessments were completed when each patient was admitted to the home and reviewed regularly thereafter. Care plans had also been developed which were reflective of the risk assessments and these were also reviewed regularly. Records also evidenced that nursing staff managed the risk of a patient falling and the care of a patient when they had a fall, correctly.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke with patients regarding the delivery of care. All those spoken with confirmed that they received the right care at the right time. For example, one patient said that they knew that the staff would do the right thing.

Staff spoken with were aware of how to respond to patients' nursing care needs, for example, what to do when a patient had a fall, and how to manage the care of a wound. Staff were also aware of the national changes to modified food and fluid descriptors and the staff spoken with had attended update training.

We observed the serving of the lunchtime meal. The meal time experience was relaxed and staff were assisting patients in a sensitive, caring and timely manner. Patients spoken with said that they enjoyed their meals and that they had "lots of choices " offered every day but could also request various other choices of meals not written down on the menu. We did discuss with the manager that staff did not cover food when they delivered it on trays to patients' own rooms and/or to the smaller lounge. An area for improvement was made.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all staff.

Staff also confirmed that there continued to be effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients' care or a colleagues' practice, they could raise these with the manager or with the nurse in charge.

We also reviewed four patients' care records in relation to the management of falls, skin care,nutrition and wounds. The records confirmed that nursing staff ensured that patients' records were up to date and reflective of patients'assessed nursing care needs.

It is important that where choice and control are restricted due to a patient's understanding, restrictions are carried out sensitively and in line with good practice, for example, when a patient requires the use of bedrails. This is so that patients feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of patients' abilities and level of decision making and patients' care records reviewed supported the assessment of risks, the decision making process, who was involved in this process and the delivery of care on a daily basis.

It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

Areas for improvement

An area for improvement was identified in relation to the transporting food on trays.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

When we arrived in the home patients were enjoying their morning tea/coffee or breakfast in one of the lounges, the dining room or in their own room. Some patients who had just "got up" were eating their breakfast after having had "A wee lie in" as one patient stated. Staff were providing support to patients as they needed it. It was clear from what we saw that the interactions between staff and patients were relaxed, comfortable and appropriate.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails, jewellery and those who preferred their jackets on. There was also a number of magazines/newspapers available as well as the television on low in the lounge on each floor.

Patients told us that they were receiving good care from friendly, caring, respectful staff. Comments made included:

"I have been here two years, good home, staff are nice, [staff] care for me."

"I love it here – great place."

We also reviewed cards received from relatives which included the following statements:
"Your kindness and attention to my sister...will always be remembered. Thank you all so much."

"You are all so dedicated and caring to all the residents."

We also provided questionnaires for patients and family members; none were returned. Any comments from patients, their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Since the last care inspection in May 2018 a new manager has been appointed, Camelia Mara. At the time of this inspection Ms Mara had been in post since 1 April 2019 and was undergoing an induction programme supported by the regional manager and a registered manager from another Macklin Group home. The manager commented that since taking up her post she had found that Arlington was: “a lovely home with a good team who knew their patients well and each other.”

We also discussed the manager’s registration with RQIA and guidance documents were provided.

We reviewed a sample of governance records to assure us that systems were in place to regularly review the quality of the nursing care and other services provided to patients. We were satisfied that a robust system was in place and that the manager had already commenced regular audits to assure herself of the quality of care and services in Arlington. For example the manager had undertaken two infection prevention and control audits since 1 April 2019. Any areas for improvement identified were required to be addressed.

Senior managers also required the manager to report regularly on a number of areas, for example admissions and discharges to the home, falls and staff training. The responsible individuals’ monthly quality monitoring reports from 1 January 2019 were available in the home and any areas for action identified had been addressed.

Nursing and care staff spoken with confirmed that they were well trained and supported by the management team. Staff were confident in their roles and with their responsibilities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Camelia Mara, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2019</p>	<p>The registered person shall ensure that food is covered when being delivered to patients in their bedroom or in the lounge not adjacent to the dining room.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: 19/04/2019</p>



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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