



Unannounced Care Inspection Report 17 May 2018



Arlington

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

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Registered organisation/registered person: Arlington Mr Brian Macklin and Mrs Mary Macklin	Registered Manager: See below
Person in charge of the home at the time of inspection: Joanne McCollan – deputy manager until 11:55 then: Jill Stojanovic - manager	Date manager registered: Mrs Jill Stojanovic - registration pending
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 registered places: 25

4.0 Inspection summary

An unannounced inspection took place on 17 May 2018 from 10:25 to 15:30 hours.

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.

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 staffing, recruitment practices, staff training, staff knowledge of best practice guidance in relation to adult safeguarding, infection prevention and control (IPC) and deprivation of liberty safeguards (DoLs); effective communication and record keeping; the culture and ethos of the home which promotes effective communication and the staff knowledge of their patients' needs and wishes; day to day management of the home and maintaining good working relationships. The deputy manager and housekeeper were also commended for achieving their recent regional awards.

Areas requiring improvement were identified in relation to fire safety, Infection Prevention and Control (IPC), Deprivation of Liberty guidance (DoLs) and audit processes.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the homewith 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	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Mary Macklin, Registered Person, and Mrs Jill Stojanovic, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcementaction did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 1 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 1 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspectionwe met with sixpatients individually and with others in small groups, five staff and onerelative.Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey.

A poster informing visitors to the home that an inspection was being conducted was displayed in the foyer of the home.

The following records were examined during the inspection:

- duty rota for all staff from 7 to 20 May 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- a sample of incident and accident records from 1 January 2018
- onestaff recruitment and induction file
- four patient care recordsincluding charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from 1 January 2018.

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

The findings of the inspection were provided to the person in charge at the conclusion of theinspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 September 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacistinspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 2 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Recommendation 1 Ref: Standard 22 Stated: First time	The registered provider should that patients' risk assessments and care plans, pertaining to the prevention of falls, should be reviewed following a fall in accordance with falls prevention guidance and care standards.	Met

To be completed by: 31 May 2017.	Action taken as confirmed during the inspection: Review of patient care records and discussion with the deputy manager evidenced that this area for improvement had been met.	
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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 deputy 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. A review of the staffing rota from 7 to 20 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. There were no responses within the timeframe set or before the issuing this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Arlington. We also sought the opinion of patients on staffing via questionnaires. We received four which were identified as being from patients. All four recorded that they were very satisfied that there was enough staff to help them.

One relative spoken with confirmed that the needs of their loved one were met by an 'excellent' team of staff stating "the staff are great, I don't worry about ... care; they are brilliant." We also sought relatives' opinions on staffing via questionnaires. We received five which were identified as being from relatives. All five indicated that they were either satisfied or very satisfied with staffing in the home.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff member's recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with NMC and care staff registration with NISCC. The manager and deputy manager confirmed that there was a process in place to ensure that alerts issued by Chief Nursing Officer (CNO) or medical device and medication alerts were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training compliance records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that they were aware of the regional operational safeguarding policy and procedures. However, advice was provided that additional clarification is sought regarding the process of referral, the role of the adult safeguarding champion and the systems in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed a sample of accidents/incidents records from 1 January 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. We evidenced that records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the manager, deputy manager and staff; there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts. Patients spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Fire doors were maintained closed or held open with a device linked to the fire system. However, in the corridor adjacent to the dining room a chair was blocking the fire door; when this was pointed out to staff the chair was moved. An area for improvement under the care standards was made.

Observation of practices and care delivery, discussion with staff and review of records evidenced that infection prevention and control measures and best practice guidance were adhered to. However, on one occasion we observed a staff member not changing their apron nor washing their hands between two patients they were assisting. When this was pointed out to the staff member they confirmed their knowledge of the infection prevention and control practices and

requirements. Details were discussed with the manager during feedback and an area for improvement under the care standards was made.

Systems were in place to monitor the incidents of Healthcare acquired infection (HCAI's) and the manager understood the role of PHA in the management of infectious outbreaks.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of potentially restrictive practices; for example the use of bed rails. There was also evidence of consultation with the relevant persons. Care plans were in place for the management of bedrails and were regularly reviewed.

Following a review of patient records we evidenced that risk assessments were in place to manage risks such as dehydration, weight loss, pressure ulcer development and the safety measures and restriction of liberty in relation to bedrails. The risk assessment completed informed the care planning process. However, keypad locks had been fitted to the first and second floor exits at the main stair case which required a pin code to be entered by staff before exiting the floor. Staff spoken with confirmed that the locking devices had been fitted to "keep a named patient safe" but that this was no longer required. Staff spoken with were aware of the deprivation of liberty safeguards from their training. Details were discussed with the registered person and manager during feedback. An area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding, staff knowledge of best practice guidance in relation to IPC.

Areas for improvement

The following areas were identified for improvement in relation to fire safety, infection prevention and control and restrictive practices.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weights, infections, wound care, pressure area care and bedrails. Care records contained details of the specific care requirements in each of the areas reviewed, care plans were regularly reviewed to ensure they reflected the care delivered and a daily contemporaneous record was maintained to evidence the delivery of the planned care. For example, repositioning charts reflected the frequency of repositioning prescribed by the nursing staff in the patient's care plan.

Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations or changes made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Observations confirmed effective and compassionate communication between staff and their patients and relatives. Patients and the relative spoken with expressed their confidence in raising concerns with the home's staff/management.

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 the manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between patients, staff and other key stakeholders.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

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.

We arrived in the home at 10:25 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Staff informed us that recently the activity therapist, who is also the housekeeper, had brought 'The Beach' to the patients and had a party with music sand pits, paddling pools and ice cream. Patients spoke with great enthusiasm regarding this event and were looking forward to more. The manager informed us that the housekeeper/activity person had won a regional care award for ancillary staff of the year in April 2018. This was commended and the housekeeper was congratulated for her award by the inspector.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the staff preparing the patients for their lunchtime meal. Patients were assisted to the bathroom as required and then into the dining room, lounge or had trays delivered to them as required or requested. Staff were observed assisting patients with their meal appropriately and the registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal which consisted of a choice between chicken and broccoli bake or savoury mince with potatoes and mixed vegetables followed by pears and chocolate sauce. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Discussion with catering staff confirmed that if patients did not like the choice of meal available they could accommodate their preference.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you all so much for looking after...so well and for the kindness shown to the family..."

"Thanks for your kindness."

"Many thanks for the caring way in which you looked after our ...It really meant a lot to us to know that ...was well looked after and happy in [their]'home'."

Consultation with six patients individually and with others in smaller groups, confirmed that living in Arlington was a good experience. There were no concerns raised with the inspector. 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.

Ten patient questionnaires were provided; of the questionnaires returned four were identified as being from patients. All four patients indicated that they were very satisfied with their care in relation to the domains, is care safe, effective, compassionate and is the service well led.

Comments recorded included:

"All care staff and nurses and management are brilliant."

"Very happy with the care I receive from all the staff."

"All is okay."

"The carers do a brilliant job."

We spoke with one relative during this inspection. The relative commented very positively regarding the care provided to their loved one and the dedication of the staff. The relative stated, "...they are brilliant...every confidence in the care and staff."

Ten relative questionnaires were provided; of the questionnaires returned five were identified as being from relatives. All five relatives indicated that they were very satisfied in all the domains questioned. Comments recorded included:

"They don't leave a stone unturned full of tender loving care and very satisfied."
 "...Both ... and myself are delighted with the care...Management and staff are all enthusiastic in their care of patients and it is a difficult vocation."

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient's relatives and staff in returned questionnaires or survey comments received after the issue of this report will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their relatives; provision of activities and the staff knowledge of their patients' needs and wishes.

Areas for improvement

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

	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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately by the registered persons and an application for the manager to register with RQIA has been received. Patients and staff spoken with were very positive in their comments regarding the new manager and her influence of the day to day management of the home.

A review of the duty rota evidenced that the manager was working full time hours as the nurse in charge of the shift. Discussion confirmed that the manager and deputy manager were covering the majority of the day duty nursing shifts between them as a temporary measure. It was agreed that the manager would ensure that she clearly defined the hours worked as the nurse in charge and management hours on the duty rota and to evidence review of the staffing arrangements with her line manager as part of the monthly quality monitoring visits. It was also evident that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Congratulations were given to the housekeeper who won a regional care award in April 2018 as discussed in section 6.6. In addition the deputy manager won registered nurse of the year at the same awards ceremony. The deputy manager was congratulated and commended by the inspector.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. In addition measures were in place to provide the manager with an overview of the management of infections, wounds and falls occurring in the home. However, the auditing process was not always completed. For example, review of the IPC audit undertaken by the manager on 24 April 2018 identified that seats in lounge and dining rooms required either repair or replacement as they were 'torn' and could not be effectively cleaned; but there was no evidence that the manager had addressed this matter with her line manager or had taken any action to reduce the risk. Details and other examples were discussed with the manager during feedback and an area for improvement under the care standards was made.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships. The deputy manager and housekeeper were commended for achieving their regional awards.

Areas for improvement

The following areas were identified for improvement in relation to audit processes.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Mary Macklin, Registered Person, and Mrs Jill Stojanovic, 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 provider 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: We have reviewed the use of the keypads on the first and second floor and it has been determined that they are there to maximise the safety of the patients from falling down the stairs. The lift is fully accessible and has no lock or key pad so residents can and do use the lift to access the whole home safely.</p> <p>This situation will be kept under review dependent on the change of residents within the home and we will ensure that the residents liberties are not deprived but their safety is maintained.</p> <p>The interim Guidance from the DOH on HR and Dols will be kept reviewed and will be reviewed following the implementation of the Mental Capacity act into Northern Ireland.</p>

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 48</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that fire doors are not propped or wedged open.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff have been reminded about being careful with the placement of chairs and to be vigilant within the home to ensure that chairs are not placed in front of fire doors. All fire doors have hold open devices installed so that they can be held open but close automatically when the fire alarm is activated.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>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).</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The staff infection control and prevention training has been re-iterated to all staff to minimise the risk of spreading infection. Blue apron dispensers have now been installed on the upper floors so staff can change their apron between feeding residents.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018.</p>	<p>The registered person shall ensure that any audit process is completed to evidence that all deficits identified have been addressed, when and by whom.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Chairs will be recovered to ensure that they can be cleaned properly and all necessary actions will be documented and deficits rectified</p>
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**Please ensure this document is completed in full and returned via Web Portal*



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