

Inspection Report

21 September 2022



Arlington

Type of service: Nursing Home
Address: 7-9 North Parade, Belfast, BT7 2GF
Telephone number: 028 9049 1136

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Arlington Responsible Individual: Mr Brian Macklin & Mrs Mary Macklin	Registered Manager: Mrs Shauneen Marie Carlin – not registered
Person in charge at the time of inspection: Mrs Shauneen Marie Carlin	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: 24
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 25 patients. The home is over three floors with patients' bedrooms located on all three floors. There is a courtyard in front of the home where patients can enjoy time outside. Communal lounges and the dining room are located on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 21 September 2022, from 9.40 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

It was positive to note that all areas for improvement identified at the previous care inspection have been met. Two new areas for improvement were identified in regard to the maintenance of the duty rota and patient repositioning.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we met with 17 patients and consulted with 10 patients individually. Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Arlington. Patients described the staff as "very good" and "they look after us very well". We were also told "you wouldn't get better than this even if you paid in the Grand Central Hotel". One visiting healthcare professional shared positive comments about the care and the manager of the home with us. We did not get the opportunity to speak with any relatives on the day of inspection.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said "I love it here". There was no feedback from the staff online survey or no questionnaires were returned within the allocated timeframe.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 30 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (b) Schedule 2 Stated: First time	The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	Met
	Action taken as confirmed during the inspection: Records reviewed on inspection and further information reviewed after the inspection confirmed this area for improvement can be met.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure suitable arrangements are in place for recording the administration of thickening agents.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 21.1 Stated: First time	The registered person shall ensure care plans for the management of wounds accurately reflect recommendations of the multidisciplinary team and are updated to reflect the assessed needs of the patient. Wound assessment and evaluations should be completed in keeping with best practice guidance.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure any variations to the planned menu are recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 46 Stated: First time	The registered person shall ensure that equipment is effectively cleaned between patient use and that staff are aware of their responsibilities in this area. Bathrooms and toilets should not be used to store patient equipment.	Met
	Action taken as confirmed during the inspection: Some equipment was still observed stored in communal bathrooms however; discussions held during and following the inspection confirmed this area for improvement was met.	

Area for improvement 4 Ref: Standard 11 Stated: First time	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent basis.</p> <p>A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients, the required information was included in the recruitment records reviewed. Staff members were provided with an induction programme relevant to their department, and to prepare them for working with the patients, induction was ongoing for the recruitment records reviewed.

There were systems in place to ensure staff were trained and supported to do their job. The manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. It was observed that correction fluid was used when alterations were made to the duty rota, the use of correction fluid is not in keeping with best practice guidance, furthermore it was evident when agency staff were included on the duty rota their full name was not always used; an area for improvement was identified.

Staff members were seen to respond to patients needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and these included any advice or recommendations made by other healthcare professionals such as the Speech and Language Therapist (SALT) or the Occupational Therapist (OT).

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Informative and meaningful daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Patients who were less able to mobilise were assisted by staff to change their position. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. An area for improvement was identified.

When a patient had a wound, an initial wound assessment was completed and a wound care plan developed to guide staff in the treatment of the wound. Wound evaluations were recorded at the time of wound dressing to monitor the progress of the wound treatment. Body maps were in place to identify the specific location of the wound and a photograph of the wound was within the patient's care records as a visual reference. Wound care had been managed well in the home.

Discussion with the manager and a review of records confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple

encouragement through to full assistance from staff. Due to a fault with the lift in the home which is waiting repair, the patients were unable to come to the dining room located on the ground floor. The patient meals were delivered to their bedrooms. The meals were appropriately covered and those patients who required assistance to eat and drink were assisted by staff. The patients commented positively about the food in the home.

There was a system in place to ensure that all the staff members were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT). If required, records were kept of what patients had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces, the laundry and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Some additional equipment was observed stored in communal bathrooms, this was discussed with the manager who provided assurance these pieces of equipment would be removed as soon as possible.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and any outbreak of infection was reported to the Public Health Agency (PHA).

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients were observed listening to music, watching TV or reading the newspaper in their bedrooms.

A new activity member of staff has been recruited since the last inspection and is actively planning activities with the help of the patients. Visits from the local church and chapel have recommenced and other planned activities included art and craft, games, sing along and 1-1 sessions. Activity records were maintained which included patient engagement with the activity sessions in the home; we discussed with the manager how these records should have a more meaningful content. This will be followed up on the next inspection.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Shauneen Marie Carlin has been the manager in this home since 25 October 2021. An application has been submitted to RQIA for Shauneen to be the registered manager of Arlington.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Discussion with the manager in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for Improvement 1 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> the full name of all staff working in the home should be included the duty rota does not evidence the use of correction fluid. <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Correction fluid no longer in use on Rota - all staff made aware and notice to this effect clearly displayed in Rota folder. Full name of all staff including Agency now displayed.</p>
Area for Improvement 2 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: All staff reminded to document repositioning as and when required. Touchcare audit now in progress. Daily Touchcare checks done, with spot checks carried out regularly.</p>

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