

Inspection Report

30 July 2021



Arlington

Type of Service: Nursing Home (NH)
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Arlington Registered Persons: Mr Brian Macklin & Mrs Mary Macklin	Registered Manager: Ms Camelia Mara Date registered: 4 November 2020
Person in charge at the time of inspection: Ms Camelia Mara – Registered 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: 23
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 25 patients. The home is divided into three floors with patients' bedrooms located on the first and second floors.	

2.0 Inspection summary

An unannounced inspection took place on 30 July 2021 from 10.30 am to 5.50 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

New areas requiring improvement were identified in relation to staff recruitment, falls management and administration of thickening agents. Further areas for improvement were identified in relation to wound management, recording changes to the planned menu, cleaning and storage of patient equipment and activities.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Arlington was provided in a compassionate manner.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Arlington. 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.

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 findings of the inspection were provided to the deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with eight patients and five staff. No questionnaires were returned and we received no feedback from the staff online survey.

Patients spoke highly of the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Arlington was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

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

The last inspection to Arlington was undertaken on 6 October 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff recruitment records evidenced deficits in one recruitment file. All pre-employment checks had not been satisfactorily completed prior to the staff member commencing in post. An area for improvement was identified. The manager agreed to review their current processes to ensure they were in keeping with all legislative requirements.

Staff told us they were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. The majority of training during the COVID-19 pandemic had been completed electronically with some face to face training provided. Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about how to report concerns about patients' safety and/or poor practice.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management. The staff duty rota accurately reflected the staff working in the home on a daily basis.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

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. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were observed to be prompt in recognising patients' needs, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning records evidenced that they were generally well maintained. Minor gaps in recording were noted; this was discussed with the manager who agreed to address this with staff as required.

Management of wound care was examined. Review of one identified patients care records confirmed wound assessments were not always completed after their wound was dressed. There was evidence that registered nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) regarding management of the wound although the patients plan of care had not been updated to reflect their recommendations. Evaluation of care was not consistently recorded in keeping with best practice guidance and gaps in recording were noted. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, through use of an alarm mat. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

However, review of the management of two falls evidenced appropriate actions were not consistently taken following the falls in keeping with best practice guidance. Examination of care records confirmed that registered nursing staff did not consistently record clinical and neurological observations after the fall and daily evaluation records did not consistently comment on the patients neurological status. An area for improvement was identified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used.

A number of patients were on bed rest and were unable use the nurse call system due to their cognitive impairment. This was discussed with the manager who agreed to audit to the use of the nurse call system to ensure those patients who cannot use the system are appropriately supervised. Appropriate care plans should be implemented.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written record of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Patients' weights were monitored monthly or more often if required, for weight loss and/or weight gain.

Review of the daily menu confirmed the planned menu had not been adhered to. Discussion with staff confirmed changes to the planned menu were not regularly recorded. An area for improvement was identified.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed. The most recent speech and language assessments were available and care plans were in place. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids. Thickening agents were administered by care assistants; however they did not record administration. Records for the administration of thickening agents must be accurately maintained. An area for improvement was identified.

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 included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

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. It was positive to see evidence of patient centred care plans, although some of the evaluations of care could be more patient centred. This was discussed with the manager who agreed to address this with registered nursing staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced it was warm, clean and comfortable although deficits in cleaning of some patient equipment was identified. Some patient equipment was observed to be stored inappropriately. An area for improvement was identified.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were appropriately decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Corridors and fire exits were clear of clutter and obstruction and fire extinguishers were easily accessible.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 8 July 2021; the manager shared a copy of the report via email following the inspection and confirmed all recommendations were being addressed. Corridors and fire exits were clear of clutter and obstruction.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitiser.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. The majority of staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; two members of staff did not. This was discussed with the manager who agreed to review the identified staff members training needs.

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 go out outside when they wanted, remain in their bedroom or go to a communal room when they requested.

Patients were observed listening to music and watching TV. Other patients enjoyed a visit from friends or relatives. Some of the patients consulted were of the opinion that activities were not provided in the home. A programme of activities was available for review although this had not been updated since April 2021. There was no time allocated on the duty rota for activity provision. Staff told us the home had been without an activity co-ordinator for a number of months. One staff member described their difficulty in finding time to provide activities due to ongoing work demands.

Activity and meaningful engagement was not consistently commented on patient's daily progress notes and some patients did not have an individual activity assessment with a supporting care plan. Staff should ensure that patients are aware when activities are being delivered and maintain accurate records. Activities should be planned and provision made for activities to be delivered in the absence of the activity co-ordinator. This was identified as an area for improvement.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff told us they assisted patients to make phone or video calls if required. Visiting and Care Partner arrangements were in place with staff noting positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

The Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Ms Camelia Mara has been the registered manager in this home since 4 November 2020.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

The quality of the audits was generally good; however, deficits in the quality of the environmental and wound care audits were identified. Both audits completed for June 2021 did not identify the deficits highlighted in sections 5.2.2 and 5.2.3. This was discussed with the manager who agreed to review how the current audits are being completed. This will be reviewed at a future care inspection.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal. There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The regional manager told us that complaints were seen as an opportunity to for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the deputy manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner.

Patients' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other. Patients, staff, relatives and visitors did not express any concerns about the service.

New areas requiring improvement were identified in relation to staff recruitment, falls management and administration of thickening agents. Further areas for improvement were identified in relation to wound management, recording changes to the planned menu, cleaning and storage of patient equipment and activities.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in a compassionate manner.

7.0 Quality Improvement Plan/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).

	Regulations	Standards
Total number of Areas for Improvement	3	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Camelia Mara, Registered Manager, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The one recruitment file that was highlighted in the inspection has the deficit completed and now in place. Admin staff have re-read the policies and procedures is aware of requirement of recruitment role. Manager will sign off all recruitment to ensure that all necessary checks are in place prior to commencing employment.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All registrants have been advised of the necessity to carry out CNS observations for all witnessed falls with head injuries or unwitness falls where there is a potential for head injury. The manager will ensure this is completed on the monthly audit.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure suitable arrangements are in place for recording the administration of thickening agents.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Diet Descriptors have been added to the fluid balance charts and staff sign when this is given to the patients, thickeners for individual patient use are stored in a lockable cupboard each box has the prescription label on.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 21.1 Stated: First time To be completed by: From the date of the inspection onwards	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: All care plans currently reflect the wound management and Audits are now carried out more often and all actions required are given to the nurses to action and then checked again at the next audit
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: From the date of the inspection onwards	The registered person shall ensure any variations to the planned menu are recorded. Ref: 5.2.2
	Response by registered person detailing the actions taken: We have implemented a chart to reflect the changes in the menu when it happens. To state the food that was in the original menu, the food that is being provided on day of change and the rationale behind it. Timed and dated by the cook/chef that is doing the change and approved by the nurse in charge in the absence of manager.
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: From the date of the inspection onwards	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: The home has a very robust cleaning schedule put in place for cleaning of equipment and internal audits are carried out with staff being made aware of the outcome of the audit. All equipment has been removed from the bathrooms and the manager will continue to monitor to ensure staff do not place equipment in the bathroom area.

<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<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> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Our new activity therapist has commenced employment in August 2021. All actions have been met. The activities are carried out in the home, there is a 4 weeks schedule in place and robust records to reflect the activities provided and involvement of our residents.</p> <p>Care staff and nurses have been made aware to record any activities done during the day over and above the activity programme, including any reminiscence or 1-1 activities with patients.</p>

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