

# Inspection Report

10 April 2024



## Arlington

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Registered Provider:</b> Arlington</p> <p><b>Registered Persons:</b> Mr Brian Macklin Mrs Mary Macklin</p>	<p><b>Registered Manager:</b> Mrs Shauneen Carlin</p> <p><b>Date registered:</b> 11 November 2022</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Shauneen Carlin</p>	<p><b>Number of registered places:</b> 25</p>
<p><b>Categories of care:</b> 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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 25</p>
<p><b>Brief description of the accommodation/how the service operates:</b> 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 at the front of the home where patients can enjoy time outside. Communal lounges and the dining room are located on the ground floor.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 10 April 2024, from 9.20 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 evident that staff promoted the dignity and well-being of patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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 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 Shauneen Carlin, Manager, at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect. Patients said, "It's good in here, the staff look after me well; too well!" and "The staff put us first and are very good" While the other patients spoken with said they had nothing to complain about.

Relatives spoken with were complimentary about the care provided in the home. Relative comments included; "The staff are excellent, everything is tip top, if it wasn't I'd be the first to complain" and "The home is very good; the staff go the extra mile".

Staff spoken with said that Arlington was a good place to work and that the Manager was very approachable. Discussion with the Manager and staff confirmed that there were good working relationships. Staff comments regarding staffing levels was discussed with the Manager and additional detail is included in section 5.2.1.

There was no response received from the questionnaires or the online staff survey.

## 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 4 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27 (2) (d) <b>Stated:</b> First time	The registered person shall ensure that all parts of the home are kept clean.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	The registered person shall ensure that chemicals are stored securely in accordance with COSHH regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person shall review the management of medicines administered via the enteral route to ensure the latest regimen detailing the prescribed nutritional supplement and recommended fluid intake is accurate and up to date.	<b>Met</b>
	Obsolete records should be removed from the medicines file and suitably archived.	

	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for Improvement 2</b> <b>Ref:</b> Standard 41 <b>Stated:</b> Second time</p>	<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"> <li>• the full name of all staff working in the home should be included</li> <li>• the duty rota does not evidence the use of correction fluid.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for Improvement 3</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the serving of meals is reviewed to ensure that it is flexible and responsive to the needs of the patients; this includes ensuring that patients who choose to stay in their bedrooms and or require assistance are provided with meals timely and that the food served is at the required temperature.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for Improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that where a patient has a wound, wound care plans are in place and the wound observation chart is completed at each dressing change.</p>	<b>Carried forward to the next inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b> Currently there are no wounds in Arlington therefore, this area for improvement was carried forward for review at the next care inspection.</p>	

<b>Area for Improvement 5</b> <b>Ref:</b> Standard 37 <b>Stated:</b> First time	The registered person shall ensure that any confidential information regarding patients' care needs is not kept in corridors or communal areas.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure care record audits evidence review and completion of associated action plans.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has not been met and is discussed further in section 5.2.5  This area for improvement was stated for a second time.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. A number of staff were noted not up to date with some areas of their mandatory training requirements: this was discussed with the Manager who agreed to address this with the individual staff and an area for improvement was identified.

There was no evidence that a matrix system was in place for the planning of the 2024 staff supervision and appraisals. This was discussed with the Manager who agreed to devise a 2024 schedule. An area for improvement was identified.

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments.

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. Discussion with staff and review of the duty rota identified a deficit in an 8-2 carer shift on a number of occasions; staff spoken with expressed concerns that when this shift is not covered they find it difficult to do all their duties timely. This was discussed with the Manager who advised of the ongoing

recruitment for this role and that every effort is made to try and cover this shift. The Manager was requested to inform RQIA when the assessed staffing levels were not met and to include any contingency arrangements put in place to address this deficit.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the Manager approachable.

### 5.2.2 Care Delivery and Record Keeping

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.

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. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well 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.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

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

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 evidenced these were mostly well maintained. However, it was identified that at night time there was a pattern with some of the times of repositioning therefore, it was unclear if the times entered on the records were a contemporaneous reflection of the time the patient was repositioned. An area for improvement was identified.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were generally 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.

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 may include simple encouragement through to full assistance from staff. There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. 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 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.

The communal areas and patient bedrooms throughout the home had recently been redecorated; the home looked bright and welcoming. However, some pieces of bedroom furniture were noted to be tired and in need of replacement or repair, this was discussed with the Manager who was asked to provide RQIA with a timeframe when this would be addressed. Written confirmation was received from the home which included a timeframe for the repair of the identified items of furniture.

The laundry was observed unlocked with no staff present and a number of crafting materials including glue and paint were observed in an unlocked cupboard in a lounge; which could potentially be a risk to patient safety. This was discussed with the Manager who agreed to fit locks to both areas. Confirmation was provided to RQIA by the home management team that this has been addressed.

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.

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

### 5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included the patient engagement with the activity sessions.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff members 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.

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 care plans, falls, wounds, accidents/incidents, complaints, the environment and IPC practices including hand hygiene. Gaps were identified in the completion of care record audits and the action plans from the audits were not consistently reviewed to ensure the identified deficits had been completed. An area for improvement was stated for a second time.

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. The Regional Manager is the safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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.

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.

Systems were in place to ensure that complaints were managed appropriately. Relatives said that they knew who to approach if they had a complaint.

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 Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	5*

\*the total number of areas for improvement includes one standard that has been stated for a second time and a further standard that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Shauneen Carlin, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 April 2024</p>	<p>The registered person shall ensure care record audits evidence review and completion of associated action plans.</p> <p>Ref: 5.1 and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Care Plan monthly audit has been discussed with the new manager and she is aware of the closure of the audit loop and has ensured that this has been closed and this will be closely monitored on the Governance Visit by Regional manager each month.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2024</p>	<p>The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The four staff who's training had gone out of date have now had updated training and are now in date. This will be monitored on the Governance to ensure compliance.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2024</p>	<p>The registered person shall ensure that a schedule is in place to plan and record staff supervision and appraisals.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The supervisions and appraisals have been completed but a matrix had not been completed, this is now in place and being managed by the new nurse manager.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 April 2024</p>	<p>The registered person shall ensure that repositioning records are maintained to accurately and contemporaneously record the time of repositioning.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 September 2023</p>	<p><b>Response by registered person detailing the actions taken:</b> Meeting has taken place and formal supervision with care staff re the importance of ensuring that the exact time of repositioning is documented. Manager will monitor this going forward.</p> <p>The registered person shall ensure that where a patient has a wound, wound care plans are in place and the wound observation chart is completed at each dressing change.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

*\*Please ensure this document is completed in full and returned via Web Portal*



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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