Inspection Report

Name of Service:	**Arlington**
Provider:	**Arlington**
Date of Inspection:	**9 April 2026**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider:	Arlington
Responsible Persons:	Mr Brian Macklin Mrs Mary Macklin
Registered Manager:	Mr Ciarán McGowan – not registered
Service Profile – 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 and provides general nursing care for patients under and over 65 years of age and for patients with a physical disability. 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.	

2.0 Inspection summary

An unannounced inspection took place on 9 April 2026 from 9.30 am to 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patient's dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

New areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are very good. They go out of their way for you and are obliging", "The care couldn't be better. I am very happy here" and "I love the staff. They are very good to me. I enjoy the activities and making wee things."

Staff spoken with said that Arlington was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "I love it here. The home is very intimate and personal. Everything is organised and the activities are great."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included important information about patients, especially changes to care, that they needed to assist them in their caring roles.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition. The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as quizzes, movies, making bird balls, memory book, board games, armchair exercises, arts and crafts, story telling and fitness. Patients said they enjoyed recent visits from Party Animals NI and Juke Box Jenny.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

Review of a selection of care records evidenced that not all care plans were in place to meet patients assessed needs in a timely manner. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

The home was neat and tidy and patients' bedrooms were personalised with items important to the patient. Communal areas were well decorated, suitably furnished, warm and comfortable.

Whilst there was evidence of some ongoing maintenance works to the home, improvement works were identified in multiple areas such as patient bedrooms, corridors and communal bathrooms. Creaking floorboards were noted on the second floor with one patient describing the noise as "unpleasant." Gaps were noted under multiple skirting boards. These issues will require further investigation to identify and address the root cause. Some bedside tables and beds required replacing and damage was noted to some vinyl flooring and skirting in identified areas of the home. Painting was required to some identified bedroom walls. This was discussed with the manager who confirmed that these matters has been escalated to senior management for further action in November 2025 although no works have commenced. An area for improvement was identified.

Concerns about the management of general risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. Storage of combustible items was noted under the stairs and a fire door to the treatment room was found to be wedged open preventing closure in the event of a fire. These matters were discussed with staff who took immediate action. An area for improvement was identified.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, all staff did not use personal protective equipment (PPE) correctly or take opportunities for hand hygiene particularly after contact with patients and the patients' environment. Some staff were not bare below the elbow. An area for improvement was identified.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Ciarán McGowan has been the manager in this home since 19 November 2024.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements; particularly in relation to oversight of IPC practices and the home environment. An area for improvement was identified.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	4	0

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

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 27 (2) (d)

Stated: First time

To be completed by:
9 April 2026</td><td>The registered person shall ensure that the environmental deficits identified during this inspection are addressed without delay and form part of a time bound refurbishment action plan. This action plan should be available for inspection and evidence meaningful oversight by the manager.

Ref: 3.3.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Refurbishment works commenced on 05/05/2026 to address deficits identified during inspection.
Action plan has been devised and is available for inspection. Works are expected to be completed by 30/06/2026.
The action plan includes replacement of flooring, electrical upgrades, bathroom replacement, fire door upgrade and other minor works identified. A risk assessment has been completed to reduce impact on residents during the process. Residents, their relatives and key workers have been consulted prior to commencement.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 27 (4) (d) (i) (iii)

Stated: First time

To be completed by:
9 April 2026</td><td>The registered person shall ensure that the practice of storing combustible items under the stairs and wedging fire doors open ceases with immediate effect.

Ref: 3.3.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The Home Manager monitors appropriate storage of items daily to ensure compliance. The door identified during inspection was repaired on the day of inspection and is compliant with fire regulations.</td></tr>
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<tr><td rowspan="2">Area for improvement 3

Ref: Regulation 13 (7)

Stated: First time

To be completed by:
9 April 2026</td><td>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.

This area for improvement relates to the following:

• donning and doffing of personal protective equipment
• appropriate use of personal protective equipment
• staff knowledge and practice regarding hand hygiene

Ref: 3.3.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Individual and group supervisions addressing 1. donning and doffing of personal protective equipment; 2. appropriate use of personal protective equipment; 3. staff knowledge and practice regarding hand hygiene have been completed for all staff and monthly hand hygiene audits and IPC audits are being completed and action plans created to address any deficits</td></tr>
<tr><td rowspan="2">Area for improvement 4

Ref: Regulation 10 (1)

Stated: First time

To be completed by:
9 April 2026</td><td>The registered person shall review the home’s current governance systems to ensure that they are effective in identifying concerns and in driving the necessary improvements.

Ref: 3.3.5</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Governance systems have been reviewed, with audits, action plans and oversight strengthened to identify concerns and drive improvement. This is reviewed as part of the Regulation 29 process and escalated through to the Senior Leadership Team and the Board.</td></tr>
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The Regulation and Quality Improvement Authority

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