

# Announced Premises Inspection Report 8 February 2018



## Arches

**Type of service: Nursing Home**  
**Address: 14 Upper Newtownards Road, Belfast, BT4 3EQ**  
**Tel No: 028 9065 8274**  
**Inspector: Gavin Doherty**

[www.rqia.org.uk](http://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 nursing home which is registered to provide care for up to 33 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual(s):</b> Dr. Maureen Claire Royston	<b>Registered Manager:</b> Mrs. Judith Brown
<b>Person in charge at the time of inspection:</b> Mrs. Judith Brown	<b>Date manager registered:</b> Mrs. Judith Brown – 17/10/2017
<b>Categories of care:</b> NH-PH, NH-PH(E), NH-LD, NH-LD(E)	<b>Number of registered places:</b> 33

### 4.0 Inspection summary

An announced inspection took place on 8 February 2018 from 10.00 to 12.00.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to ongoing premises maintenance and upkeep of the building fabric.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Stevie McCormick, Four Season Estates, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

### 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 29 June 2017.

## 5.0 How we inspect

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

- Recent inspection reports and returned QIPs
- Recent correspondence with the service
- The establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- Service records and in-house log books relating to the maintenance and upkeep of the building and engineering services,
- Legionellae risk assessment,
- Fire risk assessment.

Areas for improvements identified at the last premises inspection were reviewed and the 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 the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 11 April 2017

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last premises inspection dated 11 April 2014

Areas for improvement from the last premises inspection		
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) <b>Stated:</b> Second time	The paths and patio area should be cleaned again following the winter season. A check should also be carried out to ensure that any remedial works required are identified and addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the paths and patio area were clean and clear of moss and debris at the time of inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> Second time	New shelving should be provided in the cleaner's store on the ground floor.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the shelving had been replaced at the time of inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (2) <b>Stated:</b> First time	Bathroom 1 on the ground floor, shower room 4 on the first floor and toilet 4 on the first floor should be reviewed and refurbished as required. The lift car should also be repainted.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These facilities had been refurbished are were maintained in a satisfactory condition.	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 14 (2)(c) <b>Stated:</b> First time	The remaining issues identified for attention in relation to the legionella risk assessment should be addressed and the action plan should be signed off by the Registered Manager. The 'dead leg' in shower room 1 on the ground floor should also be removed from the system.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All remedial actions for the current legionella risk assessment have been completed.	

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27 (2)</p> <p><b>Stated:</b> First time</p>	<p>The arrangements for dealing with a breakdown of essential utility services should be reviewed and revised as required. The outcome of this review should be confirmed to RQIA.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Four Seasons have undertaken a review across all their premises and have arrangements in place to deal with a utility service failure.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2)</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the code C3 issues identified for attention in the report for the inspection and test to the fixed wiring installation that was completed on 28 March 2013 should be addressed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A current 'satisfactory' test certificate is in place for the premises fixed electrical installation.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p>	<p>The remaining issues identified for attention in the report for the fire risk assessment that was completed on 27 September 2013 should be addressed and the action plan should be signed off by the Registered Manager.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>All outstanding remedial actions for the current fire risk assessment, undertaken on 12 May 2017, have been completed.</p>		
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p>	<p>The Registered Manager should continue to focus on the fire drills and the fire safety training until all staff have attended a recent fire drill and received fire safety training within the last six months.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Current participation in fire safety training is mandatory and 95% of staff have received training in the last 6 months</p>		

<b>Area for improvement 9</b>  <b>Ref:</b> Regulation 27 (4)  <b>Stated:</b> First time	The lock on the door to bedroom 18 should be changed to provide a lock with a thumb turn on the inside and a key operation on the outside. A check should also be made to the locks to the other bedrooms and any similar locks where the patients retain a key should also be changed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this lock had been replaced at the time of inspection.	
<b>Area for improvement 10</b>  <b>Ref:</b> Regulation 27 (4)  <b>Stated:</b> First time	Fire doors should not be propped open. The main switch gear store should be kept clear. The use of store room 2 should be reviewed and the amount of combustible material being stored in this store should be kept to a minimum.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> No fire doors were found to be propped open at the time of the inspection.	
<b>Area for improvement 11</b>  <b>Ref:</b> Regulation 27 (4)  <b>Stated:</b> First time	The drawing for the new fire alarm control panel should be updated to clearly indicate the revised room identifications and the roof void for zone 4. The corridor doors at the lift on the first floor should be adjusted to ensure that the large leaf closes effectively.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> New mimic drawing were clearly displayed adjacent to the alarm panel at the time of the inspection.	

### 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.**

A range of documentation in relation to the maintenance and upkeep of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to ongoing premises maintenance, estates records management and well maintained health and safety safeguards and procedures

### Areas for improvement

There were outstanding issues to be addressed with regards to the thorough examination for the premises passenger lift dated 9 October 2017. However, it was subsequently confirmed to the inspector that these issues were currently being addressed by the lift service engineers.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

There are arrangements in place for routine premises management and upkeep, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the establishment.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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