



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

**Inspection No:** 18037

**Establishment ID No:** 1048

**Name of Establishment:** Arches Care Home, Belfast

**Date of Inspection:** 11 April 2014

**Inspector's Name:** K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Arches Care Home
<b>Address:</b>	144 Upper Newtownards Road Belfast BT4 3EQ
<b>Telephone Number:</b>	028 90 65 82 74
<b>Registered Organisation/Provider:</b>	Four Seasons Health Care (Mr. James McCall)
<b>Registered Manager:</b>	Mrs. Laura Mallon
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs. Laura Mallon, Registered Manager
<b>Other person(s) present during inspection:</b>	Mr. Stephen McCormick, Estates Manager and Mr. James Mason, Maintenance
<b>Type of establishment:</b>	Nursing Home
<b>Categories of Care:</b>	NH-LD, NH-LD(E), NH-PH, NH-PH(E)
<b>Conditions of Registration:</b>	No more than 1 patient in categories NH-PH/PH (E).
<b>Number of Registered Places:</b>	33
<b>Date of previous Estates inspection:</b>	20 April 2011
<b>Date and time of inspection:</b>	11 April 2014 (10:25am. – 12:05pm.)
<b>Name of Inspector:</b>	K. Monaghan

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003,
- The Nursing Homes Regulations (Northern Ireland) 2005 and
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

1. Discussions with Mr. Stephen McCormick, Estates Manager and Mr. James Mason, Maintenance
2. Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted
3. Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection the Inspector spoke to Mr. Stephen McCormick, Estates Manager and Mr. James Mason, Maintenance.

## **6.0 INSPECTION FOCUS**

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards with the focus on assessing progress with the issues raised during and since the previous inspection.

### **Standards inspected:**

- Standard 32 - Premises and grounds,
- Standard 35 - Safe and healthy working practices and
- Standard 36 - Fire Safety

## **7.0 PROFILE OF SERVICE**

Arches care home is situated in a residential area of the Upper Newtownards Road, East Belfast. The home is situated in close proximity to the main road and is accessible to public and private transport, and is convenient to local shops, churches and community groups.

Bedroom accommodation is provided in single rooms and communal areas such as lounges and dining rooms are located on both floors of the home. In addition there are a number of rooms designated for services such as hairdressing, activity provision and a multisensory room for use by patients. A range of toilet and bathing/showering facilities is also provided throughout both floors of the home. A kitchen and designated laundry is situated on the ground floor.

Car parking spaces are available within the home's grounds. Access to the home for wheelchair users is via the front door of the home.

The home may provide accommodation for a maximum of thirty three patients. The home is registered to provide nursing care for patients over eighteen years of age who have a learning disability.

## **8.0 SUMMARY**

During this Estates inspection a number of issues were identified for attention. Following this Estates Inspection of Arches Care Home in Belfast on 11 April 2014, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in ten requirements and one recommendation. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mr. Stephen McCormick, Estates Manager and Mr. James Mason, Maintenance throughout the inspection process.

## **9.0 INSPECTION FINDINGS**

### **9.1 Recommendations and requirements from previous Estates inspection on 20 April 2011**

- 9.1.1 It is good to report that most of the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 20 April 2011 had been addressed. There were however two issues that required further attention. The following should be noted with regard to the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 20 April 2011:
- 9.1.2 The paths and patio area had been cleaned since the previous Estates inspection. These areas however required to 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. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.1.3 New shelving had been provided in the laundry. New shelving should also be provided in the cleaner's store on the ground floor. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.1.4 The above issues are restated where appropriate in the relevant sections of the attached Quality Improvement Plan.

### **9.2 Standard 32 – Premises and grounds**

***The premises and grounds are safe, well maintained and remain suitable for their stated purpose***

- 9.2.1 It is good to report that a considerable amount of improvement works had been carried out to the premises recently. This included extensive redecoration, new floor coverings and new furniture. Other improvements such as the installation of a new Nurse call system had also recently been completed. Further improvement works are planned for the near future. This is to be commended. One item was identified for attention in relation to this standard as follows:

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.2 Standard 32 – Premises and grounds continued**

- 9.2.2 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. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.2.3 The above item is detailed in the section of the attached Quality Improvement Plan entitled 'Standard 32 – Premises and grounds'.

### **9.3 Standard 35 - Safe and healthy working practices**

#### ***The home is maintained in a safe manner***

- 9.3.1 A number of issues were identified for attention in relation to this standard as follows:
- 9.3.2 It is good to report that a thorough examination of the passenger lift was carried out on 19 September 2013. The report for this thorough examination which indicated a satisfactory condition of the passenger lift was presented for review during this Estates inspection. The report for the most recent service of the passenger lift was not presented for review during this Estates Inspection. Subsequent to this Estates inspection, RQIA received a copy of this report.
- 9.3.3 The electrical equipment was inspected and tested on 03 February 2014. The fixed wiring installation was also inspected and tested on 28 March 2013. The report for this work identified a range of issues for attention. In line with current practice these issues had been coded to identify their importance from a safety point of view. The code C1 and C2 issues had been addressed as there were considered to be essential to maintain the installation in a safe condition. The code C3 issues which related to recommendations for improvement had not been addressed. It is recommended that the code C3 issues should be addressed. Reference should be made to item 6 in the Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.3 Standard 35 - Safe and healthy working practices continued**

- 9.3.4 A report for a risk assessment in relation to the prevention or control of legionella bacteria in the water systems was presented for review during this Estates inspection. This report included an action plan setting out the issues that had been identified for attention. Mr. McCormick confirmed that any remedial works required to the water systems had been completed and arrangements had been made to address the remaining operational issues which included legionella training for staff in the home. The remaining issues 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. Reference should be made to item 4 in the Quality Improvement Plan.
- 9.3.5 The space heating in the home is provided by electric heaters. The home does not however have a standby electrical generator in place to deal with a power failure. The main switch board does not have a facility for the connection of a temporary standby electrical generator. 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. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.3.6 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices'.



## 9.0 INSPECTION FINDINGS CONTINUED

### 9.4 Standard 36 – Fire Safety

***Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.***

- 9.4.1 A number of issues were identified for attention in relation to this standard as follows:
- 9.4.2 The fire detection and alarm system was inspected and tested on 07 January 2014 and the emergency lighting was inspected and tested on 18 October 2013. The remedial works to the emergency lights had been completed. The report for the inspection and test to the fire detection and alarm system identified a small number of issues for attention. These included the installation of a fire detector in the front entrance foyer. Subsequent to this Estates inspection RQIA received confirmation from Mr. McCormick that arrangements had been made to address this issue. Mr. McCormick also confirmed that the other issues had already been addressed.
- 9.4.3 The fire risk assessment for the home had been reviewed and updated on 27 September 2013. The report for this review was presented for review during this Estates inspection. This report identified a number of issues for attention. Mr. McCormick confirmed that any of the issues that related to the physical fire protection measures had been addressed. The operational issues had still to be reviewed by the Registered Manager and the company's Health and Safety Manager. These issues should be reviewed, addressed and the action plan in the fire risk assessment report should be signed off by the Registered Manager. Reference should be made to item 7 in the Quality Improvement Plan.
- 9.4.4 Fire drills had been carried out on 26 November 2013, 10 January 2014 and 10 April 2014. Not all staff had however attended one of these fire drills. This should be followed up. Face to face fire safety training was provided in November 2013 and arrangements had been made to repeat this training in May 2104. In addition most of the staff (88%) had completed the e-learning fire safety training. The Registered Manager should continue to focus on the fire safety training until all staff have received this training. Reference should be made to item 8 in the Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.4 Standard 36 – Fire Safety continued**

- 9.4.5 The patient in bedroom 18 retains a key to lock the door. The lock on this door is key operated on both sides. This lock 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. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.4.6 The door to the staff room opposite the kitchen was propped open. Fire doors should not be propped open. This issue was addressed immediately it was identified. The main switch gear store was being used for storage. This 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. Reference should be made to item 10 in the Quality Improvement Plan.
- 9.4.7 A new fire alarm control panel had recently been installed in the home. The drawing for this 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. Reference should be made to item 11 in the Quality Improvement Plan.
- 9.4.8 The above issues where appropriate are detailed as appropriate in the section of the attached Quality Improvement Plan entitled 'Standard 36 – Fire Safety'.

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mr. Stephen McCormick, Estates Manager, as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

## **11.0 ENQUIRIES**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST BT1 3BT**

### Quality Improvement Plan Sign Off Sheet for Estates Inspectors

<b>Name of Home</b>	Arches Care Home, Belfast RQIA ID 1048
<b>Date of Inspection</b>	11 April 2014
<b>Estates Inspector</b>	Kieran Monaghan

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	–	–	–	–	–
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	–	–	–	–	–
C.	Clarification or follow up required on some items.	√	–	√	K. Monaghan	23 June 2014

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

## **NOTES:**

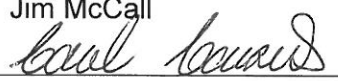
The details of the quality improvement plan were discussed with Mr. Stephen McCormick, Estates Manager with Four Seasons Health Care, as part of the inspection process.

The timescales commence from the date of inspection. Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan. The quality improvement plan is to be signed below by the registered provider and registered manager and returned to [estates@rqia.org.uk](mailto:estates@rqia.org.uk).

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Laura Mallon
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Jim McCall  Carol Cousins

Announced Estates Inspection to Arches Care Home, Belfast 11 April 2014 (K. Monaghan)

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**The following requirements should be noted for action in relation to Standard 32 – Premises and grounds:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Restated Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
1.	Regulations 27(2)(b)	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. Reference should be made to paragraphs 9.1.2 in the Report.	1 Month	<b>The maintenance man has cleaned the paths and pation area,and continues to do so on a regular basis.Any remedial works which are required are carried out.</b>
2.	Regulations 13(7)	New shelving should be provided in the cleaner's store on the ground floor. Reference should be made to paragraphs 9.1.3 in the Report.	1 Month	<b>This has been actioned-new shelving has been provided in the cleaner's store on the ground floor.</b>
<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
3.	Regulations 13(7) 27(2)(b) 27(2)(d)	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. Reference should be made to paragraphs 9.2.2 in the Report.	3 Months	<b>The refurbishment of the identified areas is currently being reviewed by the registered manager,regional manager and operations director.</b>

The following requirements should be noted for action in relation to Standard 35 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	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. Reference should be made to paragraphs 9.3.4 in the Report.	1 Month	<b>These are currently being addressed by the maintenance man and will be signed off by the registered manager once completed.</b>
5.	Regulations 27(2)(s)	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. Reference should be made to paragraphs 9.3.5 in the Report.	1 Month	<b>A quote is currently being obtained by FSHC estates manager to install a hook up point for a generator.</b>

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**The following requirements should be noted for action in relation to Standard 35 - Safe and healthy working practices:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Recommendations</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
6.	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	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. Reference should be made to paragraph 9.3.3 in the Report.	3 Months	<b>The urgent issues have been addressed. Code C3's will be reviewed.</b>

**The following requirements should be noted for action in relation to Standard 36 - Fire Safety:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
7.	Regulations 27(4)(a) 27(4)(b)	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. Reference should be made to paragraph 9.4.3 in the Report.	1 Month	<b>The remaining issues identified for attention in the report for the fire risk assessment that was completed on 27<sup>th</sup> September 2013 have been addressed.</b>

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**The following requirements should be noted for action in relation to Standard 36 - Fire Safety:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
8.	Regulations 27(4)(b) 27(4)(e) 27(4)(f)	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. Reference should be made to paragraph 9.4.4 in the Report.	Ongoing	<b>The registered manager is continuing to focus on fire drills and the fire safety training.FSHC H&amp;S manager is doing a fire drill in the home on 17.6.14.</b>
9.	Regulations 27(4)(b) 27(4)(c)	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. Reference should be made to paragraph 9.4.5 in the Report.	1 Month & Ongoing	<b>The lock on the door to bedroom 18 has been changed to provide a lock with a thumb turn on the inside and a key operation on the outside.</b>

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**The following requirements should be noted for action in relation to Standard 36 - Fire Safety:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
10.	Regulations 27(4)(b)	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. Reference should be made to paragraph 9.4.6 in the Report.	Ongoing	<b>Fire doors are not being propped open. The main switch gear store is being kept clear. The use of store room 2 has been reviewed and combustible material removed.</b>
11.	Regulations 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv)	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. Reference should be made to paragraph 9.4.7 in the Report.	1 Month	<b>The drawings for the new fire alarm control panel are currently being 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 have been adjusted to ensure that the large leaf closes effectively.</b>

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