



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	16740
<b>Establishment ID No:</b>	1504
<b>Name of Establishment:</b>	Belvedere
<b>Date of Inspection:</b>	20 May 2014
<b>Inspector's Name:</b>	Raymond Sayers

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Belvedere
<b>Address:</b>	63 Gilford Road Lurgan BT66 7EA
<b>Telephone Number:</b>	0283832 5709
<b>Registered Organisation/Provider:</b>	Belvedere/Mr John Leo McShane & Mr Kevin McShane
<b>Registered Manager:</b>	Ms Ashley Currie (Acting)
<b>Person in Charge of the Home at the time of Inspection:</b>	Ms Ashley Currie
<b>Type of establishment:</b>	Residential Home
<b>Number of Registered Places:</b>	21; RC-I ,RC-LD(E) ,RC-MP, RC-MP(E) RC-DE; Category RC-DE for the 5 residents currently residing at the home ( mild to medium dementia ). The home is also approved to provide care on a day basis to 6 persons.
<b>Date and time of inspection:</b>	20 May 2014 from 09.30 – 12.45hrs
<b>Date of previous estates inspection:</b>	3 March 2010
<b>Name of Inspector:</b>	Raymond Sayers

## **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 residential care 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 Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Residential Care Homes Regulations (Northern Ireland) 2005;
- Residential Care 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:

- Discussion with the person in charge, Ms Ashley Currie;
- Examination of records;
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted;
- 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 Ms Ashley Currie.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

### **Standards inspected:**

- Standard 27 - Premises and grounds;
- Standard 28 - Safe and healthy working practices;
- Standard 29 - Fire Safety.

## **7.0 PROFILE OF SERVICE**

Belvedere Private Residential Home was initially registered by the Southern Health and Social Services Board on 13 June 1988. The home is situated on the outskirts of Lurgan town centre, it is a two storey building and comprises thirteen single bedrooms and four double bedrooms, nine of which are on the ground floor (one double with an ensuite bathroom and seven single, two of these have ensuite). There is a shower room; one bathroom and three separate WC's. There are also two lounges, a dining room, a kitchen, a laundry, a resident's kitchen, staff accommodation and offices. The first floor has three double and five single bedrooms, a shower room with WC and two separate WC's and the registered manager's office.

There are mature gardens and shrubs to the front of the home and grounds with parking facilities to the side of the home. The home is registered to provide day care to a limited identified number of residents with a diagnosis of dementia whom has lived in the home for some years. Respite care is also provided when there are vacancies.

## **8.0 SUMMARY**

Following the Estates Inspection of Belvedere on 20 May 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds;
- Standard 28 - Safe and healthy working practices;
- Standard 29 - Fire Safety.

This resulted in five requirements and four recommendations, outlined in the quality improvement plan appended to this report.

The internal fabric was well decorated and in good condition, the building services were maintained in accordance with recommended good practice. Fire safety precautions were implemented, however a number of improvement actions have been listed to further enhance fire safety.

The Estates Inspector would like to acknowledge the assistance of Ms Ashley Currie during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

The issues listed in the report of the previous estates inspection on have been addressed and therefore no items remain unresolved from the last inspection .

### 9.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was evidence of maintenance activities and procedures, the following issues were listed as requiring corrective/improvement works to comply with the above standard.

9.2.2 Wall paint finish in laundry was chipped & damaged.  
Ground floor bedroom 3 painted wall finish was damaged/scratched adjacent bed.  
(Reference: Quality Improvement Plan Item 1 )

9.2.3 Kitchen wash-basin wall/splash-back junction sealant had deteriorated.  
Kitchen wall tile grout has deteriorated adjacent rear door.  
(Reference: Quality Improvement Plan Item 2 )

### 9.3 **Standard 28 - Safe and healthy working practices** - *The home is maintained in a safe manner*

9.3.1 Safe and healthy working practices are evident in the home in compliance with this standard, although some issues have been identified for attention by the registered person. Items requiring corrective/improvement action by the registered person are detailed in report items 9.3.2 - 9.3.4, and in the attached Quality Improvement Plan section titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The gas safe register report for the kitchen gas appliances noted that the installation of high and low level ventilation and a gas/ventilation interlock device was required to comply with current gas safety regulations.  
(Reference: Quality Improvement Plan Item 3 )

- 9.3.3 The Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination report for the stair-lift listed minor defects which require corrective works action.  
(Reference: Quality Improvement Plan Item 4 )
- 9.3.4 A BS7671 Periodic Inspection Report for the electrical installation was completed on 15 May 2014 and listed a validity period of five years; Ref.IPN3/0576729.  
It was noted that some circuits were not protected by RCD installation and DB3 circuit 2/L3 RCD failed to operate.  
(Reference: Quality Improvement Plan Item 5 )
- 9.4 Standard 29: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.***
- 9.4.1 Fire Safety procedures are completed in the home and a fire risk assessment review was completed on 5 March 2013; maintenance engineer service records were available for examination. Issues requiring corrective action by the registered person are detailed in items 9.4.2 - 9.4.4, and in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.
- 9.4.2 Two fire alarm panels are located on the ground floor corridor adjacent the main entrance doorway; one panel is relates to ground & first floor fire detection system and the other relates to the roof void.  
Identification labeling and designation of the fire alarm panel's activation signals are ambiguous; this may lead to confusion when responding to alarm activations.  
(Reference: Quality Improvement Plan Item 7 )
- 9.4.3 The last fire risk assessment was completed on 05 March 2014 by Mr Victor Mallon. The fire risk assessment recommended improvement works action to reduce the fire safety risk; improvement works actions are not verified as complete.  
  
It was not ascertained that the risk assessor accreditation satisfied the recommendations outlined in RQIA communication "Competence of persons carrying out fire risk assessments in regulated residential care establishments" dated 31 January 2013.  
(Reference: Quality Improvement Plan Items 7 & 8 )
- 9.4.4 Bedroom doors did not have smoke brushes installed to prevent the passage of "cold smoke" during fire incidents.  
(Reference: Quality Improvement Plan Item 9 )

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Ms Ashley Currie 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 Residential 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 home to improve the quality of life experienced by residents.

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>	Belvedere RC, Lurgan
<b>Date of Inspection</b>	20/05/2014
<b>Estates Inspector</b>	R.Sayers

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.	X	X		R.Sayers	01/08/2014
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

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## **NOTES:**

The details of the quality improvement plan were discussed with Ms Ashley Currie during 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 Residential 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 residential home to improve the quality of life experienced by residents.

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>	Ashley Currie (Acting)
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Kevin McShane

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## Standard 27 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
1	Standard 27.1	Complete a decoration condition survey of all interior finishes and implement redecoration repairs where necessary. (Reference: Report section 9.2.2)	12 weeks	All interior finishes have now been re-decorated.
2	Standard 27.1	Apply new sealant to kitchen wash-basin splash-back/basin junction & re-grout wall tiles adjacent rear door-way. (Reference: Report section 9.2.3)	12 weeks	A new wash basin has been put in place & sealed. All areas that required re-grouting have now been addressed.

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## Standard 28 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 28 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3	Regulations 14 (2)(a),(b) & (c)	Implement safety works and procedures to reduce/eliminate health & safety risk when using kitchen gas appliances, as recommended by gas safe register inspection engineer report dated 9 May 2014. (Reference: Report section 9.3.2)	8 weeks	A new gas cooker has now been installed with a flame safety device; all other works are due to be carried out within the next two weeks.
4	Regulations 14 (2)(a),(b) & (c)	Implement Lifting Operations and Lifting Equipment Regulations (LOLER) report recommendations for stair-lift installation. (Reference: Report section 9.3.3)	12 weeks	The chairlift has been fixed to ensure it meets regulations & standards.
5	Regulations 14 (2)(a),(b) & (c)	Complete an assessment of BS7671 Periodic Inspection Report IPN3/0576729, plan, prioritise and implement improvement works/processes to comply with the Electricity at Work Regulations. (Reference: Report section 9.3.4)	8 weeks	An assessment of the report has been carried out & the electrician is currently in the process of carrying out the work required.

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## Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6	Regulation 27.(4)(d)	Install new designation labels and instructions to fire alarm panels situated adjacent ground floor entrance; instruct staff on system notifications and staff response/action required. (Reference: Report section 9.4.2)	8 Weeks	New labels have been placed on the fire panel to prevent confusion & to instruct staff correctly.
7	Regulation 27.(4)(a)	Implement the fire risk assessment report recommendations. (Reference: Report section 9.4.3)	Immediate & ongoing	Recommendations in this report are currently in process.
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
8	Standard 29.1	Verify that the fire safety consultant commissioned to review the facility fire risk assessment has the professional or third party accreditation as recommended by RQIA guidance correspondence dated 31 January 2013. (Reference: Report section 9.4.3)	16 Weeks	The Fire Safety consultant has confirmed that he has the required professional accreditation.
9	Standard 29.1	Install smoke seals on bedroom fire doors to provide FD30S fire resistance as recommended by Northern Ireland Health Technical Memorandum 84 (NIHTM84). (Reference: Report section 9.4.4)	12 Weeks	This has commenced & is currently in progress.

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