



The Regulation and
Quality Improvement
Authority

Arbour House
RQIA ID: 1515
16 Great George's Street South
Warrenpoint
BT34 3HR

Inspector: Priscilla Clayton
Inspection ID: IN023738

Tel: 02841774181
Email: arbourhouse16@gmail.com

**Announced Care Inspection
of
Arbour House**

7 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An announced care inspection took place on 7 November 2015 from 8.30 to 11.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011).

The registered manager, Joanne McDonald was present throughout the inspection.

The home provides respite care on selected days during the year. Outside of these dates the home is closed. RQIA are informed of the opening dates.

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

The home was providing safe, effective and compassionate care in the standards inspected.

2. Service details

Registered Organisation/Registered Person: Arbour House Management Committee/Mrs Colette Ruddy	Registered Manager: Ms Joanne McDonald
Person in charge of the home at the time of inspection: Mrs Joanne McDonald	Date manager registered: 22 January 2014
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 2
Number of residents accommodated on day of inspection: 2	Weekly tariff at time of inspection: No set tariff Voluntary subscription if desired.

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Theme: Residents receive individual continence management and support.

4. Methods/processes

Prior to inspection we reviewed the previous care inspection report and QIP.

During the inspection the inspector met with the two residents accommodated, two care staff, the manager and Ann Wood who has made application as named registered person for the home.

Four resident and four staff satisfaction questionnaires were left for the manager to distribute.

The following records were examined during the inspection:

- Two care records
- Residents meetings
- Resident satisfaction questionnaires carried by the home
- Care review notes
- Statement of Purpose
- Visits by the registered provider.

5 The Inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the Arbour House was an announced estates inspection dated 18 February 2015. The completed QIP was returned and approved by the estates inspector.

Review of requirements and recommendations from the last Care inspection dated 13 December 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (4) (a) (See Section 11.10)	Fire Safety The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed. <ul style="list-style-type: none"> • The registered person shall ensure that an 	Met

	up to date fire risk assessment is completed.	
	<p>Action taken as confirmed during the inspection: The home had a Fire Risk Assessment conducted on 15/01/15.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 29 (2) (a) (b) (c) (3) (See Section 11.12)</p>	<p>Visits by registered provider</p> <p>Where the registered provider is an organisation or partnership, the home shall be visited in accordance with this regulation by the responsible individual or one of the partners, as the case may be; another of the directors or other persons responsible for the management of the organisation or partnership; or an employee of the organisation or the partnership who is not directly concerned with the conduct of the home.</p> <p>Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced.</p> <ul style="list-style-type: none"> All unannounced visits should be contemporaneous and the name of the person completing them should be stated on every occasion. 	Met
	<p>Action taken as confirmed during the inspection: Inspector confirmed visits were undertaken throughout the year when the home was open. Records of such visits were in place.</p>	
Previous Inspection Recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 10.1</p>	<p>The registered person is recommended to review the policy in relation to challenging behaviour to reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy should also refer to the need for Trust involvement in managing challenging behaviour.</p>	Met
	<p>Action taken as confirmed during the inspection: This recommendation has been addressed.</p>	
Recommendation 2	The registered person is recommended to ensure	Met

Ref: Standard 10.3	that the specific care plan examined on the day of inspection is signed by the guest and the registered manager.	
Recommendation 3 Ref: Standard 13.1	<p>Action taken as confirmed during the inspection: Care plans examined were signed as recommended.</p> <hr/> <p>The registered person is recommended to review the policy in relation to the provision of activities to reflect the date of the policy.</p> <p>Action taken as confirmed during the inspection: The policy on activities was reviewed by the manager as recommended.</p>	Met

5.2 Inspection focus

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

Residents confirmed to that their views and opinions were sought and suggestions for improvements recorded and acted on by staff.

We inspected two care records which reflected residents' views and issues. Responses to the provision of care were sought and recorded on the final day of the respite period. Care plans reflected each resident's preferences in regard to the planning of their care.

No complaints have been received in regard to the provision of care and life in the home.

Complimentary satisfaction, post discharge contained many complimentary comments about staff and the service provided.

Is care effective? (Quality of management)

We found there was a range of methods in place for obtaining residents views on the effectiveness of care provided. These included resident/relative questionnaires which provided comments on the positive care provided.

We spoke with staff on duty who confirmed that they felt the care provided was excellent and that mandatory training, review meetings and ongoing consultation with residents/representative took place. Staff also confirmed that discussions with residents/representatives took place with each admission to ensure that the care planned/provided was effective.

Suggestion made regarding improvements, complements given and issues raised by residents or representatives regarding the quality of services and facilities provided are listened and responded to.

Visits to the home by the registered provider are undertaken on a monthly basis when the home is operational. Records of visits were retained in the home.

Is care compassionate?

Discussion with staff demonstrated that they were knowledgeable about residents' needs and their planned care. Staff confirmed that seeking resident/representatives views on planned care was given a very high priority and that their core values of rights were always upheld. This was confirmed by residents who commented that they loved their respite period in Arbour House.

Areas for improvement

The care provided within this standard was found to be safe, effective and compassionate.

This standard was met.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The manager and staff confirmed that very few residents who require continence management and if this was an identified need that staff has the knowledge and skill to plan care and review care. Staff knowledge and understanding of continence management was apparent.

The home has a policy on Continence Management.

Is care effective? (Quality of management)

The manager explained that care in regard to continence management would be effectively managed as staff had knowledge and skill in this area of care.

Is care compassionate? (Quality of care)

As reflected within the homes Statement of Purpose the manager confirmed that interventions by staff lead to a caring, friendly and stimulating atmosphere where residents are listened to and feel valued, their rights upheld, their culture and religious beliefs are respected, and living in the home was a positive and beneficial experience. This philosophy was applied to all aspects of care provision.

Areas for improvement

There were no areas identified for improvement with this standard.

The care provided within this standard was found to be safe, effective and compassionate.

This standard was met

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

6.0 Additional areas examined.

6.1 Residents Views

We met with resident accommodated in the home. Responses to the provision of care and life in the home were positive. No issues or concerns were raised. Satisfaction questionnaires distributed were not returned in time for report writing.

Some comments made by residents included:

“I love staying here”

“We have lots to do”

“Staff is very good and listens to what we have to say”

6.2 Environment

The home was found to be very clean, fresh smelling with a good standard of decoration and furnishing. Fire exits were unobstructed and fire equipment checks in place. There were no visible fire safety issues. A current Fire Risk Assessment was in place.

6.3 Accident/Incident reports.

The manager confirmed there have not been any reportable accident/incidents since the previous inspection.

6.4 Staffing

The manager confirmed that staffing levels were satisfactory for the number and dependency levels of residents accommodated. Staff training was provided as recommended by RQIA. Staff meetings were ongoing with notes retained.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	J McDonald	Date Completed	15.12.15
Registered Person	A Woods	Date Approved	15.12.15
RQIA Inspector Assessing Response	P.Clayton	Date Approved	06/01/16

Please provide any additional comments or observations you may wish to make below:

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address