



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	18068
Establishment ID No:	1515
Name of Establishment:	Arbour House Residential Care Home, Warrenpoint
Date of Inspection:	20 June 2014
Inspector's Name:	K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	Arbour House Residential Care Home
Address:	16 Great George's Street South Warrenpoint BT34 3HR
Telephone Number:	028 41 77 41 81
Registered Responsible Person:	Mrs Colette Ruddy, Arbour House Management Committee
Registered Manager:	Ms. Joanne McDonald
Person in Charge of the Home at the time of Inspection:	Ms. Joanne McDonald, Registered Manager
Other person(s) present during inspection:	N/A
Type of establishment:	Residential Care Home
Categories of Care:	RC-LD ,RC-LD (E)
Conditions of Registration:	The home is approved to provide care on a day basis only to 1 person
Number of Residents:	2
Date and time of inspection:	20 June 2014 10:35am.
Date of previous Estates inspection:	09 September 2011
Name of Inspector:	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 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, 2011)

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:

- Discussions with Ms. Joanne McDonald, Registered Manager
- 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 this inspection report.

5.0 CONSULTATION PROCESS

During the course of the inspection the Inspector spoke to Ms. Joanne McDonald, Registered Manager.

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 Estates inspection:

Standards inspected:

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

7.0 PROFILE OF SERVICE

The premises being used for the purposes of Arbour House Residential Care Home comprise a three storey end of terrace domestic style building with a small enclosed yard to the rear. The premises which face towards the sea are located in the centre of Warrenpoint opposite the park.

The residents are accommodated in two single bedrooms, one on the ground floor and one on the first floor. Both of these bedrooms are located to the rear of the premises. There is lounge, dining facilities and an assisted shower room on the ground floor and a separate toilet on the first floor adjacent to the resident's bedroom.

Registration was first granted in 1994. The home provides a voluntary respite service from Friday evening to Sunday evening for up to two persons with a learning disability.

Mrs. Colette Ruddy, Arbour House Management Committee is the Registered Responsible Person. A team of volunteers provide the care and no one is paid within the organisation.

People availing of the service are referred to as guests and there is no charge for the respite provided, although families can make a voluntary donation. This is a well established service with all of the guests have been attending Arbour House for many years.

At the time of this Estates inspection the home was not being used to accommodate residents. The service will resume in September 2014.

8.0 SUMMARY

Following this Estates Inspection of Arbour House Residential Care Home in Warrenpoint on 20 June 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. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would acknowledge the assistance of Ms. Joanne McDonald, Registered Manager, throughout the inspection.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements for the previous Estates inspection on 09 September 2011:

- 9.1.1 The previous Estates inspection to this home was carried out on 09 September 2011. The following should be noted with regard to the issues included in the Quality Improvement Plan for the previous Estates inspection to the home that was carried out on 09 September 2011:
- 9.1.2 Some remedial works had been carried out in relation to the water ingress issue at the walls. This issue had not however been resolved. The landlord for the premises was aware of this issue and arrangements were being made to carry out further more extensive remedial works over the summer months to resolve this matter. RQIA should be kept up to date with progress in relation to this issue. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.1.3 The position in relation to the issues identified for attention in the report for the previous inspection and test to the fixed wiring installation was not clear. The next routine inspection and test to the fixed wiring installation was however due in June 2014. This inspection and test should be completed and a copy of the report should be forwarded to RQIA. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.1.4 An in-house risk assessment had been completed in relation to the prevention or control of legionella bacteria in the water systems. This risk assessment was however due for review. The legionella risk assessment should be reviewed, updated and actioned as required. This risk assessment review should be carried out by a person with expertise in this area. The appropriateness of controlling the hot water temperatures with the thermostatic mixing valve at the hot water tank should be checked as part of this review. A check should also be carried out to ensure that the water outlets accessible to the residents, particularly the showers and baths in the premises are controlled at safe temperatures by DO8 Type 3 fail-safe thermostatic mixing valves. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.1.5 The risks associated with hot surfaces had been evaluated and it was considered that this issue did not currently present a risk to the residents who use this service.

9.0 INSPECTION FINDINGS CONTINUED

9.1 **Recommendations and requirements for the previous Estates inspection on 09 September 2011:**

9.1.6 Two new doors had been provided in the home. Further adjustment should however be made to the door from the kitchen to the rear bedroom corridor. Consideration should be given to the installation of an overhead self-closing device for this door. Reference should be made to item 4 in the Quality Improvement Plan.

9.1.7 The above issues where appropriate have been restated in the relevant sections of the attached Quality Improvement Plan.

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 It is good to report that the premises were clean and in good order. No additional issues were identified for attention in relation to this standard during this Estates inspection. This is to be commended.

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

9.3.1 It is good to report that no additional issues were identified for attention in relation to this standard during this Estates inspection. This is to be commended.

9.0 INSPECTION FINDINGS CONTINUED

9.4 **Standard 29: 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 The fire detection and alarm system and the emergency lights were inspected and tested on 04 April 2014. The first aid fire-fighting equipment was serviced on 16 September 2013. Fire safety training and a fire drill were carried out for staff on 15 November 2013. Ms. McDonald also confirmed that personal emergency evacuation plans were completed for all of the residents as part of the admissions procedure and that further fire safety training and a fire drill would be carried out in September 2014 when admissions to the home recommence. One issue was identified for attention in relation to this standard during this Estates inspection as follows:
- 9.4.2 A fire risk assessment had been carried out on 22 October 2013. Ms. McDonald confirmed that the issues identified for attention in the report for this review had been addressed with the exception of the issue in relation to the fire detection system. The fire detection coverage would not be in line with current best fire safety practice. The rear bedroom corridor, for example; does not have a smoke detector in place. The fire detection and alarm system should be reviewed and proposal to upgrade the system should be considered. The Fire Risk Assessor and the Fire Alarm Engineer should be consulted as part of this review. The outcome of this review should be confirmed to RQIA. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.4.3 The above issue is detailed in the section of the attached quality improvement plan entitled 'Standard 29 – Fire Safety'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Ms. Joanne McDonald, Registered 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 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 nursing 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

Announced Estates Inspection

Arbour House Residential Care Home, Warrenpoint RQIA ID 1515

20 June 2014

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	11 August 2014

NOTES:

The details of the quality improvement plan were discussed with Ms. Joanne McDonald, Registered 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 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:

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Joanne McDonald
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Colette Ruddy

Standard 27 – Premises and grounds

The following requirements should be noted for action in relation to Standard 27 – Premises and Grounds

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 27(2)(b) 27(2)(d)	RQIA should be kept up to date with progress in relation to the remedial works to address the water ingress issue at the walls. Reference should be made to paragraph 9.1.2 in the Report.	Ongoing	Owners have engaged with builders and work should be completed before new term for guests begins. Estates inspector will be informed when work on building is completed.

Standard 28 - Safe and healthy working practices

The following requirements 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)
2.	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	The next inspection and test to the fixed wiring installation should be completed and a copy of the report should be forwarded to RQIA. Reference should be made to paragraph 9.1.3 in the Report.	2 Months	Inspection of fixed wiring installation to be carried out Friday 9th August 2014. A copy of the inspection report will be forwarded to Rqia as requested once received.

Standard 28 - Safe and healthy working practices

The following requirements 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 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The legionella risk assessment should be reviewed, updated and actioned as required. This risk assessment review should be carried out by a person with expertise in this area. The appropriateness of controlling the hot water temperatures with the thermostatic mixing valve at the hot water tank should be checked as part of this review. A check should also be carried out to ensure that the water outlets accessible to the residents, particularly the showers and baths in the premises are controlled at safe temperatures by DO8 Type 3 fail-safe thermostatic mixing valves. Reference should be made to paragraph 9.1.4 in the Report.	3 Months	Legionella risk assessment to be completed within timescale given. All areas identified will be reviewed as requested and actioned accordingly.

Standard 29 – Fire safety

The following requirements should be noted for action in relation to Standard 28 – Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	Further adjustment should be made to the door from the kitchen to the rear bedroom corridor. Consideration should be given to the installation of an overhead self-closing device for this door. Reference should be made to paragraph 9.1.6 in the Report.	1 Month	Overhead self-closing device fitted to door identified in paragraph 9.1.6 of report
5.	Regulations 27(4)(b) 27(4)(d)(i)	The fire detection and alarm system should be reviewed and proposals to upgrade the system should be considered. The Fire Risk Assessor and the Fire Alarm Engineer should be consulted as part of this review. The outcome of this review should be confirmed to RQIA. Reference should be made to paragraph 9.4.2 in the Report.	2 Months	Fire detection and alarm system is in the process of being reviewed by the appropriate people. The outcome of this review will be forwarded to RQIA as requested