



The **Regulation** and  
**Quality Improvement**  
Authority

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

**Inspector: Priscilla Clayton**  
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**Unannounced Care Inspection  
of  
Arbour House**

**5 March 2016**

**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](http://www.rqia.org.uk)**

## 1. Summary of inspection

An unannounced care inspection took place on 4 March 2016 from 09.00 to 11.15. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme inspected was 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).

### 1.1 Actions/enforcement taken following the last inspection

There were no actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

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

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Arbour House Management Committee/Mrs Colette Ruddy	<b>Registered Manager:</b> Ms Joanne McDonald
<b>Person in charge of the home at the time of inspection:</b> Joanne McDonald	<b>Date manager registered:</b> 22 January 2014
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 2
<b>Number of residents accommodated on day of inspection:</b> 2	<b>Weekly tariff at time of inspection:</b> No charge is required for this voluntary service.

## 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 8: Resident records and reporting arrangements.**

#### 4. Methods/processes

Prior to inspection we analysed the following records:

Previous report/QIP  
Correspondence from the manager

The following records were examined during the inspection:

- RQIA registration certificate
- Two care records
- Accident/incident records
- Complaints records
- Recorded respite communication with relatives / representative
- Resident photographic evidence
- Resident inventory

##### 4.1 Review of requirements and recommendations from previous inspection

The previous inspection of Arbour House was an unannounced care inspection dated 7 November 2015. No requirements or recommendations were made.

##### 4.2 Review of requirements and recommendations from the last care inspection

No requirements or recommendations from previous inspection.

#### 5.0 The inspection

**Standard 8: Records are kept in accordance with professional and legislative requirements on each resident's situation, action taken by staff and reports made to others.**

##### 5.1 Is care safe?

The home has policies and procedures in place which provide staff with guidance regarding the maintenance of records, communication with residents/representatives and where necessary other professional staff. The manager confirmed that she was currently reviewing and revising all policies/procedures to ensure that those relating to Standards and regulations were available and up to date. One recommendation made related the policy on assessment, care planning and review as this was not available within the central file. Review of all policies/procedures should be undertaken to ensure policies are retained in keeping with minimum standards.

The home retains a register of all residents admitted for each respite period.

Examination of two care records showed evidence of comprehensive assessments which were complement with risk assessments; care plans had been developed which reflected actual and potential needs and measures in place to minimise any identified risks. Reviews are conducted as required.

Needs assessments and care plans were signed by staff and service user/representative.

Weekend reports on the care provided over the period of stay are developed for each day of the weekend respite period.

Two care records examined were noted to be legible, current, dated and signed.

Residents and staff confirmed that they were satisfied care provided was safe with all necessary resources provided and care provided based on the holistic care plan.

### **Is care effective?**

Staff demonstrated awareness and understanding of the policies/procedures in place and where these are stored within the home.

Staff confirmed that the care for each resident on respite was always discussed to seek their views and preferences on how they wished to spend their weekend and the social outing arrangements. Records of the care provided were recorded within care records in keeping with minimum standards and regulations.

Residents confirmed that they were very satisfied that the care provided was effective and that staff always consulted with them in regard to the care during their weekend respite period.

No accidents or incidents had occurred since the previous inspection. The manager and staff confirmed that had any accident/incident occurred this would be recorded with the home's central record; the resident's care record; relatives/representatives of residents, social worker and if required RQIA would be notified.

Residents and staff confirmed that the care planned and provided was effective in meeting the identified needs.

Quality monitoring visits by the registered provider are undertaken when the home is open at arranged weekend times during the year. Records of monitoring visits retained showed these were being conducted in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.

### **Is care compassionate?**

The philosophy and practice within the home is set within the Statement of purpose. The home presented as a friendly, caring and stimulating atmosphere where residents confirmed they are listened to and feel valued, their rights upheld, their cultural and religious beliefs respected. The manager and staff confirmed that core values of rights were firmly imbedded in their care practice.

Care records examined showed that each resident's views, comments and preferences were reflected. Several letters and cards received by the manager from relatives reflected their appreciation for the excellent care provided by staff.

Residents demonstrated awareness on how to complain. The manager confirmed that no complaints had been received. One recommendation made related to ensuring that a

complaints register and recording template is available to staff to record should a complaint be received.

### Areas for improvement

Two recommendations made. Firstly, to ensure the policy on assessment, care planning and review is retained within the central file and review of all policies to ensure these are available to staff and retained in keeping with minimum standards. Secondly, ensure that a complaints register and recording template is available for staff to record a complaint if received.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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### Additional areas examined

#### Environment

The home was observed to be in good state of repair, suitably furnished and nicely decorated. All areas were clean, tidy, comfortably heated and fresh smelling throughout. The communal lounges were comfortable and offered choice of seating. All fire doors were closed with exits unobstructed. Each resident's bedroom was comfortably furnished.

#### Accidents/incidents

Records of accidents incidents examined showed that none had occurred.

### Areas for improvement

There was no areas identified from the additional areas inspected

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 6.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Joanne McDonald, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## **6.1 Statutory requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

## **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## **6.3 Actions taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

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.

## Quality Improvement Plan

Recommendations			
<b>Recommendation 1</b> Ref: Standard 17.1  Stated: First time  To be completed by: 30 June 2016	Retain a complaints' register of all complaints received and ensure a template is available for staff to make a formal record of a complaint when received.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> The complaints register and complaints template were filed in the general policy file and had been missed by the manager on the day of the inspection. A copy of the complaints template was forwarded the next day to the inspector as requested.		
<b>Recommendation 2</b> Ref: Standard 21.1  Stated: First time  To be completed by: 30 June 2016	<ul style="list-style-type: none"> <li>• Ensure that the policy / procedures on Assessment, Care Planning and review are retained within the home's central policy file</li> <li>• Undertake a review of all policies retained to ensure copies of those listed within appendix 2 of The Residential Care Homes Minimum Standards (2011) are retained and available to staff.</li> </ul>		
	<b>Response by Registered Person(s) detailing the actions taken:</b> A policy relating to the care assessment, planning and review has been drawn up and is in place within the general policy file. All policies are currently being reviewed and those not in place will be added to the central policy file		
<b>Registered Manager</b>	Joanne McDonald	<b>Date Completed</b>	27.4.16
<b>Registered Person</b>	Anne Woods	<b>Date Approved</b>	27.4.16
<b>RQIA Inspector Assessing Response</b>	Priscilla Clayton	<b>Date Approved</b>	5 May 2016

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](mailto:care.team@rqia.org.uk) from the authorised email address\**