

# Announced Premises Inspection Report 19 February 2018



## Arbour House

**Type of service: Residential Care Home**

**Address: 16 Great George's Street South, Warrenpoint, BT34 3HR**

**Tel No: 02841774181**

**Inspector: Raymond Sayers**

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

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide respite care for a maximum of two service users having a learning disability care category.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Arbour House Management Committee<br><br><b>Responsible Individual:</b><br>Anne Woods | <b>Registered Manager:</b><br>Joanne McDonald      |
| <b>Person in charge at the time of inspection:</b><br>Joanne McDonald   | <b>Date manager registered:</b><br>22 January 2014 |
| <b>Categories of care:</b><br>RC-LD, RC-LD(E)   | <b>Number of registered places:</b><br>2           |

### 4.0 Inspection summary

An announced inspection took place on 19 February 2018 from 10.10 to 11.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection. It was assessed if the service was well led delivering safe, effective and compassionate care.

The findings of this report will provide the home management with the necessary information to assist them in fulfilling their responsibilities; enhance practice and service users' experience.

### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

This inspection resulted in no issues requiring improvement being identified. Findings of the inspection were discussed with Joanne McDonald, Manager, as part of the inspection process and can be found in the main body of the report.

There was no enforcement action initiated as a result of the findings of this inspection.

### 4.2 Action/enforcement taken following the most recent care inspection

Other than those items detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 March 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Recent inspection reports and returned QIPs
- Recent correspondence with the service
- The establishment related incidents reported to RQIA since the last premises inspection

The following records were examined during the inspection:

- Service records and in-house log books relating to the maintenance and upkeep of the building and engineering services
- Legionellae risk assessment
- Fire risk assessment

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 24 March 2017

The most recent inspection of the service was an unannounced care inspection, ref IN026813 dated 24 March 2017. There were no issues requiring improvement listed as a result of the inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

A range of documents related to the planned maintenance and inspection of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment, this includes: a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation, and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of : the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

### Areas of good practice

Building services installations and equipment are inspected and maintained in accordance with the appropriate British Standards.

There were no issues requiring improvement identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

There are arrangements in place for routine planned premises management and inspections, as well as timely emergency/repair works. Service users are involved where appropriate in decisions around the maintenance of the establishment.

This supports the delivery of effective care.

There were no issues requiring improvement identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated, with adequate lighting levels

This supports the delivery of compassionate care.

There were no items requiring improvement identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Premises related policies and documents are retained in a manner which is accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has evaluated and arranged for the implementation of previous RQIA QIP items, and any other relevant issues relating to the premises. Adequate support and resources have been provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

**Areas of good practice**

The environment is maintained in a satisfactory condition.

**Areas for improvement**

There were no issues requiring improvement identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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