

# Announced Premises Inspection Report 24 October 2016



## Alpine House

**Type of service: Residential Care Home**  
**Address: 20 Ballyholme Road, Bangor, BT20 5JN**  
**Tel No: 028 9145 4904**  
**Inspector: Gavin Doherty**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Alpine House took place on 24 October 2016 from 11:00 to 12:00.

Patricia Galbraith, Care Inspector and Jo Browne, Senior Inspector were also present during this inspection.

The inspection was undertaken to assess the facts surrounding, and the damage caused to the premises in a recent fire which happened on 21 October 2016 at 08:45.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

This inspection resulted in requirements or recommendations being made. Findings of the inspection were discussed with Joanne Glendinning, Registered Manager as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

An unannounced primary care inspection was undertaken at the home on 11 October 2017. The report and quality improvement plan associated with this inspection will be issued independently of this inspection which focussed solely on the recent fire in the premises.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Sathrouhun Bogun	<b>Registered manager:</b> Joanne Glendinning
<b>Person in charge of the home at the time of inspection:</b> Joanne Glendinning	<b>Date manager registered:</b> 03 April 2009
<b>Categories of care:</b> RC-I	<b>Number of registered places:</b> 22

### 3.0 Methods/processes

Prior to inspection we analysed the following records: Previous premises inspection report, statutory notifications over the past 12 months.

During the inspection the inspector met with Joanne Glendinning, the Registered Manager for the home.

The following records were examined during the inspection: Fire Risk Assessment, undertaken by Rea Fire Safety on 16 June 2016.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 11 October 2016

The most recent inspection of the home was an unannounced care inspection. This report has not yet been issued by the specialist inspector. The QIP associated with this inspection will be validated by the specialist inspector at the next care inspection.

#### 4.2 Review of requirements and recommendations from the last estates inspection dated 21 October 2014

The requirements and recommendations from the previous quality improvement plan were not discussed or validated during this inspection.

### 4.3 Inspection Findings

Upon arrival at the home we met with Joanne Glendinning who gave us a detailed timeline of events leading up to, during and after the fire which occurred in a first floor bedroom in the home. At the time of the inspection all residents had been relocated to Northfield House Residential Care Home which is situated in Donaghadee, or had been accommodated with family.

The Registered Manager explained that the fire alarm first sounded at approximately 08:20. Staff responded immediately to this and checked Fire Zone 2, which was highlighted by the fire alarm panel. Staff discovered no signs of fire but did discover some burnt toilet paper and minor scorch damage to a toilet roll dispenser in the first floor Bathroom which is adjacent to Bedroom 1. The alarm was reset and staff resumed their normal duties. The fire alarm sounded again at approximately 08:45 and again highlighted Zone 2. Staff again responded to the alarm and began checking zone 2. The smell of smoke was immediately noted coming from Bedroom 1 and staff immediately called the fire service and started evacuating residents from this bedroom sub-compartment. At this time there was only one resident within the sub-compartment in Bedroom 3 and he was accompanied down the stairs by staff. The Home's emergency contingency plan was then put into action and all residents were relocated to Bayview Resource Centre.

The fire brigade attended and extinguished the fire. They subsequently found a box of matches in the wardrobe in Bedroom 1 which after initial consideration they suspect to be the origin of the fire. The Registered Manager stated that the resident who occupies Bedroom 1 was already downstairs when the fire alarm sounded on the second occasion.



**Scorch Damage to toilet roll dispenser in first floor bathroom**

### **Areas for improvement**

It was good to note that staff responded quickly to both activations of the fire alarm and that as a result all residents were evacuated in a timely manner. The arrangements in place with Bayview Resource Centre appear to have worked well and all residents were safely accommodated there following their evacuation from Alpine House. However, with the clear benefit of hindsight and with time to consider this incident, the following points should be noted for learning, and suitable action implemented where appropriate.

The fire service report for the incident stated that there was a delay of around 50 minutes from the first activation of the premises fire alarm at approximately 8:00 until the fire call was logged with the fire service. This was after the second activation of the fire alarm when staff noted the smell of smoke in the first floor of the premises. This delay is at odds with the home's emergency fire management plan, which states that on activation of the fire alarm the emergency services are contacted immediately by dialling 999. The Registered Manager should review the home's emergency fire management plan in light of this incident, and ensure that all staff receive suitable and sufficient instruction in the process which must be followed in the event of the activation of the fire alarm and detection system. (Refer to requirement 1 in the attached Quality Improvement Plan).

After the first activation of the alarm when the burnt piece of toilet paper was discovered in the bathroom, it would have been prudent of staff to check on the two residents who are known to be smokers in the home. The origin of the fire was in Bedroom 1 which is adjacent to this bathroom, and is occupied by a resident who smokes.

The matches discovered by the fire service and thought to be the source of the fire were 'cooks' matches. These are a significantly bigger, longer burning match than that required to light a cigarette and may have been a contributory factor in allowing the fire to take hold. It is important that residents who have access to their own smoking materials use an appropriate means of lighting their pipe or cigarette. The Registered Manager has confirmed that the resident in Bedroom 1 has since agreed for her smoking materials to be held by staff at the home and she will request a cigarette when required.

The Registered Manager should review the home's smoking policy with particular reference to the retention of smoking materials and ignition sources by residents. Reference should be made to the guidance issued by RQIA which can be found at: <https://www.rqia.org.uk/RQIA/files/62/62f3b50e-b406-4609-aa03-346790a51967.pdf> (Refer to requirement 2 in the attached Quality Improvement Plan).

It was noted at the time of the inspection that the premises fire alarm and detection system consists of only two zones, with Zone 2 covering 14 of the 17 bedrooms over both a portion of the ground floor and the totality of the first floor. It is recommended that the manager seeks guidance from the Home's fire risk assessor regarding the appropriateness and sufficiency of the current zoning of this fire alarm and detection system. It would seem prudent that Zone 2 be further sub-divided to mirror the sub-compartmentation which currently exists within the premises. This would significantly reduce the time taken for staff to pinpoint the location of a fire and assist in prioritising the evacuation of residents in the first instance. (Refer to recommendation 1 in the attached Quality Improvement Plan).

<b>Number of requirements:</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Glendinning, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. 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.

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

<b>Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27(4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 November 2016</p>	<p>The registered provider should undertake a review of the home's emergency fire management plan, and ensure that all staff have received suitable and sufficient instruction in the procedures to be followed, following the activation of the fire alarm and detection system.</p> <p><b>Response by registered provider detailing the actions taken:</b> All the staff have received further fire training.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27(4)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 November 2016</p>	<p>The registered provider should review the home's smoking policy with particular reference to the retention of smoking materials and ignition sources by residents. Reference should be made to the guidance issued by RQIA which can be found at: <a href="https://www.rqia.org.uk/RQIA/files/62/62f3b50e-b406-4609-aa03-346790a51967.pdf">https://www.rqia.org.uk/RQIA/files/62/62f3b50e-b406-4609-aa03-346790a51967.pdf</a>.</p> <p><b>Response by registered provider detailing the actions taken:</b> The homes smoking policy has been reviewed and amended following the recent incident in Alpine house. Any residents that are smokers are now required to leave lighters &amp; matches with the staff for safety reasons at night. The residents have agreed to this action.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 29.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 November 2016</p>	<p>The registered provider should seek the guidance of the Home's fire risk assessor regarding the appropriateness and sufficiency of the current zoning of the premises fire alarm and detection system. It would seem prudent that Zone 2 of this system be further sub-divided to mirror the sub-compartmentation which currently exists within the premises.</p> <p><b>Response by registered provider detailing the actions taken:</b> The fire risk assessment has been reviewed, the assessor has made the following recommendation, Consideration must be given to providing four fire detection zones, two upstairs and two downstairs. The registered provider has been made aware of this recommendation. The new assessment has been attached to this document for your inspection.</p>

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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