



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

**Inspection No:** IN017906  
**Establishment ID No:** 1584  
**Name of Establishment:** Calder Fountain  
**Date of Inspection:** 22 October 2014  
**Inspector's Name:** Mr Gavin Doherty

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Calder Fountain
<b>Address:</b>	Centenary House 2 Victoria Square Belfast BT1 3GE
<b>Telephone Number:</b>	9032 0320
<b>Registered Organisation/Provider:</b>	The Salvation Army
<b>Registered Manager:</b>	Ms Elaine Hamill
<b>Person in Charge of the Home at the time of Inspection:</b>	Ms Elaine Hamill
<b>Other person(s) consulted during inspection:</b>	Mr Martin Clarke, Facilities.
<b>Type of establishment:</b>	Residential Care Home
<b>Number of Registered Places:</b>	28 RC-LD, RC-E, RC-A, RC-D, RC-MP
<b>Date and time of inspection:</b>	22 October 2014 from 10:30 – 13:30
<b>Date of previous inspection:</b>	20 February 2012
<b>Name of Inspector:</b>	Mr Gavin Doherty

## **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, 2008)

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:

- Discussion with the registered manager and staff
- Examination of records
- Inspection of the home internally and externally. Patient's private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection, the Inspector spoke to Ms Elaine Hamill, Registered manager and Mr Martin Clarke, Facilities.

## **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 inspection:

### **Standards inspected:**

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

## **7.0 PROFILE OF SERVICE**

Calder Fountain is located in Central Belfast and provides short, medium and long term residential care for vulnerable male adults. The home is adjacent to the larger Salvation Army hostel, Centenary House and is run as a separate facility. However residents are required to gain entrance to the residential care home through the hostel entrance. There is a physical link between the two facilities and a shared dining canteen. Catering is provided from one central kitchen in the men's hostel and the majority of residents take their meals at the adjoining canteen.

Accommodation is provided in single bed sit style, en suite rooms, each with a small kitchen facility. There is a sitting room located on each of the three floors and these are equipped with a television and a selection of books. Many residents have televisions and music equipment in their own rooms. Recreational facilities are available on the ground floor.

## **8.0 SUMMARY**

Following the Estates Inspection of Calder Fountain on 22 October 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

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

This resulted in seven requirements and no recommendations. These are outlined in the following section and the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance and hospitality of Ms Elaine Hamill, Mr Martin Clarke and the Home's staff throughout the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection of 5 March 2012.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	27(4)(a)	Ensure that the requirements identified in the action plan of the current Fire Risk Assessment (23/5/2011) continue to be fully implemented within the stipulated timescales.	Report requirements completed on 20 June 2011.	Requirement as relating to Fire Risk Assessment dated 23 May 2011 is fulfilled.
2	27(4)(a)	Ensure that each requirement in the Fire Risk Assessment is dated and signed-off accordingly by the responsible person.	Report requirements signed-off by the Registered Manager on 20 June 2011.	Requirement Fulfilled.
3	27(4)(b)	Develop and implement a policy to reduce the currently unacceptable number of unwanted / false alarms. Consideration must be given to any suitable sanctions deemed necessary in order to achieve this reduction.	Regular H&S checks of ovens. Extractor fans serviced by Helm. Policy in place addressing false alarms arising from residents behaviours. Annual PAT testing to ensure equipment is in good working order.	The number of unwanted alarms has reduced significantly. Requirement Fulfilled.
4	30(1)(d)	Report all unwanted alarms to RQIA using the appropriate sections of the 'Statutory Notification of Events' form	This continues to happen	Requirement Fulfilled.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
5	27(4)(b)	Ensure that the proposed changes to the Home's smoking policy are fully documented. This policy must include for supervision of the designated smoking rooms and monitoring of all other areas. Details of intended sanctions due to any breach of the policy must also be included.	Policy put into place. Template for monitoring and recording is also in place. Non-compliance will result in cigarettes and lighters removed from residents and monitored by staff. Continued breach will mean there will be a total non-smoking policy put in place.	Current arrangements appear to be working well and have been accepted by the residents. Requirement Fulfilled.
6	27(4)(b)	Ensure that the Designated smoking rooms comply with the guidance contained within NIHTM84 'Fire risk assessment in residential care premises'. Consideration should be given to appropriate furniture, fittings and suitable ventilation levels etc.	Smoking policy in place.	Requirement partially fulfilled.  Ventilation still to be replaced. Refer to section 9.3.2 in the report.

**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 There was good evidence of maintenance activities within the home, and the home appeared clean and well kept. Maintenance procedures for the building and engineering services were in place and appear to comply with this standard. However, two issues have been identified for attention by the registered manager as a result of this inspection. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 27 - Premises and grounds**'.

9.2.2 At the time of the inspection a significant number of the lighting units in the corridors and staircases were not functioning. These were being assessed by Helm's electrical contractor during the inspection. Ensure that all such lighting is fully functioning without further delay.  
(Item 1 in the attached Quality improvement plan)

9.2.3 Many of the en-suites throughout the premises are in very poor condition and have water damage caused by leaks from the floor above. Ensure a suitable and sufficient time bound program in relation to the making good and redecorating these en-suites is in place. A copy of this program should be forwarded to RQIA for approval. (Item 2 in the attached Quality improvement plan)

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

9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard. Portable appliance testing was undertaken on 17 January 2014 and no failures were identified. The premises fixed electrical installation was inspected on 13 December 2013. Suitable remedial works were completed and the system is in a 'satisfactory' condition. A risk assessment in relation to the control of legionella bacteria in the premises hot and cold water systems in place, dated 28 November 2013, and suitable control measures appear to have been implemented within the home. However, several issues have been identified for attention by the registered manager as a result of this inspection. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 28 - Safe and healthy working practices**'.

9.3.2 The extract fans located in the designated smoking lounges have not yet been replaced. It is essential that the ventilation in these areas is increased to provide a suitable atmosphere in these rooms and prevent the leakage of smoke into the corridors and surrounding areas. This requirement is restated and expanded from requirement 6 from the previous inspection on 20 April 2012 and should be implemented without further delay.  
(Item 3 in the attached Quality improvement plan)

9.3.3 The existing nurse call system is not currently maintained and the hand held staff receivers no longer operate correctly. It is essential that this system is made good and that all defective units are replaced in a timely manner.  
(Item 4 in the attached Quality improvement plan)

9.3.4 It is important that staff carry out a regular function check of each resident call point to ensure it continues to operate effectively. Records of this function check should be maintained and be available for inspection within the home.  
(Item 5 in the attached Quality improvement plan)

**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 Fire Safety procedures in the home are, in the main, generally in line with this standard. A fire risk assessment was undertaken on 4 November 2013. The fire alarm & detection system, emergency lighting installation and portable fire-fighting equipment are subject to suitable inspection and testing. In house user checks are also in place for these systems and records were available for inspection within the home. Fire safety training is undertaken regularly throughout the year. The most recent fire drill was undertaken on 13 August 2014. Two issues were identified for attention by the registered manager as a result of this inspection. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 29: Fire safety**'.

9.4.2 Ensure that the outstanding requirement highlighted in the most recent Fire Risk Assessment in relation to the remedial works to the fire doors throughout the premises is fully implemented in a timely manner.  
(Item 6 in the attached Quality improvement plan)

9.4.3 Ensure that the outstanding remedial works, highlighted in the most recent inspection of the premises emergency lighting installation, are fully implemented without any further delay.  
(Item 7 in the attached Quality improvement plan)



## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Ms Elaine Hamill and Mr Martin Clarke 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 Care 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 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**



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

**Quality Improvement Plan**  
**Announced Estates Inspection**  
**Calder Fountain**  
**22 October 2014**

QIP Position Based on Comments from Registered Persons (for RQIA use only)		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.				

**NOTES:**

The details of the quality improvement plan were discussed with Ms Elaine Hamill and Mr Martin Clarke 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 Care 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 home to improve the quality of life experienced by patients.

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:

The Regulation and Quality Improvement Authority  
9<sup>th</sup> Floor Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

NAME: \_\_\_\_\_  
(print) REGISTERED PROVIDER

NAME: \_\_\_\_\_  
(print) REGISTERED MANAGER

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

Announced Estates Inspection to Calder Fountain Residential Care Home on 22 October 2014

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## Standard 27 – Premises and grounds

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27 (2)(p),(q)	At the time of the inspection a significant number of the lighting units in the corridors and staircases were not functioning. These were being assessed by Helm's electrical contractor during the inspection. Ensure that all such lighting is fully functioning without further delay. (9.2.2 in the Report)	8 Weeks	
2	Regulation 27 (2)(b),(d)	Many of the en-suites throughout the premises are in very poor condition and have water damage caused by leaks from the floor above. Ensure a suitable and sufficient time bound program in relation to the making good and redecorating these en-suites is in place. A copy of this program should be forwarded to RQIA for approval. (9.2.3 in the Report)	12 Weeks	

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## Standard 28 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 28 - Safe and healthy working practices

Item	Regulation Reference	Restated Requirement	Timescale	Details Of Action Taken By Registered Person (S)
3	Regulation 14 (2)(a),(c) 27 (2)(q)	The extract fans located in the designated smoking lounges have not yet been replaced. It is essential that the ventilation in these areas is increased to provide a suitable atmosphere in these rooms and prevent the leakage of smoke into the corridors and surrounding areas. (9.3.2 in the Report)	12 Weeks	
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 14 (2)(a),(c) 27 (2)(q)	The existing nurse call system is not currently maintained and the hand held staff receivers no longer operate correctly. It is essential that this system is made good and that all defective units are replaced in a timely manner. (9.3.3 in the Report)	12 Weeks	
5	Regulation 14 (2)(a),(c) 27 (2)(q)	It is important that staff carry out a regular function check of each resident call point to ensure it continues to operate effectively. Records of this function check should be maintained and be available for inspection within the home. (9.3.4 in the Report)	Immediate and ongoing	

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## Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6	Regulation 27 (4)(a)	Ensure that the outstanding requirement highlighted in the most recent Fire Risk Assessment in relation to the remedial works to the fire doors throughout the premises is fully implemented in a timely manner. (9.4.2 in the Report)	Within timescales stipulated in Fire Risk Assessment	
7	Regulation 27 (4)(d)(iv)	Ensure that the outstanding remedial works, highlighted in the most recent inspection of the premises emergency lighting installation, are fully implemented without any further delay. (9.4.3 in the Report)	12 Weeks	

Announced Estates Inspection to Calder Fountain Residential Care Home on 22 October 2014

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A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)