



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	18041
<b>Establishment ID No:</b>	1050
<b>Name of Establishment:</b>	Arlington Nursing Home, Belfast
<b>Date of Inspection:</b>	21 May 2014
<b>Inspector's Name:</b>	K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Arlington Nursing Home
<b>Address:</b>	7-9 North Parade Belfast BT7 2GF
<b>Telephone Number:</b>	028 90 491 136
<b>Registered Organisation/Provider:</b>	Mr. Brian Macklin & Mrs. Mary Macklin
<b>Registered Manager:</b>	Ms. Linda Karen McCartney
<b>Person in Charge of the Home at the time of Inspection:</b>	Ms. Linda Karen McCartney, Registered Manager
<b>Other person(s) present during inspection:</b>	N/A
<b>Type of establishment:</b>	Nursing Home (NH)
<b>Categories of Care:</b>	NH-I , NH-PH , NH- PH(E) ,NH-TI
<b>Conditions of Registration:</b>	N/A
<b>Number of Registered Places:</b>	25
<b>Date of previous Estates inspection:</b>	31 May 2011
<b>Date and time of inspection:</b>	21 May 2014 (10:25am. – 12:00pm.)
<b>Name of Inspector:</b>	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 nursing 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 nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003,
- The Nursing Homes Regulations (Northern Ireland) 2005 and
- Nursing 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:

1. Discussions with Ms. McCartney, Registered Manager
2. Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted
3. Evaluation and feedback

Any other information received by RQIA about this regulated establishment 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. McCartney, Registered Manager.

#### **6.0 INSPECTION FOCUS**

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards with the focus on assessing progress with the issues raised during and since the previous inspection.

##### **Standards inspected:**

- Standard 32 - Premises and grounds,
- Standard 35 - Safe and healthy working practices and
- Standard 36 - Fire Safety

## 7.0 PROFILE OF SERVICE

Arlington Nursing Home is situated centrally in North Parade, of the Ormeau Road in Belfast close to all local amenities. The home accommodates a maximum of twenty-five patients in a three-storey building.

The bedroom accommodation consists of seventeen single bedrooms and four double bedrooms. Nurse call systems were available in all bedrooms. A passenger lift was available to access the first and second floors.

Two lounges and one dining room are situated on the ground floor.

A range of assisted bathrooms and toilets were positioned throughout the home.

Catering and laundry services are undertaken on the premises.

Street parking is available to the front of the premises.

The Home is registered to provide care under the following categories:

### Nursing Care

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment
PH (E)	Physical disability other than sensory impairment over 65 years
TI	Terminally ill

## 8.0 SUMMARY

During this Estates inspection a number of issues were identified for attention. Following this Estates Inspection of Arlington Nursing Home in Belfast on 21 May 2014, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in eleven requirements and one recommendation. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Ms. McCartney, Registered Manager, throughout the inspection process.

## 9.0 INSPECTION FINDINGS

### 9.1 Recommendations and requirements from previous Estates inspection on 31 May 2011

- 9.1.1 It is good to report that good progress had been made in relation to the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 31 May 2011. There was however a number of issues that required further attention. The following should be noted with regard to the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 31 May 2011:
- 9.1.2 Ms. McCartney confirmed that Mr. Macklin, Registered Responsible Person had arranged for the chimneys to be checked and these were found to be in a satisfactory condition.
- 9.1.3 It is good to report that the electrical equipment was inspected and tested on 12 September 2013 and again on 26 March 2014. The fixed wiring installation was also inspected and tested on 15 April 2014. The report for this inspection and test confirmed that the installation was in a satisfactory condition. This report also identified one issue for attention. This issue should be followed up with the electrician to establish what action should be taken re same. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.1.4 The log for recording the visits and action details for the Safety Alert Broadcasts in relation to medical devices should be revised to include the date the website is visited each week and a list of the Safety Alert Broadcasts that are reviewed along with the action taken re same. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.1.5 Ms. McCartney confirmed that the plumber had checked the flexible connections to the sanitary ware and that they were WRAS approved. The infrequently used water outlets were being flushed on a weekly basis. These outlets were not however listed on a schedule. The flushing frequency should also be increased to twice each week. The results obtained during the monthly checks to the hot and cold water temperatures should be recorded. Reference should be made to item 3 in the Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from previous Estates inspection on 31 May 2011 continued

- 9.1.6 The report for the most recent thorough examination of the passenger lift was not presented for review during this Estates inspection. Subsequent to this Estates inspection RQIA received a copy of the report for the most recent thorough examination of the passenger lift. This report identified a number of issues for attention. Ms. McCartney, Registered Manager also confirmed that these issues were being followed up. Completion of the action required to address these issues should be Confirmed to RQIA. Reference should be made to item 4 in the Quality Improvement Plan.
- 9.1.7 There was a waste bin with paper and discarded smoking materials located in the area used for smoking in the rear yard. The rear yard should be kept free from all combustible materials in the area used for smoking. The cable for the hold open device fitted to the laundry door should be fire sealed where it passes through the wall. Reference should be made to item 8 in the Quality Improvement Plan.
- 9.1.8 The certificate for the most recent inspection and test to the fire detection and alarm system was not presented for review during this inspection. Subsequent to this Estates inspection a copy of this certificate was forwarded to RQIA by Ms. McCartney, Registered Manager. It was not clear however if this system is being inspected and tested on a quarterly basis. The frequency for the inspections and tests to the fire detection and alarm system should be clarified. Reference should be made to the guidance contained in BS 5839. In addition to the entry in the fire alarm log book, a certificate should be issued for each inspection and test. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.1.9 It is good to report that Ms. McCartney, Registered Manager confirmed that Personal Emergency Evacuation Plans had been developed for all of the patients. Additionally some seals had also been installed to the fire doors and additional emergency lights had been provided on the upper floors. This is to be commended. Ms. McCartney, Registered Manager advised that consideration had been given to the need for evacuation chairs but these were not considered to be necessary.
- 9.1.10 The above issues are restated where appropriate in the relevant sections of the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.2 Standard 32 – 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 extensive redecoration had been carried out to the premises since the previous Estates inspection. Other improvements such as the provision of a new patio area at the front of the premises and the fitting of new floor coverings had also been made to the premises. The premises were clean, odour free and well presented. No issues were identified for attention in relation to this standard during this Estates inspection. This is to be commended.

### 9.3 Standard 35 - Safe and healthy working practices

***The home is maintained in a safe manner***

- 9.3.1 Ms. McCartney, Registered Manager confirmed that a monthly fail-safe test was carried out to the thermostatic mixers. The readings for the monthly checks to the water temperatures should be recorded. The unblended hot water and cold water temperatures at the sentinel outlets should be checked every month instead of on a quarterly basis. The maintenance requirements for the thermostatic mixers should be checked. Reference should be made to item 5 in the Quality Improvement Plan
- 9.3.2 A current risk assessment for the prevention or control of legionella bacteria in the water systems was not presented for review during this Estates inspection. Subsequent to this Estates inspection RQIA received a copy of the current legionella risk assessment for the premises. A number of issues were identified for attention in relation to this risk assessment. These issues were confirmed to Ms. McCartney, Registered Manager for follow up. The 'dead leg' in the plumbing system in the store at bedroom 17 on the second floor should be removed. The record for the checks to the cold water temperatures indicated that some of the results were 20°C. The reason for this temperature should be investigated. The limited water flow at the hot tap in the second floor bathroom should be investigated and made good. Reference should be made to item 6 in the Quality Improvement Plan

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.3 Standard 35 - Safe and healthy working practices continued

- 9.3.3 The need to fix the wardrobes to the walls is currently determined by risk assessment. Consideration should be given to moving to a position where all wardrobes are fixed in position unless individual assessment indicates otherwise. Reference should be made to item 7 in the Quality Improvement Plan.
- 9.3.4 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices'.

### 9.4 Standard 36 – 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 risk assessment was completed on 1 December 2013 with a satisfactory outcome. Fire drills were carried out on 17 March 2014 and 08 May 2014. Fire training had also be provided for staff in February 2014 with further fire training sessions arranged for 10 and 18 June 2014.
- 9.4.2 A number of issues were identified for attention in relation to this standard as follows:
- 9.4.3 The need for fire blankets in easily accessible locations in close proximity to all areas used for smoking (rear yard and front porch if these areas are to be used by patients who smoke) should be reviewed with the Fire Risk Assessor for the home. The outcome of this review should be confirmed to RQIA. New batteries should also be provided for the torch at the final exit door to the rear yard. The chair in the rear yard should be replaced with a more suitable chair for smoking. The new chair should comply with the ignition sources 0 & 5 fire retardant standard. Reference should be made to item 10 in the Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.4 Standard 36 – Fire Safety Continued

9.4.4 The corridor doors on the upper floors should be adjusted to ensure that they are fully smoke sealing. The switchgear cupboard in bedroom 1 should be upgraded with smoke seals. Covers should also be fitted to the consumer units in this switchgear cupboard. The door to the dining room should not be propped open Reference should be made to item 11 in the Quality Improvement Plan

9.4.5 It is recommended that the annual reviews of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies.

Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein:

[http://www.rqia.org.uk/cms\\_resources/Competence%20of%20persons%20caarrying%20out%20Fire%20Risk%20Assessment.pdf](http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20caarrying%20out%20Fire%20Risk%20Assessment.pdf)

[http://www.rqia.org.uk/cms\\_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf](http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf)

Reference should be made to item 12 in the Quality Improvement Plan.

9.4.6 The above issues where appropriate are detailed as appropriate in the section of the attached Quality Improvement Plan entitled 'Standard 36 – Fire Safety'.

## 10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Ms. McCartney, 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 Nursing 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 patients.

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**



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**Kieran Monaghan**  
**Estates Officer**

23 June 2014

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**Date**



The Regulation and  
Quality Improvement  
Authority

REGULATION AND QUALITY  
22 JUL 2014  
IMPROVEMENT AUTHORITY

**QUALITY IMPROVEMENT PLAN**

- for -

**ANNOUNCED ESTATES INSPECTION**

- to -

**ARLINGTON NURSING HOME, BELFAST RQIA ID 1050**

- on -

**21 MAY 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.	✓	—	✓	<i>A. McKeogh</i>	23 <sup>rd</sup> July 2014

**NOTES:**

The details of the quality improvement plan were discussed with Ms. McCartney, 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 Nursing 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 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 [estates@rqia.org.uk](mailto:estates@rqia.org.uk).

**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:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	KAREN MCCARTNEY
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	MARY MACKLIN

The following requirements should be noted for action in relation to Standard 35 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	The issue identified for attention in the report for the inspection and test to the fixed wiring installation that was completed on 15 April 2014 should be followed up with the electrician to establish what action should be taken re same. Reference should be made to paragraphs 9.1.3 in the Report.	1 Month	Our electrician has fitted three new trips to the board.
2.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	The log for recording the visits and action details for the Safety Alert Broadcasts in relation to medical devices should be revised to include the date the website is visited each week and a list of the Safety Alert Broadcasts that are reviewed along with the action taken re same. Reference should be made to paragraphs 9.1.4 in the Report.	1 Week	This is now in place. Site is visited weekly and alerts reviewed and ones relevant to home printed out.
3.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The infrequently used water outlets should be listed on a schedule. The flushing frequency should also be increased to twice each week. The results obtained during the monthly checks to the hot and cold water temperatures should be recorded. Reference should be made to paragraphs 9.1.5 in the Report.	Ongoing	Our Health & Safety officer is presently updating these controls & documentation and we will forward template when completed.

The following requirements should be noted for action in relation to Standard 35 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	Completion of the action required to address the issues identified for attention in the report for the most recent thorough examination of the passenger lift should be confirmed to RQIA. Reference should be made to paragraphs 9.1.6 in the Report.	1 Month & Ongoing	Kore lifts have addressed the requirements stated in the report.
5.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The unblended hot water and cold water temperatures at the sentinel outlets should be checked every month instead of on a quarterly basis. The maintenance requirements for the thermostatic mixers should also be checked. Reference should be made to paragraphs 9.3.1 in the Report.	1 Month	As No. 3 with new documentation. All thermostatic valves have also been checked/seried

The following requirements should be noted for action in relation to Standard 35 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The issues identified for attention in relation to the risk assessment for the prevention or control of legionella bacteria in the water system should be followed up. The 'dead leg' in the plumbing system in the store at bedroom 17 on the second floor should be removed. The record for the checks to the cold water temperatures indicated that some of the results were 20°C. The reason for this temperature should be investigated. The limited water flow at the hot tap in the second floor bathroom should be investigated and made good. Reference should be made to paragraph 9.3.2 in the Report.	1 Month	"Dead leg" has been removed The digital thermometer was faulty and a new one was ordered and is now in place Cold water is below 20° Water flow valves serviced
7.	Regulations 14(2)(a) 14(2)(c)	Consideration should be given to moving to a position where all wardrobes are fixed in position unless individual assessment indicates otherwise. Reference should be made to paragraph 9.3.3 in the Report.	Ongoing	Any room where there is high risk wardrobes will be fixed to the wall

The following requirements should be noted for action in relation to Standard 36 - Fire Safety:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	The rear yard should be kept free from all combustible materials in the area used for smoking. The cable for the hold open device fitted to the laundry door should be fire sealed where it passes through the wall. Reference should be made to paragraph 9.1.7 in the Report.	Ongoing	All combustible materials removed including chair. Cable in laundry has been sealed.
9.	Regulations 27(4)(b) 27(4)(d)(i)	The frequency for the inspections and tests to the fire detection and alarm system should be clarified. Reference should be made to the guidance contained in BS 5839. In addition to the entry in the fire alarm log book, a certificate should be issued for each inspection and test. Reference should be made to paragraph 9.1.8 in the Report.	1 Month & Ongoing	Fire Inspections one quarterly. Reports are now e-mailed directly to the home & placed on file

The following requirements should be noted for action in relation to Standard 36 - Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
10.	Regulations 27(4)(b) 27(4)(d)(i)	The need for fire blankets in easily accessible locations in close proximity to all areas used for smoking (rear yard and front porch if these areas are to be used by patients who smoke) should be reviewed with the Fire Risk Assessor for the home. The outcome of this review should be confirmed to RQIA. New batteries should also be provided for the torch at the final exit door to the rear yard. The chair in the rear yard should be replaced with a more suitable chair for smoking. The new chair should comply with the ignition sources 0 & 5 fire retardant standard. Reference should be made to paragraph 9.4.3 in the Report.	1 Month	Two Fire Blankets have been ordered following a fire risk assessment. Chairs have been provided A new torch hangs by the fire exit and is checked by Night Staff
11.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv)	The corridor doors on the upper floors should be adjusted to ensure that they are fully smoke sealing. The switchgear cupboard in bedroom 1 should be upgraded with smoke seals. Covers should also be fitted to the consumer units in this switchgear cupboard. The door to the dining room should not be propped open Reference should be made to paragraph 9.4.4 in the Report.	1 Month & Ongoing	Corridor doors have been adjusted Smoke seals on Switchgear cupboard. Consumer units are in a secure locked store. Magnetic catch will be on Dining Room Door after hdd

The following requirements should be noted for action in relation to Standard 36 - Fire Safety:

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
12.	Standard 36.2	<p>It is recommended that the annual reviews of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies.</p> <p>Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein:</p> <p><a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a></p> <p><a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a></p> <p>Reference should be made to paragraph 9.4.5 in the Report.</p>		<p>Mace Cutford our Health &amp; Safety Officer for the group, plans to use a third party who are UKAS registered</p>