



Unannounced Care Inspection Report 26 September 2018



Corkhill Care Centre

Type of Service: Residential Care Home
Address: 27 Coolmaghery Road, Donaghmore,
Dungannon, BT70 3HJ
Tel No: 028 8776 7362
Inspector: John McAuley

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 with 10 beds that provides care for residents living with dementia. The home is situated within a shared registered nursing home which has two registered residential beds for old age not falling into any other category.

3.0 Service details

Organisation/Registered Provider: Corkhill Care Centre Responsible Individual(s): Gary Watt	Registered Manager: Shona McKeown
Person in charge at the time of inspection: Shona McKeown	Date manager registered: 16 July 2018
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 10 - DE 2 - I 1 – Day care placement

4.0 Inspection summary

An unannounced care inspection took place on 26 September 2018 from 09.40 to 13.20 hours.

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

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

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and care records. Good practice was also found in relation to infection prevention and control, risk management, the environment, governance and maintenance of good working relationships.

One area requiring improvement was identified. This was in relation to the fire safety risk assessment.

Feedback from residents throughout this inspection was all positive in respect of their life in the home, their relationship with staff, the provision of meals and the provision of activities.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Shona McKeown, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 April 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 11 residents, three members of staff and the registered manager and the responsible individual.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two questionnaires were returned by residents' representatives within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- One staff member's recruitment files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements

- Programme of activities
- Policies and procedures

Areas for improvements identified at the last careinspection were reviewed and 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 theinspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 September 2018

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (a) Stated: Firsttime To be completed by: 12 May 2018	The registered person shall put an action plan in response to the seven recommendations made at the fire safety risk assessment as dated 19 June 2017.	Met
	Action taken as confirmed during the inspection: This action plan was submitted to the home’s aligned estates inspector.	

Area for improvement 2 Ref: Regulation 20 (1) (c) Stated: Firsttime	The registered person shall devise and put in place policies and procedures specific and aligned to residential care. Reference to this is made DHSSPS Residential Care Homes Minimum Standards, August 2011, standard 21 and appendix 2.	Met
	Action taken as confirmed during the inspection: Aligned policies and procedures to residential care have put in place.	

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.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

A register of staff working in the home was available and contained all information as outlined within the legislation.

An inspection of a sample of two completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were inspected during the inspection.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of three staff competency and capability assessments were inspected and found to be satisfactory.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the registered manager and inspection of a recently

appointed staff member's files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. The staff files inspected confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission.

The home's policy and procedure on restrictive practice/behaviours which challenged was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the Statement of Purpose and Residents' Guide.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal

Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the Trust and RQIA with appropriate records retained.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the Trust falls team in line with best practice guidance.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The communal areas were comfortable, bright and nicely layout to meet residents' needs. The home was fresh-smelling and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The catering and laundry facilities were tidy and well organised.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc.

The home had an up to date Legionella risk assessment in place dated July 2018. The report of this assessment was yet to be received but assurances were given to confirm any recommendations made from this assessment would be addressed.

It was established that one resident smoked. An inspection of the care records of this resident identified that risk assessment and corresponding care plan(s) was completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

It was reported that no manual handling equipment were used in the home.

The home had an up to date fire risk assessment in place dated 29 August 2018. Five recommendations were made as a result of this assessment but had yet corresponding evidence of actions taken. This has been identified as an area of improvement in accordance with standards for an action plan to be in place in response.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Two completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

One area of improvement was identified during the inspection. This was in relation to the fire safety risk assessment and confirmation of action taken in response to the five recommendations made.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection three residents' care records were undertaken. This sample confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example manual handling, nutrition, falls were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records inspected were observed to be signed by the resident and/or their representative.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff described how their knowledge and understanding of individual residents' social likes and dislikes helped them plan and put in place activities to meet individual needs and this in turn created a relaxed happy environment.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dinner time meal was appetising and nicely presented. The dining room and tables were appropriately facilitated with condiments and a suitable ambience for residents to enjoy their meal. Throughout the inspection residents commented positively on this provision. Snacks and beverages were also readily available. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. No residents in the home at the time of this inspection were reported to being in receipt of this area of care.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review and accidents and incidents (including falls, outbreaks) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the responsible individual.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

A staff meeting had been postponed from the day of this inspection to 19 September 2018.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by the responsible individual reports and the latest RQIA inspection reports were available for interested persons to read.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Two completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. For example staff were sensitive in how they exchanged personal handover of information.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment, such as the menus and the activity programme.

Discussion with residents and staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example one resident was exhibited anxious behaviour which was sensitively cared for by a member of staff with positive effect.

Residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care.

Discussion with staff, residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection, a group of residents were engaged in a planned programme of activity with the activities co-ordinator. The residents were engaged in discussing the current news events which had them engaged in warm friendly conversation and was clearly enjoyed by all. The other residents who did not attend this group were engaged in one to one activity with staff with crafts and artwork and nail care. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example photographs were on display of a group of residents who recently visited a visiting circus.

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities all confirmed/indicated that they were very happy with their life in the home, their relationship with staff, the provision of meals and activities. Some of the comments made included statements such as;

- "I love it here. It could be any better"
- "I enjoy the company. Everyone is very nice and it cheers me up"
- "Absolutely no complaints"
- "The staff are all lovely."

Discussions with three members of staff confirmed that they felt a good standard of care was provided for and the atmosphere was homely and relaxed. One member of staff made reference to the fact that she would have no concerns if her family member was to be a resident in the home.

Two completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with the registered manager confirmed that she was knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

The complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. There was reported to be no recent expressions of dissatisfaction or complaint received. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. This training included training in dementia.

A visit by the responsible individual was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. The reports of 16 June 2018, 19 July 2018 and 24 August 2018 were inspected and were found to be maintained in informative detail. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Discussion with the responsible individual who made himself available during this inspection identified that he had understanding of his role and responsibilities under the legislation. The registered manager stated that the responsible individual was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Two completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

The one areas of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Shona McKeown, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 29.1</p> <p>Stated: Firsttime</p> <p>To be completed by: 26 October 2018</p>	<p>The registered person shall submit to the aligned estates inspector an action plan with timescales detailing how the five recommendations from the fire safety risk assessment, dated 29 August 2018, will be dealt with.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. The Fire Risk Assessment was completed on 29 August 2018 and will be reviewed by a competent person on or before 29 August 2019. An internal audit is carried out after fire drills to ensure no changes have occurred and records of fire safety measures will continue to be maintained. 2. Where relevant upholstered furniture and combustible materials have been removed from the corridors that provide direct access to the bedrooms. Combustible materials have been removed from all roof void areas. We are currently sourcing another area for wheelchairs to be stored when not in use. Location of Storage Cupboard adjacent to Nurses Station has been relocated. 3. Intumescent strips have been replaced. All doors have been readjusted to close fully. Self closers on requested doors are in place. An easy opening device has been made available on sliding doors. Exit doors have been repaired. No doors are being wedged open and we are in the process of sourcing prices for fitting hold open devices on bedroom doors where required. All storage cupboards have been fitted with locks. Green break glasses are in place where relevant. 4. Fire resistant enclosures are in place as requested. 5. Fire safety signs and notices are in place as requested.
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