



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN021086
<b>Establishment ID No:</b>	1068
<b>Name of Establishment:</b>	Carryduff Nursing Home
<b>Date of Inspection:</b>	27 January 2015
<b>Inspector's Name:</b>	K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Carryduff Nursing Home
<b>Address:</b>	19 Church Road Carryduff BT8 8DT
<b>Telephone Number:</b>	028 90 81 48 62
<b>Registered Responsible Individuals:</b>	Mr. Gerald William Beattie and Mr. Edwin Samuel Johnston
<b>Registered Manager:</b>	Mrs. Bella Calip
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs. Bella Calip, Registered Manager
<b>Other person(s) present during inspection:</b>	Mrs. Linda Kelly who was previously the Registered Manager of the home and Mr. Ryan Murphy who deals with the maintenance issues in the home.
<b>Type of establishment:</b>	Nursing Home
<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>	23
<b>Date of previous Estates inspection:</b>	05 February 2013
<b>Date and time of inspection:</b>	27 January 2015 (10:25am. – 1:05pm.)
<b>Names 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 Mrs. Bella Calip, Registered Manager, Mrs. Linda Kelly and Mr. Ryan Murphy
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 Mrs. Bella Calip, Registered Manager, Mrs. Linda Kelly and Mr. Ryan Murphy.

#### **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

Carryduff Private Nursing Home is a small home catering for 23 patients. There are several lounge areas, which are suitably decorated and furnished. The two dining rooms provide dining facilities for the patients.

There are 13 single and 5 double bedrooms and some of the single bedrooms also have en-suite facilities.

There is a small veranda area to the rear of the home and limited car parking facilities.

The home is situated on the Church Road, Carryduff, close to shops and all local amenities.

The home is registered to provide care under the following categories of care;

### Nursing Care

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

## 8.0 SUMMARY

During this Estates inspection a number of issues were identified for attention. Following this Estates inspection of Carryduff Nursing Home on 27 January 2015, 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 twelve requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance Mrs. Bella Calip, Registered Manager, Mrs. Linda Kelly and Mr. Ryan Murphy, throughout the inspection process.

## 9.0 INSPECTION FINDINGS

### 9.1 Recommendations and requirements from the previous Estates inspection on 05 February 2013:

The following issues should be noted with regard to the issues identified for attention during the previous Estates inspection to this home on 05 February 2013:

<b>Standard 32 - Premises and grounds</b>				
<b>No</b>	<b>Regulation</b>	<b>Recommendations</b>	<b>Action taken - As confirmed during this inspection</b>	<b>Inspector's Comments</b>
9.1.1	Standard 32.1	<b>Previous QIP Item 1</b> Ensure that a program is put in place with clearly defined time scales for the phased replacement of the original built-in bedroom furniture.	The original built-in bedroom furniture had not been replaced. Mrs. Kelly advised that re-varnishing to the doors of this furniture had however been completed.	There were still some scuff marks on the doors and drawer fronts to this furniture. Further re-varnishing should be completed as required to this furniture. Reference should be made to item 1 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 05 February 2013:

Standard 35 - Safe and healthy working practices				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.2	Regulations 14(2)(a) 14(2)(c)	<b>Previous QIP Item 2</b> Assurances must be given that the risk assessment for 'The control of Legionella bacteria' is in place, has been reviewed within the last two years and that all the required control measures have been fully implemented. It is also now essential that the frequency for flushing seldom used outlets throughout the home is increased from weekly to twice weekly in accordance with current best practice.	A risk assessment for the prevention or control of legionella bacteria in the water systems was carried out in August 2013. The report for this risk assessment was presented for review during this Estates inspection. Mrs. Kelly confirmed that at present all of the water outlets throughout the premises were being used and therefore the twice weekly flushing for infrequently used water outlets was not applicable at present.	The report for the legionella risk assessment did not identify the need for any remedial works to the water systems. There were however a number of recommendations in relation to the management of this issue that should be implemented and signed off. In addition, a basic schematic drawing for the water systems in the premises should be provided. Reference should be made to item 3 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 05 February 2013:

<b>Standard 35 - Safe and healthy working practices continued</b>				
<b>No</b>	<b>Regulation</b>	<b>Requirements</b>	<b>Action taken - As confirmed during this inspection</b>	<b>Inspector's Comments</b>
9.1.3	Regulations 14(2)(a) 14(2)(c)	<b>Previous QIP Item 3</b> The current Gas Safe inspection certificates are dated 5 January 2012. Such inspection should be carried out annually and are now therefore overdue. The gas powered equipment in the kitchen should be inspected without further delay.	A gas safety inspection was carried out on 04 July 2014. The report for this inspection which was presented for review during this Estates inspection did not identify any issues for attention.	Gas safety inspections should continue on at least an annual basis.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 05 February 2013:

Standard 36 – Fire safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.4	Regulation 27(4)(b)	<b>Previous QIP Item 4</b> The existing fire door to the Laundry room must be fitted with a suitable smoke seal which will restrict smoke leakage at ambient temperatures.	The laundry door was fitted with a fire seal. This type of seal would not however stop the passage of ambient temperature smoke.	A cold smoke seal should be fitted to the laundry door. Reference should also be made to item 9.4.2 in this report. Reference should be made to item 7 in 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 A new floor covering had been provided in the front entrance corridor area. Mrs. Kelly also confirmed that there were plans to replace the corridor carpets and to carry out redecoration in the home. The following issues were identified for attention in relation to this standard during this Estates inspection:
- 9.2.2 A record should be kept for the inspections, tests and in-house checks to the Nurse call system. Minor remedial works should be carried out to the paving along the edge of the timber decking at the rear of the home to remove the level variation. Subsequent to this Estates inspection Mrs. Kelly confirmed that the most recent service of the Nurse call system was completed on 10 December 2014. Reference should be made to item 2 in the attached Quality Improvement Plan.
- 9.2.3 The above issues are detailed where appropriate in the section of the attached Quality Plan entitled 'Standard 32 – Premises and grounds'.

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

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

- 9.3.1 The following issues were identified for attention in relation to this standard during this Estates inspection:
- 9.3.2 A new biomass heating system had recently been installed in the premises. The legionella risk assessment should be reviewed, updated and actioned as required to take this new installation into account. In addition the 'dead leg' pipework in the store on the ground floor opposite bedroom 4 (previously a toilet) and at the back of the machines in the laundry should be removed. The monthly checks to the hot and cold water temperatures should be recorded in the log. Reference should be made to item 4 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

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

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

- 9.3.3 The fixed wiring installation was inspected and tested on 14 September 2012. The report for this work confirmed that the installation was overall in a satisfactory condition. This report identified a small number of issues for attention. Documentation to support the works that were carried out to address these issues should be followed up and retained in the home along with the inspection and test report. Reference should be made to item 5 in the attached Quality Improvement Plan.
- 9.3.4 A log was being kept for recording the details in relation to the Alerts issued through the Safety Alert Broadcast System. It was not however clear if all of the different types of Alerts on the Northern Ireland Adverse Incident website were being checked each week. Subsequent to this Estate inspection information in relation to how to access all of the Alerts was emailed by RQIA to Mrs. Kelly. The existing arrangements for checking and recording the action details in relation to the Alerts should be reviewed and updated as required. Reference should be made to item 6 in the attached Quality Improvement Plan.
- 9.3.5 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices'.

## 9.0 INSPECTION FINDINGS CONTINUED

### 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 following issues should be noted in relation to this standard:
- 9.4.2 A number of the fire doors, for example; to the stairs and to the kitchen did not have cold smoke seals in place. All of the fire doors throughout the premises should be checked and cold smoke seals should be fitted where these are not already in place. Reference should be made to item 7 in the attached Quality Improvement Plan.
- 9.4.3 It is good to report that a new fully addressable fire detection and alarm system had been installed throughout the premises since the previous Estates inspection. This is a very valuable fire safety improvement which is to be commended. This system was inspected and tested in September 2014 with a satisfactory outcome. The report for the December 2014 inspection and test was not presented for review during this Estates inspection. The report for the most recent inspection and test to the emergency lights was also not presented for review during this Estates inspection. Copies of these reports should be forwarded to RQIA. In addition a comprehensive record should be kept for the monthly function checks to the emergency lights. Subsequent to this Estates inspection, Mrs. Kelly confirmed that the most recent inspection and test to the fire alarm system was completed on 10 December 2014. Reference should be made to item 8 in the Quality Improvement Plan.
- 9.4.4 A sample check to the suspended ceiling void at one set of corridor doors on the ground floor indicated that this void was not fire stopped above the corridor doors. A sample check to the roof space fire compartments also indicated that the fire curtain was not in line with the corridor doors at bedroom 11. In addition a new biomass heating system had been installed in a separate container building at the rear of the premises. The fire detection and alarm system did not extend to this building. No information was presented in relation to the routine cleaning of the ductwork to the kitchen extract system and there was no cover on the light in the laundry store room. These issues should be reviewed with the Fire Risk Assessor and appropriate action should be taken to address these matters. Reference should be made to item 9 in the Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.4 Standard 36 – Fire Safety continued

- 9.4.5 The double swing corridor doors were not achieving a fully effective cold smoke seal along the hinge and top edges. All of the double swing corridor doors should be checked and remedial works should be carried out to ensure that they provide a fully effective cold smoke seal. In this regard consideration should be given to the benefits of changing the double corridor doors to single swing doors with stops. Advice should be sought from the Fire Risk Assessor in relation to this issue. Reference should be made to item 10 in the Quality Improvement Plan.
- 9.4.6 Fire safety training was provided on 28 November 2014. Four members of staff did not attend this training. Two of these staff are on long term sick leave. Fire safety training should be provided to the two other members of staff who did not attend the training on 28 November 2014. Reference should be made to item 11 in the Quality Improvement Plan.
- 9.4.7 Fire drills were discussed during this Estates inspection. At present staff receive instruction in relation to the actions to be taken in the event of a fire during the weekly tests to the fire alarm. This practice should be supplemented with the completion of more formal fire drill exercises at appropriate intervals. In addition, a template should be developed to record the details for these fire drill exercises. This record should include a description of the scenario covered, the names of the staff who attend and any learning outcomes that should be carried forward into future practice. The Fire Risk Assessor should be consulted for advice in relation to this matter. Reference should be made to item 12 in the Quality Improvement Plan.
- 9.4.8 The above issues where appropriate are detailed 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 Mrs. Bella Calip, Registered Manager and Mrs. Linda Kelly, 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**



**QUALITY IMPROVEMENT PLAN**

- for -

**ANNOUNCED ESTATES INSPECTION IN021086**

- to -

**CARRYDUFF NURSING HOME RQIA ID 1068**

- on -

**27 January 2015**

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.	√	-	√	K. Monaghan	26 March 2015

**NOTES:**

The details of the quality improvement plan were discussed with Mrs. Bella Calip, Registered Manager and Mrs. Linda Kelly, 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 quality improvement plan is to be completed 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>	Mrs Bella Calip
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mr Edwin Johnston

Announced Estates Inspection IN021086 – 27 January 2015 to Carryduff Nursing Home RQIA ID 1068

**Assurance, Challenge, Improvement in Health and Social Care**

**The following requirement should be noted for action in relation to Standard 32 – Premises and grounds:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
1.	Regulation 27(2)(d)	Further re-varnishing should be completed as required to the built-in furniture in the bedrooms. Reference should be made to paragraph 9.1.1 in the Report.	Three months	Arrangements in place to commence revarnishing program on bedroom furniture.
2.	Regulations 27(2)(b) 27(2)(c)	A record should be kept for the inspections, tests and in-house checks to the Nurse call system. Minor remedial works should be carried out to the paving along the edge of the timber decking at the rear of the home to remove the level variation. Reference should be made to paragraph 9.2.2 in the Report.	One month and ongoing	Record of test on nurse call available for inspection. Record of in house checks in place and available for inspection.  Arrangements in place for repair of paving.

**The following requirement 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)
3.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The management recommendations included in the report for the legionella risk assessment that was completed in August 2013 should be implemented and signed off. In addition a basic schematic drawing for the water systems in the premises should be provided. Reference should be made to paragraph 9.1.2 in the Report.	Two months	Legionella risk assessment checked and signed off.  A drawing of the water system is now available for inspection.
4.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The legionella risk assessment should be reviewed, updated and actioned as required to take the new biomass heating installation into account. In addition the 'dead leg' pipework in the store on the ground floor opposite bedroom 4 (previously a toilet) and at the back of the machines in the laundry should be removed. The monthly checks to the hot and cold water temperatures should be recorded in the log. Reference should be made to paragraph 9.3.2 in the Report.	One month and ongoing	Arrangements in place for risk assessment to be reviewed.  Arrangements in place for removal of dead leg pipe works.  Monthly checks on hot and cold water temperatures is in place.

**The following requirement 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)
5.	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	Documentation to support the works that were carried out to address the issues identified for attention in the report for the inspection and test to the fixed wiring installation on 14 September 2012 should be followed up and retained in the home along with the inspection and test report. Reference should be made to paragraphs 9.3.3 in the Report.	Ongoing	Documentation to support any work carried out will be available for inspection.
6.	Regulations 14(2)(a) 14(2)(c)	The procedure for accessing the Alerts issued by the Northern Ireland Adverse Incidents Centre should be reviewed and amended as required. Each of the different types of Alerts should be checked every week. Reference should be made to the following link in this regard: <a href="http://www.dhsspsni.gov.uk/index/hea/niaic.htm">http://www.dhsspsni.gov.uk/index/hea/niaic.htm</a> Reference should be made to paragraphs 9.3.4 in the Report.	One week	Procedure for assessing the alerts amended as required.

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

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
7.	Regulation 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	All of the fire doors throughout the premises should be checked and cold smoke seals should be fitted where these are not already in place. Reference should be made to paragraphs 9.1.4 and 9.4.2 in the Report.	Three months	All fire doors checked and work commenced to put cold smoke seal where required.
8.	Regulations 27(4)(b) 27(4)(d)(v)	Copies of the reports for the most recent inspections and tests to the fire alarm system and the emergency lights should be forwarded to RQIA. In addition a comprehensive record should be kept for the monthly function checks to the emergency lights. Reference should be made to paragraphs 9.4.3 in the Report.	One month and ongoing	Find attached most recent inspection and test to fire alarm and emergency lighting.  Record of a more comprehensive monthly checks of emergency lights in place.

**The following requirement 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)
9.	Regulations 27(4)(b) 27(2)(c) 27(4)(d)(i)	The suspended ceiling voids above the corridor doors should be checked and fully fire stopped. The roof space fire compartments should be reviewed with the Fire Risk Assessor. The outcome of this review should be confirmed to RQIA. The fire detection and alarm system should be extended to the container building for the new biomass heating installation. The ductwork to the kitchen extract system should be inspected and cleaned if required and a cover should be fitted to the light in the laundry store room. Reference should be made to paragraphs 9.4.4 in the Report.	One month	<p>Roof space compartments have been reviewed by fire risk assessor on the 10<sup>th</sup> of March 2015 and found to be satisfactory. Printout of visit available for inspection</p> <p>Fire detection and alarm system to be extended to include new Biomass building.</p> <p>Ductwork to the kitchen extractor fan inspected and satisfactory.</p> <p>Light in laundry store replaced.</p>

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

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
10.	Regulations 27(4)(b) 27(2)(c) 27(4)(d)(i) 27(4)(d)(iv)	All of the double swing corridor doors should be checked and remedial works should be carried out to ensure that they provide a fully effective cold smoke seal. In this regard consideration should be given to the benefits of changing the double corridor doors to single swing doors with stops. Advice should be sought from the Fire Risk Assessor in relation to this issue. Reference should be made to paragraphs 9.4.5 in the Report.	Two months	Cold smoke seals have been renewed on double swing corridor doors.  Fire risk assessor has examined double corridor doors and have advised that effective combined intumescent seals and smoke stop brushes on both sides and top of all doors. Work almost completed.
11.	Regulations 27(4)(b) 27(4)(e)	Fire safety training should be provided to the two members of staff who did not attend the session on 28 November 2014. Reference should be made to paragraphs 9.4.6 in the Report.	One month	An urgent update is being sought for the two staff whose training is outstanding.

**The following requirement 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)
12.	Regulations 27(4)(b) 27(2)(f)	The instructions provided to staff during the weekly fire alarm tests should be supplemented with the completion of more formal fire drill exercises at appropriate intervals. In addition, a template should be developed to record the details for these fire drill exercises. This record should include a description of the scenario covered, the names of the staff who attend and any learning outcomes that should be carried forward into future practice. The Fire Risk Assessor should be consulted for advice in relation to this matter. Reference should be made to paragraphs 9.4.7 in the Report.	One month and ongoing	Weekly fire procedure reinforcement will be on going with a more formal fire drill exercise taken place on the 10 <sup>th</sup> April 2015 and at regular intervals.  Records will show scenario covered, staff who attended and learning outcome.  This will be available for inspection.