



The Regulation and
Quality Improvement
Authority

Cairnmartin Care Home
RQIA ID: 1462
55 Belfast Road
Newry
BT34 1QA

Inspector: Kieran Monaghan
Inspection ID: IN021639

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Announced Estates Inspection
of
Cairnmartin Court Care Home
08 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 08 May 2015 from 10:25am. to 1:35pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes April 2015.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	12	3

The details of the QIP within this report were discussed with the Ms. Michelle Baird, Manager and Mr. Neil Shields who deals with the maintenance issues in connection with the premises, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Responsible Individual: Mrs. Caroline Denny, Priory Elderly Care Ltd.	Manager: Ms. Michelle Baird
Person in Charge of the Home at the Time of Inspection: Ms. Michelle Baird, Manager	Date Manager Registered: Registration Pending
Categories of Care: NH-PH, NH-DE, NH-I, NH-PH(E)	Number of Registered Places: 62
Number of Patients Accommodated on Day of Inspection: 61	Weekly Tariff at Time of Inspection: £581 with £25 top up and one private patient at £710

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 44: Premises

Standard 47: Safe and Healthy working Practices

Standard 48: Fire Safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection an overview of the recent notified incidents was carried out. The issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 02 August 2012 were also reviewed.

During the inspection the inspector did not meet with patients, care staff, or support staff, visiting professionals or patient's visitors/representatives.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment, etc.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was a secondary unannounced care inspection on 24 February 2015. The completed QIP was returned to RQIA on 20 March 2015 and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 02 August 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 14(2)(a) 14(2)(c)	The small high level window openings in the home should be checked and additional restrictors should be fitted as required.	Met
	Action taken as confirmed during this inspection: Additional restrictors had been fitted to the small high level windows.	
Requirement 2 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The procedure for the weekly flushing of the water outlets that are not in frequent use should be changed to a twice weekly frequency. The date should be included on the record for the quarterly checks to the blended hot water temperatures. Consideration should also be given to checking the blended hot water temperatures at the baths and showers on a monthly basis. The risk assessment for the prevention or control of legionella bacteria in the water systems should be reviewed, updated and actioned as required. Water samples should be tested for legionella bacteria.	Partially Met
	Action taken as confirmed during this inspection: The flushing of the water outlets that are not in frequent use was being carried out on a weekly basis. This should be increased to twice weekly. Although the month was noted in the record for the checks to the water temperatures the individual days were not recorded. The blended hot water temperatures at the baths and showers were not being checked and recorded on a monthly basis. It is recommended that the blended hot water temperatures should be checked and recorded on a monthly basis. The current risk assessment for the prevention or control of legionella bacteria in water systems was not presented for review during this Estates inspection. A copy of the current risk assessment for the prevention or control of legionella bacteria in water systems should be forwarded to RQIA. Reference should be made to requirement 1 and recommendation1 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c)	The dryers in the laundry should be serviced and thoroughly cleaned at the back to remove all dust deposits. The area around the dryers should also be deep cleaned to remove all dust deposits. The current gas safety reports for the dryers and the gas installation pipework to the dryers should be available in the home. In addition the gas safety report for the gas installation pipework for the kitchen gas equipment should be available in the home. The gas safety certificates should be set out in line with the Gas Safe proformas.	Partially Met
	Action taken as confirmed during this inspection: The dryers and the area around the dryers were observed to be clean. The gas safety inspection of the cooker was carried out on 30 September 2014. The reports for the most recent gas safety inspections for the dryers were not presented for review during this Estates inspection. Copies of these reports should be forwarded to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.	
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c)	The issues identified for attention in the reports for the most recent thorough examinations of the passenger lifts should be addressed.	Not Met
	Action taken as confirmed during this inspection: The reports for the most recent thorough examinations to the lifts were not presented for review during this Estates inspection. Subsequent to this Estates inspection copies of these reports were forwarded to RQIA. These reports identified a number of issues for attention. Confirmation that these issues have been addressed should be provided to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 5 Ref: Regulations 14(2)(a) 14(2)(c)	The small level difference at one of the paving stones in the path from the separate car park to the front of the home should be made good.	Met
	Action taken as confirmed during this inspection: This issue had been addressed.	
Requirement 7 Ref: Regulations 27(4)(a) 27(4)(b)	The fire risk assessment for the home should be reviewed, updated and actioned as required. Any issues identified for attention by this review should be signed off by the manager.	Partially Met
	Action taken as confirmed during this inspection: The fire risk assessment had been reviewed and updated following the previous Estates inspection. The action plan had not however been signed off. The issue in relation to the lift had not been addressed. The action plan for the fire risk assessment should be signed off and the issue in relation to the lift should be addressed. Reference should be made to requirement 4 in the attached Quality Improvement Plan.	
Requirement 8 Ref: Regulations 27(4)(b) 27(4)(d)(iv)	The first aid fire-fighting equipment should be serviced. Particular attention should also be given to reviewing the service record details during the ongoing monthly checks to the first aid fire-fighting equipment.	Met
	Action taken as confirmed during this inspection: The most recent service of the first aid fire-fighting equipment was carried out on 17 September 2014. Monthly checks were also being carried out in relation to the first aid fire-fighting equipment although the record for April 2015 was not up to date. This record should be kept up to date. Reference should be made to requirement 7 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 9 Ref: Regulations 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv)	<p>The remedial works to the fire alarm system should be completed. The control units for the electro-magnetic devices that have been interfaced with the fire alarm system should also be checked and replaced as required. Particular attention should be given to the electro-magnetic control units located in the switchgear cupboard on the first floor.</p>	Met
	<p>Action taken as confirmed during this inspection:</p> <p>The most recent inspection and service of the fire detection and alarm system was completed on 21 April 2015. The report for this inspection and test did not identify any issues for attention with the system. A log book was however required. This should be obtained. Mr. Shields confirmed that the control units for the electro-magnetic devices had been checked and some repositioning had been carried out to ensure that they were safe.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 10 Ref: Regulations 27(4)(b) 27(4)(d)(i)	The fire stopping in the ground floor switchgear cupboard should be checked and made good as required.	Met
	Action taken as confirmed during this inspection: The fire stopping in this switchgear cupboard had been checked and made good as required.	
Requirement 11 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	Fire doors should not be wedged or propped open. Additional hold open devices should be installed as required. A convector heater should not be used in the laundry. The Fire Safety Advisor for the home should be consulted in relation to these issues.	Partially Met
	Action taken as confirmed during this inspection: The door to the hairdressing room on the first floor was wedged open. Fire doors should not be wedged open. A suitable hold open device linked to the fire detection and alarm system should be installed at this door. Reference should be made to requirement 5 in the attached Quality Improvement Plan. The convector heater in the laundry had been removed.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 12 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	The heat recovery ventilation system should be reviewed in relation to how effective this system is and in relation to the fire stopping of the ductwork where it passes through fire compartment and sub compartment walls, floors and ceilings.	Partially Met
	<p>Action taken as confirmed during this inspection:</p> <p>At the time of this Estates inspection work was well advanced in relation to the installation of new fire damping units at all of the ventilation outlets throughout the premises. In addition to the outlets, the ductwork should also be reviewed to ensure that adequate fire damping has been provided if applicable at fire compartment and sub-compartment walls, floors and ceilings. The heat recovery ventilation system had been serviced on 08 October 2014 and on 01 April 2015. It was not clear if the issues identified for attention in the report for the April 2015 service had been addressed. This should be clarified. In addition a check in relation to the effectiveness of the system should be carried out and the outcome confirmed to RQIA. Reference should be made to requirement 6 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 13 Ref: Regulations 27(4)(b) 27(4)(f)	<p>The emergency fire plan for the home should be reviewed and amended as required. Advice should be sought from the Fire Risk Assessor for the home. In addition practice fire drills (day and night time) which focus on the evacuation procedure should be carried out. All staff should attend the practice fire drills.</p>	Met
	<p>Action taken as confirmed during this inspection: Mr. Shields confirmed that the emergency fire plan had been reviewed and amended to include the use of walkie talkies. Fire drills were being carried out with the most recent fire drill having been carried out on 06 May 2015. The records for the fire drills identified a need for ongoing training in the use of the walkie talkies. This training should be completed for all staff and signed off by the Registered Manager. Reference should be made to requirement 7 in the attached Quality Improvement Plan.</p>	
Requirement 14 Ref: Regulations 27(4)(b) 27(4)(d)(iv)	<p>The certificates for the six monthly inspections and tests to the emergency lights should be available in the home. The documentation for the routine cleaning of the kitchen extract system should also be available in the home. In addition the extract fan grill above the dish washing facility in the kitchen should be cleaned on a regular basis.</p>	Met
	<p>Action taken as confirmed during this inspection: The documentation in relation to the six monthly inspections and tests to the emergency lighting was available for review during this Estates inspection. The kitchen extract system was cleaned on 15 July 2014. The frequency for cleaning the extract fan grill above the dish washing facility in the kitchen should be reviewed and increased if required.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 15 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	The roof space should not be used for storage. The fire doors in the roof space should also be kept closed. In addition the vending machines and the chairs should not be located in the second floor corridor.	Partially Met
	Action taken as confirmed during this inspection: There was still some storage in the roof space. The roof spaces should not be used for storage. Reference should be made to requirement 8 in the attached Quality Improvement Plan. Sample checks in the roof space indicated that the fire doors were closed. The vending machine had been relocated into a staff room.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 6 Ref: Standard 35.1	It is recommended that the NHS colour coding system for cleaning should be adopted in the home.	Not Met
	Action taken as confirmed during this inspection: The NHS colour coding system for cleaning had not been adopted in the home. It is recommended that this system should be adopted in the home. Reference should be made to recommendation1 in the attached Quality Improvement Plan.	

5.3 Standard 44: Premises

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

One item was identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Areas for Improvement

1. The paving at the rear of the premises should be checked and made good as required. The toilet on the first floor at the lounge should be repaired. The sheet vinyl floor covering in the ensuite for bedroom 15 on the ground floor should be replaced (uneven). Reference should be made to requirement 9 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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5.4 Standard 47: Safe and Healthy Working Practices**Is Care Safe? (Quality of Life)**

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The gas safety inspection for the cooker was completed on 30 September 2014 and the gas safety inspection for the gas boilers was completed on 15 May 2014. The current gas safety inspection for the heating boilers was also ongoing at the time of this Estates inspection. The outcome of this gas safety inspection should be confirmed to RQIA. In addition a copy of the report for the most recent gas safety inspection to the dryers in the laundry should be confirmed to RQIA. Reference should be made to item 10 in the attached Quality Improvement Plan.
2. The thermostatic mixers should be serviced. The temperature of the unblended hot water in the plumbing system should also be maintained above 55°C. Reference should be made to item 10 in the attached Quality Improvement Plan.
3. A check should be carried out in relation to the type of window restrictor being used in the home and the Estates and Facilities Alert that was issued on 10 November 2014 in relation to window restrictors of cable and socket design. This can be accessed via the following link:

<http://www.dhsspsni.gov.uk/efa-2014-003.pdf>

Reference should be made to item 10 in the attached Quality Improvement Plan

Number of Requirements	3	Number Recommendations:	0
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5.5 Standard 48: Fire Safety

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The standard used by the registered persons to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. Fire training was provided for all staff on 17 December 2014. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

1. The fire risk assessment was reviewed on 30 July 2014 with no issues being identified for attention. The next review for the fire risk assessment was planned for June 2015. It is recommended that this review should be carried out by a company or a person 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 the recent correspondence issued by RQIA to all Registered Persons on 02 April 2015 and the guidance contained therein available via the following link:

http://www.rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf

As part of the fire risk assessment review process the action plan in the previous fire risk assessment report should be checked and signed off. The reference should be made to recommendation 2 in the attached Quality Improvement Plan.

2. It is good to report that there was a procedure in place for carrying out a formal quarterly inspection of the fire doors throughout the premises on a quarterly basis. These inspections had identified the need for remedial works to be completed to the fire doors. Costs were being obtained for this work and arrangements were being made to complete same. The details in relation to the completion of these works should be confirmed to RQIA. Reference should be made to requirement 11 in the attached Quality Improvement Plan.
3. The emergency lights were inspected and tested on 22 April 2015. It is recommended that a system of individual cards should be introduced to record the details for the monthly function checks to each emergency light. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
4. The fire training arrangements should be reviewed and amended to ensure that in addition to the fire warden training, all staff receive fire safety training at least twice each year. Reference should be made to requirement 12 in the attached Quality Improvement Plan.
5. The door to the switchgear store on the second floor opposite the kitchen should be kept locked. The kitchen door should be adjusted to ensure that it closes properly when the extraction system is operating. Reference should be made to requirement 11 in the attached Quality Improvement Plan.
6. A fire blanket should be provided in the area used for smoking. Reference should be made to requirement 11 in the attached Quality Improvement Plan.

Number of Requirements	4	Number Recommendations:	2
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5.6 Additional Areas Examined

No additional areas were examined during this Estates inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. Michelle Baird, Manager and Mr. Neil Shields who deals with the maintenance issues in connection with the premises as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

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

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to estates.mailbox@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: Second time</p> <p>To be Completed by: Ongoing & 08 July 2015</p>	<p>The flushing of the water outlets that are not in frequent use should be increased to twice weekly. The individual dates should be noted in the record for the checks to the water temperatures. A copy of the current risk assessment for the prevention or control of legionella bacteria in water systems should be forwarded to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: The water outlets are occurring twice weekly, policy forwarded to RQIA on 02/07/15. Completion of water testing certificate forwarded to RQIA 11/05/15. Legionella Risk Assessment complete and forwarded to RQIA as requested. – Complete</p>
<p>Requirement 2</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p>Stated: Second Time</p> <p>To be Completed by: 08 July 2015</p>	<p>Copies of the reports for the most recent gas safety inspections for the dryers should be forwarded to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: Copies of the Gas reports sent to RQIA on 26/06/15 – Complete.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14(2)(a) 14(2)(c) 27(2)(c)</p> <p>Stated: Second Time</p> <p>To be Completed by: 07 August 2015</p>	<p>Confirmation in relation to completion of the issues identified for attention in the reports for the most recent thorough examinations to the lifts should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: A review of the works identified for the lift has been arranged by Phil Bytheway, and will forward completion to RQIA by 07/08/15.</p>

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 4</p> <p>Ref: Regulations 27(4)(a) 27(4)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 05 August 2015</p>	<p>The action plan for the fire risk assessment should be signed off and the issue in relation to the lift should be addressed.</p> <p>Response by Registered Manager Detailing the Actions Taken: Action plan for the fire risk assessment has been completed and signed. Awaiting new fire risk assessment for 2015 as completed in 10/06/15 Report will be sent to RQIA on publication.</p>
<p>Requirement 5</p> <p>Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)</p> <p>Stated: Second Time</p> <p>To be Completed by: Ongoing</p>	<p>Fire doors should not be wedged open. A suitable hold open device linked to the fire detection and alarm system should be installed at this door.</p> <p>Response by Registered Manager Detailing the Actions Taken: Daily spot checks ongoing, New door open device has been ordered for hairdressers.- complete</p>
<p>Requirement 6</p> <p>Ref: Regulations 13(7) 27(4)(b) 27(4)(c) 27(4)(d)(i)</p> <p>Stated: Second Time</p> <p>To be Completed by: 08 July 2015</p>	<p>The ventilation ductwork should be reviewed to ensure that adequate fire damping has been provided if applicable at fire compartment and sub-compartment walls, floors and ceilings. Confirmation of completion in relation to the issues identified for attention in the report for the April 2015 service of the heat recovery ventilation system should be provided to RQIA. In addition a check in relation to the effectiveness of the system should be carried out and the outcome confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: Completed Fire damping certificate works forwarded to RQIA on 11/05/15</p>

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 7</p> <p>Ref: Regulations 27(4)(b) 27(4)(e)</p> <p>Stated: First Time</p> <p>To be Completed by: Ongoing</p>	<p>The records for the monthly checks to the first aid fire-fighting equipment should be kept up to date. The training in relation to the use of the walkie talkies identified by the fire drills should be completed for all staff and signed off by the Registered Manager.</p> <p>Response by Registered Manager Detailing the Actions Taken: All records are up to date and being monitored by Home manager, A step by step guide is now on display for the use of walkie talkies and all staff have received practical training re same. Complete</p>
<p>Requirement 8</p> <p>Ref: Regulations 27(4)(b)</p> <p>Stated: Second Time</p> <p>To be Completed by: Ongoing</p>	<p>The roof spaces should not be used for storage.</p> <p>Response by Registered Manager Detailing the Actions Taken: Roof spaces now cleared out and not to be used in future for storage, directive issued by Home Manager and included in environmental audit. Complete</p>
<p>Requirement 9</p> <p>Ref: Regulations 27(2)(b)</p> <p>Stated: First Time</p> <p>To be Completed by: 08 July 2015</p>	<p>The paving at the rear of the premises should be checked and made good as required. The toilet on the first floor at the lounge should be repaired. The sheet vinyl floor covering in the ensuite for bedroom 15 on the ground floor should be replaced (uneven).</p> <p>Response by Registered Manager Detailing the Actions Taken: Paving was completed immediately after inspection and completion certificate sent to RQIA on 15/05/15. New vinyl ordered for room 15 will be completed by 8th July 2015 Complete</p>

Quality Improvement Plan

Statutory Requirements

<p>Requirement 10</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c)</p> <p>Stated: First Time</p> <p>To be Completed by: Ongoing and 08 July 2015</p>	<p>The outcome of the current gas safety inspection for the heating boilers should be confirmed to RQIA. The thermostatic mixers should be serviced. The temperature of the unblended hot water in the plumbing system should also be maintained above 55°C. A check should be carried out in relation to the type of window restrictor being used in the home and the Estates and Facilities Alert that was issued on 10 November 2014 in relation to window restrictors of cable and socket design. This can be accessed via the following link:</p> <p style="text-align: center;">http://www.dhsspsni.gov.uk/efa-2014-003.pdf</p> <p>Response by Registered Manager Detailing the Actions Taken: TMV servicing carried out on 13/3/15 – and confirmed to RQIA on 11/5/15. All windows have correct / approved restrictors in place in line with Alert (DHSSPSNI) – A key is required to open restrictor and not a flat-bed instrument as per alert. Complete</p>
<p>Requirement 11</p> <p>Ref: Regulations 27(4)(b) 27(4)(e)</p> <p>Stated: First Time</p> <p>To be Completed by: 08 July 2015 and Ongoing</p>	<p>The details in relation to the completion of the remedial works to the fire doors should be confirmed to RQIA. The door to the switchgear store on the second floor opposite the kitchen should be kept locked. The kitchen door should be adjusted to ensure that it closes properly when the extraction system is operating. A fire blanket should be provided in the area used for smoking.</p> <p>Response by Registered Manager Detailing the Actions Taken: Full External Fire Risk Assessment completed and report due – details will be forwarded to RQIA – complete. Fire blanket erected in designated area as required. Store locked to switchgear room. Now fully complete kitchen door repaired.</p>
<p>Requirement 12</p> <p>Ref: Regulations 27(4)(b) 27(4)(e)</p> <p>Stated: First Time</p> <p>To be Completed by: 08 July 2015</p>	<p>The fire training arrangements should be reviewed and amended to ensure that in addition to the fire warden training, all staff receive fire safety training at least twice each year.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire awareness training will be ran every six months in line with Foundations for Growth Training system. 30 Fire Wardens trained in May 2015. Fire Warden on site 24 hours per day.</p>

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 47.1 Stated: Second Time To be Completed by: Ongoing	It is recommended that the blended hot water temperatures should be checked and recorded on a monthly basis.		
	Response by Registered Manager Detailing the Actions Taken: Staff record daily in line with scalding risk assessment – every day. Monthly checks now complete also by Maintenance Operative.		
Recommendation 2 Ref: Standard 48.2 Stated: First Time To be Completed by: Ongoing	It is recommended that the next review of the fire risk assessment should be carried out by a company or a person 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 the recent correspondence issued by RQIA to all Registered Persons on 02 April 2015 and the guidance contained therein. As part of the fire risk assessment review process the action plan in the previous fire risk assessment report should be checked and signed off.		
	Response by Registered Manager Detailing the Actions Taken: Fire Safety Risk Assessment completed by NI Fire Safety Solutions on 10 th June 2015.		
Recommendation 3 Ref: Standard 48.2 Stated: First Time To be Completed by: Ongoing	It is recommended that a system of individual cards should be introduced to record the details for the monthly function checks to each emergency light.		
	Response by Registered Manager Detailing the Actions Taken: All lights are checked in line with a numeric system repairs documented as required. A full tracking is available across the home. We promote resource management across the home to save energy.		
Registered Manager Completing QIP	Michelle Baird	Date Completed	
Registered Person Approving QIP	Caroline Denny	Date Approved	2 nd July 2015
RQIA Inspector Assessing Response	Kieran Monaghan	*Date Approved	06/10/2015

* Clarification or follow up required on some items.

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below:

