

Announced Premises Inspection Report 11 October 2016



80 Malone Road

Type of Service: Residential Care Home
Address: Belfast, BT9 5BU
Tel No: 028 9504 0370
Inspector: K. Monaghan

1.0 Summary

An announced premises inspection of 80 Malone Road Residential Care Home took place on 11 October 2016 from 10:30hrs to 12:10hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Reference should be made to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. However two issues were identified for attention by the registered provider. Reference should be made to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However some issues were identified for attention by the registered provider. Reference should be made to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. However one issue was identified for attention by the registered provider. Reference should be made to section 4.6.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	9

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms. Delia Swain, Senior in Charge, 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.

1.2 Actions/enforcement taken following the most recent premises inspection on 11 December 2013

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 11 December 2013.

2.0 Service Details

Registered organisation/registered provider: Belfast Health and Social Care Trust (BHSCT) / Mr. Martin Joseph Dillon	Registered manager: Mrs. Vanessa Grattan, Acting Manager
Person in charge of the home at the time of inspection: Ms. Delia Swain, Senior in Charge	Date manager registered: Acting Manager
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 14

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The concerns log (no concerns).

During this premises inspection discussions took place with Ms. Delia Swain, Senior in Charge.

During this premises inspection the fire risk assessment report and the fire safety records were reviewed.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of this residential care home was an unannounced care inspection IN025870 on 16 August 2016. The completed QIP for this inspection has not yet been returned to RQIA. This QIP will be reviewed for approval by the care inspector when received by RQIA. It will also be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 11 December 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27(2)(b) Stated: Second time	<p>Access should be provided to the old oil storage tank facility so that this can be checked on a routine basis.</p> <p>Action taken as confirmed during the inspection: A key for this storage facility was available in the home. It was noted that this store is no longer used for oil storage.</p>	Met
Requirement 2 Ref: Regulations 14(2)(a), 14(2)(c), 27(2)(b) Stated: First time	<p>The grounds maintenance should be brought up to date.</p> <p>Action taken as confirmed during the inspection: The grass around the home was neatly cut and the hedges had been trimmed two weeks ago. The grounds were in reasonable order.</p>	Met
Requirement 3 Ref: Regulations 14(2)(a), 14(2)(c), 27(2)(b), 27(2)(d) Stated: First time	<p>The improvement works to the kitchen should be completed. The specialist bath should be reinstalled. The minor water leak at the heating circulation pump in the boiler room should be investigated and made good. A thorough deep clean of the premises should also be completed.</p> <p>Action taken as confirmed during the inspection: The improvements to the kitchen had been completed and the specialist bath had been installed. The minor water leak in the boiler room had also been repaired and the premises were deep cleaned prior to reoccupation.</p>	Met
Requirement 4 Ref: Regulations 14(2)(a), 14(2)(c), 27(2)(q) Stated: First time	<p>The standard of décor throughout the premises should be reviewed and a programme of redecoration should be drawn up and implemented. It was noted that plans were being developed to carry out redecoration works in the home following reoccupation.</p> <p>Action taken as confirmed during the inspection: Extensive redecoration of the premises had been carried out.</p>	Met

Last premises inspection statutory requirements		Validation of compliance
Requirement 5 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(b) Stated: First time	Copies of the 'As built' drawing for each floor and the Building Control Approvals (Notice of Passing Plans and Completion Certificate) should be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: This documentation was forwarded to RQIA.	
Requirement 6 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q) Stated: Second time	Up to date inspection and test documentation for the fixed wiring installation should be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: This inspection and test documentation was forwarded to RQIA.	

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 7</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>The risk assessment for the prevention or control of legionella bacteria in the water systems should be reviewed, updated and actioned as required. Particular attention should be given to the following issues in this regard:</p> <ul style="list-style-type: none"> • The water systems should be flushed, disinfected and re-flushed. • Water samples should be tested at a representative number of outlets to provide reassurance that the system is clean and free from legionella bacteria. • The use of the flexible connections to the toilet and the wash basin in the new shower room on the lower ground floor should be reviewed in in line with the Trust’s policy on the use of flexible plumbing connections. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The information in relation to the water risk assessment and legionella controls was not presented for review during this premises inspection. The completed Quality Improvement Plan for the previous premises inspection however confirmed that these issues with the exception of the water sample testing had been completed. It is understood that the Trust’s policy in relation to testing water samples is that samples are not routinely tested unless this is indicated by the risk assessment.</p>		

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 8</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> <p>Stated: First time</p>	<p>The opening to the new window in the bedroom on the lower ground floor should be controlled to a safe point of opening with a maximum clear opening of 100mm. A self-closing device requiring a minimum closing force should also be fitted to the out opening door to the shower room adjacent to the new final exit door on the ground floor.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>All of the bedroom window openings on the lower ground floor were reviewed during this premises inspection and these were found to be controlled. A self-closing device had been fitted to the out opening door to the new shower room on the ground floor.</p>	
<p>Requirement 9</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: Second time</p>	<p>The report for the recent review of the fire risk assessment should be followed up. Any issues identified for attention in the action plan for this report should be addressed and signed off by the registered manager.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The completed QIP for the previous premises inspection confirmed that a recent review of the fire risk assessment had been carried out prior to reoccupation and that all of issues in the action plan had been addressed by the registered manager.</p>	
<p>Requirement 10</p> <p>Ref: Regulation 27(4)(b)</p> <p>Stated: Second time</p>	<p>The new drawing for the fire alarm system should be provided adjacent to the control panel.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A new drawing had been provided for the fire alarm system.</p>	

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 11</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(i)</p> <p>Stated: Second time</p>	<p>The fire stopping in the switchgear cupboard on the ground floor and the mains switch room on the lower ground floor should be checked and made good as required. The lids for the electrical trunking should also be reinstated where these are not fixed in position.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>This fire stopping had been completed. No missing lids were observed to the electrical trunking during this premises inspection.</p>	
<p>Requirement 12</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(i)</p> <p>Stated: First time</p>	<p>A fire detector should be installed in the new store room on the lower ground floor. A smoke seal, self-closing device and a key operated lock should also be fitted to the door of this store. The emergency exit sign above the new final exit door should be changed. The details in relation to the fastening on this door should also be recorded in the fire risk assessment report. In addition the need for a fire alarm call point adjacent to this door should be reviewed with the Fire Officer for the Trust.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A lock had been fitted to this store and it was locked at the time of this premises inspection. The completed QIP for the previous inspection confirmed that the smoke seal and self-closing device had been installed. The emergency exit sign above the new final exit door had been changed and a fire alarm break glass unit had also been installed at this new final exit door. The most recent review of the fire risk assessment was carried out on 14 January 2014. Reference should be made to section 4.3 areas for improvement item 1.</p>	

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 13</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(iv)</p> <p>Stated: First time</p>	<p>The first aid fire-fighting equipment should be checked and serviced. The certificates for the most recent inspections and tests to the fire detection and alarm system and the emergency lights should also be forwarded to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection: The first aid fire-fighting equipment was serviced following the previous premises inspection. The certificates in relation to the fire detection and alarm system and the emergency lights were also forwarded to RQIA following the previous premises inspection.</p>	Met
<p>Requirement 14</p> <p>Ref: Regulation 27(4)(b)</p> <p>Stated: First time</p>	<p>Hold open devices linked to the fire detection and alarm system should fitted to the new corridor doors to the lift lobby on the ground floor and to the corridor door on the lower ground floor adjacent to the bathroom.</p> <hr/> <p>Action taken as confirmed during the inspection: These hold open devices had been installed.</p>	Met
<p>Requirement 15</p> <p>Ref: Regulations 27(4)(b) 27(4)(f)</p> <p>Stated: First time</p>	<p>A fire drill should be completed for the residents moving back in.</p> <hr/> <p>Action taken as confirmed during the inspection: The completed QIP returned to RQIA confirmed that a fire drill was carried out with the staff and residents by the BHSCCT fire officer on 15 January 2014.</p>	Met

4.3 Is care safe?

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

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

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.

The standard used by the registered person 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 service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment.

This supports the delivery of safe care.

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

Areas for improvement

1. A fire safety audit of the premises was completed by the Northern Ireland Fire and Rescue Service on 20 May 2015. The outcome of this audit was satisfactory. A comprehensive fire risk assessment was also completed for the home on 14 January 2016. The report for this fire risk assessment assessed the overall risk from fire as 'Tolerable'. This report identified a number of issues for attention in the action plan. This action plan should be reviewed by the manager and any issues that have not been addressed should be resolved and the action plan signed off. Confirmation of completion in relation to the issues included in this action plan should be provided to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
2. It was noted during this premises inspection that a number of the emergency lights were not illuminated and that the indicator light on the emergency light at the corridor door on the ground floor at the switchgear cupboard was not illuminated. Ms. Swain agreed to contact the Trust's Estates department to have all of the emergency lights checked. Completion of this check and any remedial works required should be confirmed to RQIA. The door to the kitchen should also be adjusted to ensure that it latches fully with the self-closing device and that it provides a fully effective smoke seal. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
3. One of the doors to the laundry was propped open. If this door needs to be held open for operational purposes, a hold open device linked to the fire detection and alarm system should be installed. In the meantime this door should be kept closed. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.

Areas for improvement continued

4. It was noted that the next annual service of the first aid fire-fighting equipment will be due before the end of October 2016. A check should be made to ensure that arrangements have been made for this service to be completed before the end of October 2016. In addition the hold open device on the door to bedroom 1.26 should be repaired or replaced to prevent this door from being wedged open. In the meantime this door should be kept closed. The mattress in bedroom G9 on the lower ground floor was not ignition source 0 & 5 fire retardant standard. All of the mattresses should be checked and replacement mattresses should be provided as required to ensure that they all meet the ignition source 0 & 5 fire retardant standard. The reel type extension lead in bedroom G8 on the lower ground floor should be removed. Additional fixed electrical socket outlets should be installed as required to meet the needs of the residents. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
5. Fire safety training was provided on 22 April 2016 and a further session had been arranged for 27 October 2016 for those staff who did not attend the April 2016 fire safety training. Fire drills were carried out on 01 February 2016 and 01 July 2016. The proforma record for the July 2016 fire drill was not presented for review during this premises inspection. Completion of the October 2016 fire safety training should be confirmed to RQIA. The proforma record for the July 2016 fire drill should also be followed up so that it is available for review during future inspections. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
6. The drawing for the fire detection and alarm system clearly indicated the zones throughout the premises. All of the individual rooms were not however clearly indicated on this drawing. A larger drawing indicating all of the individual rooms should be provided at this control panel. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
7. It is recommended that the next review of the fire risk assessment should be carried out in accordance with the guidance issued by RQIA in relation to the competency of fire risk assessors. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

Number of requirements	1	Number of recommendations:	4
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

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

Areas for improvement

1. Representatives from the Trust's Estates department were not present for this premises inspection. The supporting information in relation to the building and engineering services was not therefore presented for review during this premises inspection. This supporting information should be available for review at future inspections. Reference should be made to recommendation 5 in the attached Quality Improvement Plan.
2. The multi-sensory room on the lower ground floor was not in use. This room should be brought back into use. Reference should be made to recommendation 6 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

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

Areas for improvement

1. The surface of the specialist bath was scratched. It is understood that it is intended to replace this bath. The current position in relation to the replacement bath should be confirmed to RQIA. Reference should be made to recommendation 7 in the attached Quality Improvement Plan.

Areas for improvement continued

2. The pipe casing in the disabled toilet was in need of attention due to water staining. This pipe casing should either be resealed and repainted or replaced with an impervious pipe casing. The floor covering at the back of the pipe casing to the toilet should also be made good. In addition the water staining at one of the dining room windows should be made good and a new smaller wall mounted cupboard with an impervious surface finish should be provided in the new assisted shower. Reference should be made to recommendation 7 in the attached Quality Improvement Plan.

3. There is extensive growth to the trees around the home. This has extended to the roof at the rear of the home. This has reduced the amount of natural light in the home. The trees and large shrubs should be cut back. Reference should be made to recommendation 8 in the attached Quality Improvement Plan.

4. There is a bank of six water pumps on a raised metal plinth in the boiler room. There was corrosion on some of the pumps and on the surface of the metal plinth. A review of these pumps and the plinth should be carried out and repairs or replacements should be completed as required. The bin with the defective wheel should also be repaired or replaced. Reference should be made to recommendation 8 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	2
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. As noted in this report there are a number of issues to be addressed in relation to the premises. The arrangements in place in relation to the ongoing management of the premises should be reviewed and improved as required. Reference should be made to recommendation 9 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. Delia Swain, Senior in Charge as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 in respect of this home. 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.

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP 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 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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulations
 27(4)(a)
 27(4)(b)
 27(4)(c)
 27(4)(d)(iv)

Stated: First time

To be completed by:
 09 December 2016

The action plan included in the report for the fire risk assessment should be reviewed by the manager and any issues that have not been addressed should be resolved and the action plan signed off. The emergency lights should be checked and any remedial works required should be completed. The door to the kitchen should also be adjusted to ensure that it latches fully with the self-closing device and that it provides a fully effective smoke seal. Confirmation of completion in relation to these issues should be provided to RQIA.

Response by registered provider detailing the actions taken:
 In response to this requirement, the action plan included in the report for the fire risk assessment has been reviewed by the manager and all actions required have been resolved apart from the door referred to in this requirement. The door to the kitchen was reported to estates on 9th November 2016 and the action plan will be signed off on completion and confirmation forwarded to RQIA via the updated action plan.

The emergency lights are checked monthly and records maintained. Remedial work is reported and completed immediately as and when required. Confirmation sent to RQIA on 22nd November 2016.

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2016 & Ongoing</p>	<p>If the door to the laundry needs to be held open for operational purposes, a hold open device linked to the fire detection and alarm system should be installed. In the meantime this door should be kept closed. A check should be carried out to ensure that arrangements have been made for the next service of the first aid fire-fighting equipment to be completed before the end of October 2016. In addition the hold open device on the door to bedroom 1.26 should be repaired or replaced to prevent this door from being wedged open. In the meantime this door should be kept closed. All of the mattresses should be checked and replacement mattresses should be provided as required to ensure that they all meet the ignition source 0 & 5 fire retardant standard. The reel type extension lead in bedroom G8 on the lower ground floor should be removed. Additional fixed electrical socket outlets should be installed as required to meet the needs of the residents.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>In response to this recommendation the door to the laundry was assessed and is not suitable for a hold open device linked to the fire detection and alarm system. The door will be kept closed at all time. A notice has been put on the door and all staff informed.</p> <p>The servicing of the first aid fire-fighting equipment was completed in October 2016. Next due in October 2017.</p> <p>The hold open device on the door to bedroom 1.26 was reported to estates on 9th November 2016. Until fixed the door is kept closed. Notice on door and staff have been informed.</p> <p>All of the mattresses are checked monthly and records are available. One replacement mattress has been ordered which will meet the ignition source 0 & 5 fire retardant standard. All other mattresses meet the fire retardant standard.</p> <p>The reel type extension lead in bedroom G8 on the lower ground floor has been removed. No requirement for additional fixed electrical socket outlets at this moment of time.</p>

Quality Improvement Plan

Recommendations

<p>Recommendation 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 09 December 2016 and On-going</p>	<p>Completion of the October 2016 fire safety training should be confirmed to RQIA. The proforma record for the July 2016 fire drill should also be followed up so that it is available for review during future inspections.</p> <p>Response by registered provider detailing the actions taken: In response to this recommendation, fire safety training was completed on 26th October 2016. Record available. Confirmed to RQIA on 22nd November 2016.</p> <p>Documentation available for previous training is available for inspection.</p>
<p>Recommendation 3</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 06 January 2016</p>	<p>A larger drawing indicating all of the individual rooms should be provided at the fire detection and alarm control panel.</p> <p>Response by registered provider detailing the actions taken: In response to this recommendation a new zone plan will be requested from Atlas by the Fire Officer.</p>
<p>Recommendation 4</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>It is recommended that the next review of the fire risk assessment should be carried out in accordance with the guidance issued by RQIA in relation to the competency of fire risk assessors.</p> <p>Response by registered provider detailing the actions taken: In response to this recommendation the reviews are carried out by the Trusts Fire Officer in accordance with the legal requirements under the Fire Safety Order (NI).</p>
<p>Recommendation 5</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>The support information for the building and engineering services should be available for review at future inspections.</p> <p>Response by registered provider detailing the actions taken: In response to this recommendation, the manager will ensure at future RQIA inspections, estates will be contacted and requested to bring the support information.</p>

Quality Improvement Plan	
Recommendations	
<p>Recommendation 6</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 06 January 2016</p>	<p>The multi-sensory room on the lower ground should be brought back into use.</p> <hr/> <p>Response by registered provider detailing the actions taken: In response to this recommendation a review of the use of this room is currently taking place. RQIA will be updated following this review.</p>
<p>Recommendation 7</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 09 December 2016</p>	<p>The current position in relation to the replacement bath should be confirmed to RQIA. The pipe casing in the disabled toilet should either be resealed and repainted or replaced with an impervious pipe casing. The floor covering at the back of the pipe casing to the toilet should also be made good. In addition the water staining at one of the dining room windows should be made good and a new smaller wall mounted cupboard with an impervious surface finish should be provided in the new assisted shower.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>In response to this recommendation the replacement bath has been ordered. (November 2016) When installed RQIA will be notified.</p> <p>The pipe casing in the disabled toilet has been removed and the floor covering at the back of the toilet has been repaired.</p> <p>The water staining at one of the dining room windows has been cleaned and the wall mounted cupboard removed. No requirement for another cupboard in the new assisted shower.</p>
<p>Recommendation 8</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 06 December 2016</p>	<p>The trees and large shrubs should be cut back. A review of the pumps and the plinth in the boiler room should be carried out and repairs or replacements should be completed as required. The bin with the defective wheel should also be repaired or replaced.</p> <hr/> <p>Response by registered provider detailing the actions taken: In response to this recommendation the trees and shrubs have been cut back.</p> <p>Estates have been notified of this recommendation. Reviews of the pumps and the plinth in the boiler room have been carried out by estates and repairs or replacements have been completed as required.</p> <p>The bin has been replaced.</p>

<p>Recommendation 9</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 06 December 2016</p>	<p>The arrangements in place in relation to the ongoing management of the premises should be reviewed and improved as required.</p> <hr/> <p>Response by registered provider detailing the actions taken: In response to this recommendation a permanent manager has been appointed and will take up the position on the 1st March 2017.</p> <p>The temporary manager will remain in place until March 2017.</p>
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Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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