



The Regulation and  
Quality Improvement  
Authority

Ambassador  
RQIA ID: 1046  
462-464 Antrim Road  
Belfast  
BT15 5GE

Inspector: Kieran Monaghan  
Inspection ID: IN021633

Tel: 028 9077 1384  
Email: [ambassador-nh@hotmail.co.uk](mailto:ambassador-nh@hotmail.co.uk)

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**Announced Estates Inspection  
of  
Ambassador**

**09 December 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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 09 December 2015 from 10:40am to 1:30pm. 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 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
<b>Total number of requirements and recommendations made at this inspection</b>	12	2

The details of the QIP within this report were discussed with Mr. Sean Macklin and Mr. Jim Warnock, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Amstecos Ltd / Mrs Emer Bevan	<b>Registered Manager:</b> Mrs Amelia Noach
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Marilyn Brown, Charge Nurse	<b>Date Manager Registered:</b> 01 April 2005
<b>Categories of Care:</b> NH-A, NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 48
<b>Number of Patients Accommodated on Day of Inspection:</b> 46	<b>Weekly Tariff at Time of Inspection:</b> £593.00

## 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 the following records were analysed: The previous estates inspection report and the statutory notifications over the past 12 months.

Discussions with Mr. Sean Macklin and Mr. Jim Warnock.

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.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this home was an unannounced primary care inspection on 09 June 2015. The completed QIP for this inspection was returned to RQIA on 27 July 2015 and approved by the care inspector on 29 July 2015.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 15 November 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulations 13(7) 27(2)(b) 17(2)(d)	The panels at the back of the sinks in the laundry should be painted. The window handle in bedroom 5 should be repaired. The splash back at the sink in the veg prep should be improved. The splash back at the bath in bathroom 58 should also be improved. The damage to the pipe casing at the wash hand basin and toilet in bathroom 65 should be made good and the wheels of the shower trolley in this bathroom should be deep cleaned.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> The panels at the back of the sinks in the laundry were in a poor condition. Reference should be made to requirement 1 in the attached Quality Improvement Plan. The remaining issues had either been addressed or were no longer applicable.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27(2)(b)	The gutters and downpipes at the rear of the home should be checked and made good as required.	Met
	<b>Action taken as confirmed during the inspection:</b> New gutters and downpipes had been provided at the rear of the home.	
<b>Requirement 3</b>  <b>Ref:</b> Regulations 13(7) 27(2)(b)	Bathroom 62 should be refurbished.	N/A
	<b>Action taken as confirmed during the inspection:</b> This issue was not applicable.	

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 4</b></p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p>	<p>The window opening controls should be rechecked and improved as required to ensure that they are robust enough and not easy to disengage without the use of a key or a specialist tool. Reference should be made to the recent correspondence from RQIA in relation to this issue. Particular attention should be given to the window openings in the original section of the home, for example; in bedrooms 8, 12A and 20.</p> <p><b>Action taken as confirmed during the inspection:</b> It is good to report that new double glazed windows with controlled openings had been fitted throughout the original section of the home.</p>	Met
<p><b>Requirement 5</b></p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p>	<p>A threshold strip should be fitted at the door to the ensuite in bedroom 15.</p> <p><b>Action taken as confirmed during the inspection:</b> This issue had been addressed.</p>	Met
<p><b>Requirement 6</b></p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The method for recording the results of the monthly temperature checks to the unblended hot water at the sentinel outlets, the cold water at the sentinel outlets and the blended hot water at the baths, showers and wash hand basins should be revised to provide a clear record for each outlet in the home. The 'dead leg 'pipes at the lift area on the first floor should be removed.</p> <p><b>Action taken as confirmed during the inspection:</b> A clear record for the monthly temperature checks to the unblended hot water at the sentinel outlets, the cold water at the sentinel outlets and the blended hot water at the baths, showers and wash hand basins was not presented for review during this estates inspection. The 'dead leg 'pipes at the lift area on the first floor had not been removed. Subsequent to this estates inspection Mrs. Bevan confirmed to RQIA arrangements had been made to address these issues. Completion should be confirmed to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	Not Met

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 7</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)	Guards should be fitted to the radiators in the new bedrooms. The issues noted for attention in the most recent report for the inspection and test of the fixed wiring installation should be followed up. The thorough examination of the lifts should be carried out every six months.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Guards had been fitted in the new bedrooms but some of these had been removed. The new bedrooms should be checked and the radiator guards should be fitted where these are not in place. Subsequent to this estates inspection Mrs. Bevan confirmed to RQIA that arrangements were being made to check and fit any missing radiator covers. Completion should be confirmed to RIQA. The documentation in relation to the fixed wiring installation was not presented for review during this estates inspection. Reference should be made to requirement 3 in the attached Quality Improvement Plan. The passenger lifts were thoroughly examined in June 2015 and again in December 2015.	
<b>Requirement 8</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)	The cleaner's stores, store opposite bedroom24, clinical waste bins and switchgear cupboards should be kept locked shut. The clinical waste bins should also be kept in a secure enclosure.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The cleaner's stores and the store opposite bedroom 24 were locked. The clinical waste bins and the switchgear cupboards were not locked. A secure enclose had not been provided for the clinical waste bins. Reference should be made to requirement 4 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 9</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	Not all of the fire doors were fitted with smoke seals. The fire doors should be reviewed and additional smoke seals should be fitted as required. Advice should be sought from the Fire Safety Advisor for the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This issue had been addressed.	
<b>Requirement 10</b>  <b>Ref:</b> Regulation 27(4)(d)(iv)	The double doors adjacent to the kitchen in the large lounge should be adjusted to prevent binding on the smoke seals. A new latch should be fitted to the door of bedroom 12A.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The double doors adjacent to the kitchen in the large lounge required adjustment to prevent binding on the smoke seals. Reference should be made to requirement 5 in the attached Quality Improvement Plan. The details provided in the completed QIP returned to RQIA for the last estates inspection confirmed that a new latch had been fitted for the door of bedroom 12A.	
<b>Requirement 11</b>  <b>Ref:</b> Regulation 27(4)(d)(i)	The fire stopping in the boiler room, the heating manifold cupboard at the front door and on the lower ground floor generally should be rechecked and improved as required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Sample checks indicated that these issues had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 12</b> <b>Ref:</b> Regulations 27(4)(d) 27(4)(a) 27(4)(e)	<p>The next routine annual review of the fire risk assessment should be completed and actioned as required. The most recent version of Health Technical Memorandum 84 should be used for this review. This guidance is available by registering on the 'space for health' website at: <a href="http://www.spaceforhealth.nhs.uk/">http://www.spaceforhealth.nhs.uk/</a> and can be found on the Northern Ireland section of the site. This review should also focus on the emergency fire plan and the arrangements for providing fire safety training to ensure that these are up to date with the current standards in NIHTM 84.</p>	Partially Met
	<p><b>Action taken as confirmed during the inspection:</b>            The current fire risk assessment was not presented for review during this estates inspection. Subsequent to this estates inspection Mrs. Bevan confirmed to RQIA that arrangements had been made for a new fire risk assessment to be completed on 17 December 2015. The outcome of this fire risk assessment should be confirmed to RQIA. Reference should be made to requirement 6 in the attached Quality Improvement Plan.</p>	
<b>Requirement 13</b> <b>Ref:</b> Regulation 27(4)(d)(iv)	<p>The next routine quarterly inspection and test to the fire detection and alarm system should be carried out.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b>            The most recent inspection and service for the fire detection and alarm system was completed on 11 September 2015.</p>	



Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 14</b> <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	Self-closing devices should be fitted to the laundry doors. The corridor door at bedroom 12 A should be adjusted to close fully with the self-closer. The doors to bedroom 64 and the switchgear cupboard in the rear stairs (second floor) should be adjusted to close properly. The lipping of the door to bedroom 21 should be made good. The self-closer on the door to bedroom 28 should be replaced.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> With the exception of the bedroom doors, these issues had not been addressed. A number of other fire doors also required adjustment. Subsequent to this estates inspection Mrs. Bevan confirmed to RQIA that a joiner had been booked to adjust the fire doors. Completion should be confirmed to RQIA. Reference should be made to requirement 5 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 15</b></p> <p><b>Ref:</b> Regulation 27(4)(b)</p>	<p>Paint should not be stored inside the home. Fire doors should not be wedged open. Multi way electrical adaptors should not be used in the home. Chairs should not be located in the path of the double doors from the large lounge adjacent to the kitchen. The amount of furniture in the smoking room should be kept to a minimum. The chairs in the smoking room should be ignition source 0 &amp; 5. The need for a fire blanket for the smoking room should also be considered with the Fire Risk Assessor. The paths around the rear of the home should be kept clear.</p>	<p><b>Partially Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Paint storage inside the home was not observed during this estates inspection. The doors to the office, the staff room and the kitchen were wedged open. Multi way electrical adaptors were also being used in some of the bedrooms. Mr. Warnock however removed these during this estates inspection. The reel type extension lead in bedroom 8 should also be removed. The medicine trolley was located in the path of one of the double doors from the large lounge adjacent to the kitchen. The amount of furniture in the smoking room had been reduced however there were no labels on the chairs in this room to indicate compliance with the ignition sources 0 and 5 fire retardant standard. Reference should be made to requirement 7 in the attached Quality Improvement Plan.</p>	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Regulation 14(2)(a) 14(2)(c)	It is recommended that the small vertical upstand at the threshold to the original lift should be made level. In the interim this issue should be managed on the basis of ongoing risk assessment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This issue was being managed on the basis of risk assessment. At the time of this estates inspection this lift was not in use.	
<b>Recommendation 1</b> Ref: Regulation 27(4)(d)(iv)	It is recommended that all of the emergency lights should be numbered and listed on a schedule to facilitate the monthly function checks. Reference should be made to the guidance available in BS 5266 in relation to the ongoing maintenance of emergency lights.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> This issue had not been addressed. Reference should be made to recommendation 1 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.

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)

A range of accommodation, facilities and support services is provided in the premises. 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)

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.

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. A new floor covering is to be provided in shower room 61. In addition to this work, there was rusting on the shower chair in shower room 61. This shower chair should be replaced. The issue in relation to the water ingress from the roof in this area of the home should be resolved. Subsequent to this estates inspection Mrs. Bevan confirmed that action had been taken to resolve the water ingress issue. Completion of these issues should be confirmed to RQIA. Reference should be made to requirement 8 in the attached Quality Improvement Plan.
2. The floor covering in bathroom 54 should be replaced. The bath panel and the hoist base should be repainted. Reference should be made to requirement 8 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	1	<b>Number Recommendations:</b>	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 & 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 current gas safety inspection reports for the gas equipment and the gas pipework were not presented for review during this estates inspection. Subsequent to this estates inspection Mrs. Bevan confirmed to RQIA that the next service to the gas boilers, cooker and gas supply pipework had been arranged for 21 December 2015.
2. The water storage tanks were cleaned and disinfected on 17 October 2015. The current risk assessment for the prevention or control of legionella bacteria in the water systems was not presented for review during this estates inspection. Subsequent to this estates inspection Mrs. Bevan confirmed to RQIA that the legionella risk assessment was completed in October 2013 and that arrangements had been made with the legionella advisor for the home to update this risk assessment. Reference should be made to requirement 9 in the attached Quality Improvement Plan.
3. There were 'dead legs' to the plumbing pipework in the wheelchair store on the ground floor. Subsequent to this estates inspection Mrs. Bevan confirmed to RQIA that arrangements were being made to descale and disinfect the showers, to service the thermostatic mixing valves and to remove any remaining 'dead leg' pipework. Reference should be made to requirement 9 in the attached Quality Improvement Plan.
4. The water storage tank for the washing machines on the lower ground floor should be cleaned and disinfected. Reference should be made to requirement 9 in the attached Quality Improvement Plan.
5. Bathroom 54 should not be used for storage. The hoist was not in working order. Subsequent to this estates inspection Mrs. Bevan confirmed to RQIA that this hoist was no longer used in the home and it would be removed.
6. The hoists were inspected on 25 September 2015. The report for this work identified two issues for attention. These issues should be followed up with the service company. Subsequent to this estates inspection Mrs. Bevan confirmed to RQIA that the hoists had been passed safe to use and the issues identified were cosmetic. It is recommended that these issues are however addressed. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
7. The cupboard opposite the new lift on the second floor should be kept locked. Reference should be made to requirement 10 in the attached Quality Improvement Plan.
8. The issue identified for attention during the most recent thorough examinations of the passenger lifts should be followed up. Reference should be made to requirement 10 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	2	<b>Number Recommendations:</b>	1
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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.

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 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 patients, 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 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)

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.

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 next routine service for the first aid fire-fighting equipment was overdue. Subsequent to this estates inspection Mrs. Bevan confirmed to RQIA that the first aid fire-fighting equipment was serviced in December 2015. In addition a list of all first aid fire-fighting equipment should be drawn up and used to carry out in-house monthly checks to this equipment. Reference should be made to requirement 11 in the attached Quality Improvement Plan.
2. The records for the fire safety training were not presented for review during this estates inspection. Subsequent to this estates inspection Mrs. Bevan confirmed to RQIA that fire training was carried out on in February 2015 and March 2015 and that a fire drill was planned for 18 December 2015. A further session of fire safety training should be provided for all staff. Reference should be made to requirement 11 in the attached Quality Improvement Plan.
3. The stairs at bedroom 4 in the new extension and the boiler room should not be used for storage. Reference should be made to requirement 11 in the attached Quality Improvement Plan.

## Areas for Improvement Continued

4. The floor in the switch gear cupboard in the stairs on the second floor of the original section of the home should be fire stopped. The roof space access hatch door in the corridor at bedroom 20 on the second floor should be upgraded to half hour fire standard. Reference should be made to requirement 12 in the attached Quality Improvement Plan.
5. The emergency lights were inspected and tested on 22 June 2015 and the fire detection and alarm system was serviced and inspected on 11 September 2015. Mr. Macklin also confirmed that the issues identified for attention during these inspections and tests had been addressed. Subsequent to this estates inspection Mrs. Bevan also confirmed to RQIA that the documentation in relation to these works was being followed up.

<b>Number of Requirements</b>	2	<b>Number Recommendations:</b>	0
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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 Mr. Sean Macklin and Mr. Jim Warnock, 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 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 Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed 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><b>Requirement 1</b></p> <p>Ref: Regulation 27(2)(b)</p> <p>Stated: Second time</p> <p>To be Completed by: 05 February 2016</p>	<p>The panels at the back of the sinks in the laundry should be repainted.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The panels at the back of the sinks in the laundry have been painted by In house maintenance.</p>
<p><b>Requirement 2</b></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</p>	<p>A clear record for the monthly temperature checks to the unblended hot water at the sentinel outlets, the cold water at the sentinel outlets and the blended hot water at the baths, showers and wash hand basins should be kept in the home available for review during future inspections. The 'dead leg' pipes at the lift area on the first floor should be removed if these are connected to the water systems.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The temperatures of hot water at sentinel outlets shall be recorded at surface to record the temperature of the hot pipe or, where there is no thermostatic mixing valve, the temperature of the water itself. Temperatures of the blended hot water at baths, showers and WHB's are also taken monthly. These temperatures are currently recorded. Quinn Mechanical have advised that the "dead leg" pipes at the lift area are connected to the heating system and left following the removal of a radiator. These pipes are currently capped. The "dead legs" in the wheelchair storage have been removed since the inspection.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> <p>Stated: Second time</p> <p>To be Completed by: Ongoing</p>	<p>The new bedrooms should be checked and the radiator guards should be fitted where these are not in place. The documentation in relation to the fixed wiring installation should be retained in the home available for review during future inspections.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Radiator guards have been fitted in the new bedrooms where these were not already in situ.</p> <p>The documentation in relation to the fixed wiring installation has been forwarded to RQIA and is available for consultation within the Home.</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>The clinical waste bins and the switchgear cupboards should be kept locked. A secure enclosure should be provided for the clinical waste bins.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The clinical waste bins are not supplied with a lock installed and same has been confirmed with the Supplier. However, going forward, these bins will be stored in a bin compound which has a locked gate. The importance of locking the switchgear cupboard has been reiterated to all staff.</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)</p> <p><b>Stated:</b> Third time</p> <p><b>To be Completed by:</b> 05 February 2016</p>	<p>All of the fire doors throughout the premises should be inspected and any remedial works required should be completed.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> All fire doors throughout the building have been inspected. New intumescent strips have been fitted where some had been painted over. Doors have been planed as required and some doors have had small holes made good.</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulations 27(4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 05 February 2016</p>	<p>The outcome of the fire risk assessment that was arranged for 17 December 2015 should be confirmed to RQIA.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The outcome of the fire risk assessment is moderate. It is expected that this will be adjusted to trivial following work to intumescent strips and adjustments to fire doors and additional fire stopping to the building. Staff have also been advised regarding the storage of zimmer frames etc and the importance of keeping cupboards locked.</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> <b>Ongoing</b></p>	<p>Fire doors should not be wedged open. The reel type extension lead in bedroom 8 should be removed. The medicine trolley should not be located in the path of the double doors from the large lounge adjacent to the kitchen. Documentation or labels should be available in the home confirming that the chairs in the smoking room comply with the ignition sources 0 and 5 fire retardant standard.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The reel type extension in bedroom 8 was immediately removed and families advised that extension reels cannot be used within the Home. The medicine trolley in the main lounge has been moved to the right so as not to obstruct the double doors. The fire chairs in the smoke room have been removed.</p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulations 27(2)(b) 27(2)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>04 March 2016</b></p>	<p>The new floor coverings should be provided in shower room 61 and bathroom 54. The shower chair in shower room 61 should be replaced and the bath panel and the hoist base in bathroom 54 should be repainted. Completion of the works to resolve the issue in relation to the water ingress from the roof should be confirmed to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> New floor covering has been installed in bathroom 54. The flooring in shower room 61 has been burnished and the joints resealed.</p> <p>The shower chair has been serviced.</p> <p>Hoist in bathroom 54 has been removed and bath panel replaced and repainted.</p>
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>05 February 2016</b></p>	<p>Completion of the legionella risk assessment review, the removal of the remaining 'dead legs' to the plumbing, the descaling/disinfection of the showers and the servicing of the thermostatic mixing valves should be confirmed to RQIA. The water storage tank for the washing machines on the lower ground floor should also be cleaned and disinfected.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The legionella risk assessment has been reviewed. The dead legs to plumbing have been removed. Thermostatic mixing valves have been checked by Quinn Mechanical. The tank to which water is pumped from washing machines is cleaned and disinfected monthly and report is available re same. The thermostatic mixer valves are periodically serviced by In house maintenance and records kept for same.</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>Ongoing</b></p>	<p>The cupboard opposite the new lift on the second floor should be kept locked. The issues identified for attention during the most recent thorough examinations of the passenger lifts should be followed up.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The importance of keeping all cupboards locked has again been reiterated to all staff. The issues identified during the most recent lift inspection have been forwarded to Kone for action as required.</p>
<p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulations 27(4)(b) 27(4)(e)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>05 February 2016 &amp; Ongoing</b></p>	<p>A list of all first aid fire-fighting equipment should be drawn up and used to carry out in-house monthly checks to this equipment. A further session of fire safety training should be provided for all staff. The stairs at bedroom 4 in the new extension and the boiler room should not be used for storage.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> A list of all fire-fighting equipment has been drawn up and is used to carry out in house monthly checks to this equipment. Training was provided by Rea Fire Safety on 27<sup>th</sup> January 2016.</p>
<p><b>Requirement 12</b></p> <p><b>Ref:</b> Regulations 27(4)(b) 27(4)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>04 March 2016</b></p>	<p>The floor in the switch gear cupboard in the stairs on the second floor of the original section of the home should be fire stopped. The roof space access hatch door in the corridor at bedroom 20 on the second floor should be upgraded to half hour fire standard.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Fire stopping on the floor in switchgear cupboard in stairs on second floor of original building has attended to.</p> <p>Roof space access hatch door in corridor at bedroom 20 on second floor has been upgraded to half hour fire standard.</p>

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 48</p> <p>Stated: Third time</p> <p>To be Completed by: Ongoing</p>	<p>It is recommended that all of the emergency lights should be numbered and listed on a schedule to facilitate the monthly function checks. Reference should be made to the guidance available in BS 5266 in relation to the ongoing maintenance of emergency lights.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Ashdale Engineering are scheduled to carry out routine maintenance on all emergency lights. A list will be compiled as part of this routine maintenance.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be Completed by: Ongoing</p>	<p>It is recommended that the issues identified during the inspections of the hoists that were carried out on 25 September 2015 should be addressed.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The control box screen and leg lock issues identified in the recent inspection of the Hoist have been followed up with Aquilant Nursing who performed the inspection. Aquilant have confirmed that these issues are only relevant for engineers and not for staff using the hoists. Aquilant have confirmed that the screens cannot be replaced. However, the hoists passed all tests and are deemed safe to use by Aquilant Nursing.</p>

<b>Registered Manager Completing QIP</b>	Amelia Noach	<b>Date Completed</b>	01/02/2016
<b>Registered Person Approving QIP</b>	Emer Bevan	<b>Date Approved</b>	01/02/2016
<b>RQIA Inspector Assessing Response</b>	K. Monaghan	<b>Date Approved</b>	*02/02/16

\* Clarification or follow up required on some items.

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**