



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 19 December 2018



Carnalea

Type of Service: Nursing Home

Address: 20-30 Crawfordsburn Road, Bangor, BT19 1BE

Tel no: 028 9145 1121

Inspector: James Laverty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 73 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Claire Royston	Registered Manager: Michelle Macmillan – acting manager
Person in charge at the time of inspection: Michelle Macmillan	Date manager registered: No application required – see comment above
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill	Number of registered places: 73 with a maximum of 14 persons in category NH-DE located in the Featherstone Wing

4.0 Inspection summary

An unannounced inspection took place on 19 December 2018 from 09.00 to 16.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to monitoring the professional registration of staff, the notification of incidents, adult safeguarding, wound care provision, risk management of patients who smoke and collaboration with the multiprofessional team. Further areas of good practice were also noted in regards to the provision of person centred activities, communication with patients and their relatives, communication with staff and quality assurance audits.

One area for improvement under regulation was identified in relation to the internal environment. A further area for improvement under regulation was stated for a second time in regards to the repositioning of patients.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	0

*The total number of areas for improvement includes one area for improvement which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Michelle Macmillan, manager, and Elaine McShane, resident experience support manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 5 & 6 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 5 & 6 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with seven patients, two patients' relatives/representatives, one visiting professional and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA directly. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined and/or discussed during the inspection:

- Records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- Staff training records for the period 2018/19
- Accident and incident records
- Five patients' care records including one patient's supplementary repositioning records
- A selection of governance audits
- Complaints records
- Adult safeguarding records
- Notifiable incidents to RQIA
- RQIA registration certificate
- Monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the manager at the conclusion of the inspection and also with the resident experience support manager following the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 & 6 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 & 6 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (e)(f) Stated: First time	The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice. This relates specifically to staff awareness in relation to the procedure to be followed in case of fire and/or for saving life.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and observation of staff practice evidenced that adequate precautions against the risk of fire were in place and that best practice guidance in relation to fire safety was embedded into practice. Staff demonstrated awareness in relation to the procedure to be followed in case of fire and/or for saving life. Observation of the designated smoke room are referenced in sections 6.4 and 7.2.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regards to the management of patients who use cigarettes/e-cigarettes:</p> <ul style="list-style-type: none"> • that a comprehensive, relevant and accurate risk assessment is in place which is written in collaboration with the patient and/or their representative and is revised/kept under review as necessary • that care plan(s) are in place which prescribe the care/level of supervision required and are revised/kept under review as necessary • that patients are assisted/supervised at all times in keeping with current risk assessments/care plans when smoking and that only designated smoking areas for patients are used <p>Action taken as confirmed during the inspection:</p> <p>Review of the care records for one patient who smokes and discussion with staff provided assurance that this area for improvement had been satisfactorily met in full. It was positive to note that related risk assessments within the patient's care record evidenced regular auditing and oversight by the manager.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in relation to the provision of wound care to patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which prescribe the required wound care and cite and/or refer, if appropriate, to any recommendations from the multiprofessional team • that all supplementary wound care records are completed/maintained contemporaneously, comprehensively and accurately in keeping with legislative and best practice guidance <p>Action taken as confirmed during the inspection: Review of the care record for one patient who required ongoing wound care confirmed that this area for improvement was met. This is discussed further in section 6.5.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in relation to the provision of pressure area care to patients:</p> <ul style="list-style-type: none"> • that pressure area care is provided to patients in keeping with any relevant care plan(s) which prescribe the pressure relief required • that supplementary repositioning records are completed contemporaneously, comprehensively and accurately in keeping with legislative and best practice guidance <p>Action taken as confirmed during the inspection: Review of the care record for one patient who required regular assistance with repositioning did not provide assurance that this area for improvement was met. This is discussed further in section 6.5.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust governance arrangements are in place to ensure that all staff receive supervision and appraisal in keeping with minimum standards and current best practice.</p>	<p>Met</p>

	Action taken as confirmed during the inspection: Discussion with the manager/staff and review of governance records confirmed that robust governance arrangements were in place to ensure that all staff receive supervision and appraisal in keeping with minimum standards and current best practice.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that a comprehensive menu is displayed in all communal dining areas in a suitable format for patients. The registered person shall also ensure that staff assist patients, as required, with eating and drinking in a person centred manner which promotes patient dignity at all times.	Met
	Action taken as confirmed during the inspection: Feedback from the manager and observation of two dining areas provided assurance that this area for improvement has been met. This is discussed further in section 6.6.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Feedback from the manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. Staff who met with the inspector spoke positively about working within the home with one staff member commenting: "It's brilliant here."

Discussion with the manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. However, deficits were noted in relation to a manual handling technique which staff were observed employing with one patient during the inspection. This was immediately highlighted to both identified staff and the manager. It was confirmed following the inspection that additional supervision was provided to the identified staff and that further manual handling training would be provided for all staff within the home to ensure that best practice standards are maintained. This will be reviewed at a future care inspection.

Review of governance audits for falls confirmed that, on a monthly basis, the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. Discussion with staff also provided assurance that they had an effective awareness of how to recognise and report any potential or actual safeguarding incident.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was noted that several communal bathrooms, one linen storage area and one communal lounge were cluttered with patient equipment and/or poorly maintained by staff. This was highlighted to the manager who directed and assisted staff with ensuring that those areas identified were appropriately reviewed and maintained for patient and staff use. The need to ensure that the environment is kept free from unnecessary clutter was agreed with the manager.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of the designated smoke room did highlight that it lacked any form of mechanical extractor device for managing cigarette smoke and also lacked a self-closer device on the door. This was discussed with the manager who agreed to liaise with senior maintenance staff accordingly. Although it was noted that maintenance staff had arrived into the home and were reviewing the designated smoke room before completion of the inspection, the identified deficits remained outstanding. Following further discussion with the RQIA estates team, an area for improvement was made.

Observation of staff provided assurance that they were adhering to best practice standards in relation to infection, prevention and control (IPC). Staff were also observed wearing Personal Protective Equipment (PPE) when necessary and using hand washing techniques appropriately. It was noted that some unlaminated signage was used within the home; it was agreed with the manager that these would be removed and replaced with more appropriate signage, in keeping with IPC best practice guidance.

Review of the first floor nursing station highlighted that some refurbishment was required. Discussion with both the manager and Elaine McShane following the inspection confirmed that refurbishment of this area was overdue and needed to be progressed. RQIA were provided with confirmation following the inspection that this planned refurbishment would commence at the beginning of February 2019 and should be completed in approximately two weeks. This refurbishment work will be reviewed at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff, the notification of incidents and adult safeguarding.

Areas for improvement

One area for improvement under regulation was made in regards to the designated smoke room.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Discussion with staff and the manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the manager. Staff spoke positively about working within the home.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. Care records evidenced that a range of validated risk assessments were used and informed the care planning process.

The use of restrictive practices were reviewed. The care record for one patient who had a history of behaviour which staff may find challenging evidenced that comprehensive, detailed and person centred risk assessments were in place. It was also noted that appropriate risk assessments had been completed prior to the use of restrictive practices and that evidence of consultation with the patient's relatives/representatives had taken place. Discussion with nursing staff also provided assurance that they possessed a good understanding of the need for restrictive interventions only to be used in a proportionate, time limited and appropriate manner. However, it was noted that while the patient's care plans did reference the use of restrictive interventions, the relevant care plan lacked detail and was not sufficiently comprehensive for the consistent management of restrictive practices. This was discussed with the manager and it was agreed that the use of any restrictive practice must be appropriately referenced within patients' care plans. This will be reviewed at a future care inspection.

The provision of wound care was also considered. Feedback from nursing staff highlighted that in addition to individual patients' records, a separate 'wound care file' is maintained by nursing staff for ease of reference. This file was examined alongside the care record for one patient who required ongoing wound care. It was positive to note that relevant and detailed care plans were in place which clearly outlined the required wound care and accurately reflected ongoing recommendations by the attending TVN. In addition, nursing staff maintained a photographic record of the patient's wounds in keeping with best practice guidance. Furthermore, the wound care record was also regularly quality assured by the manager to help ensure that nursing staff were providing wound care in a consistent manner. The manager stated that the provision of wound care within the home had been an area in which she had recently sought to drive improvement. This practice is commended.

Weaknesses with regards to the repositioning of patients were highlighted. The care record for one patient who was on bed rest and required regular assistance with repositioning evidenced that relevant care planning was inaccurate, inconsistent and lacked sufficient detail. Although discussion with nursing staff demonstrated an awareness of the importance of contemporaneous record keeping, review of the patient's supplementary repositioning records highlighted that they were not maintained in accordance with best practice guidance, care standards and legislative requirements. Feedback from nursing and care staff also highlighted an inadequate understanding of the patient's care needs in regards to repositioning. Review of available governance records further confirmed that poor completion of such supplementary records had been highlighted by senior FSHC staff during a recent monthly monitoring visit to the home. These shortfalls were highlighted to nursing staff and the manager and it was agreed that the patient's care records in respect of repositioning should be thoroughly reviewed and updated as necessary. It was also agreed with the manager that assisting patients with repositioning needs and the accurate completion of supplementary repositioning records should be an area of renewed focus by the manager and senior nursing staff within the home. An area for improvement was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound care provision, risk management of patients who smoke and collaboration with the multiprofessional team.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were generally observed to be timely, compassionate and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- "They (the staff) look after me."
- "It's brilliant ... I love the grub."
- "The girls are great."
- "I've no complaints."

Feedback received from patients' relatives/representatives during the inspection included the following comments:

- "I find it very easy to speak to staff here."
- "We're more in the loop here."

Feedback received from a visiting professional during the inspection included the following comment:

- "... no concerns with the home ... staff are very attentive and know them (the patients) well."

In addition to speaking with patients, patients' relatives and staff, RQIA provided ten questionnaires for patients and ten questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the manager as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the breakfast and lunch time meals within two communal dining areas evidenced that patients were given a choice in regards to the meals being served. The dining areas appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Discussion with kitchen staff evidenced good awareness of the holistic and nutritional needs of patients. While it was noted that new menu signage was on display within both dining areas, it was observed that such signage was not used consistently in one section of the first floor dining area. The manager agreed to action this and ensure that such signage was consistently and effectively used for the benefit of patients in all communal dining areas.

During the inspection, it was positive to note that the majority of patients attended a Christmas party event which was hosted within the ground floor dining room. It was evident from observation of the patients and relatives who were in attendance alongside those staff who were assisting, that an enthusiastic and patient centred atmosphere was maintained.

Observation of the activity lounge within the Featherstone wing and feedback from the manager highlighted that it had recently been reorganised for the benefit of patients. The manager agreed to ensure that notice boards which were noted to be upright against one wall within the lounge would be erected appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of person centred activities and communication with patients and their relatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Current managerial arrangements were discussed and it was noted that the registered manager for the home was continuing to assist with operational duties within another Four Seasons Health Care facility. It was agreed that any permanent changes to the proposed role of the registered manager should be communicated to RQIA in line with regulatory requirements.

The manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager confirmed that the equality data collected was managed in line with best practice guidance.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to wound management; record keeping; the use of restrictive practices and patient dependency. Quality of life (QOL) audits were also completed daily by the manager in order to monitor patient satisfaction with nursing care and to help quality assure service delivery.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the notification of incidents, communication with staff and quality assurance audits.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle Macmillan, manager, and Elaine McShane, resident experience support manager, following the inspection as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: 6 June 2018</p>	<p>The registered person shall ensure the following in relation to the provision of pressure area care to patients:</p> <ul style="list-style-type: none"> • that pressure area care is provided to patients in keeping with any relevant care plan(s) which prescribe the pressure relief required • that supplementary repositioning records are completed contemporaneously, comprehensively and accurately in keeping with legislative and best practice guidance <p>Ref: 6.2 & 6.5</p> <p>Response by registered person detailing the actions taken: All staff in the Home have completed compulsory pressure area care on SOAR e-learning and compliance is 100%. All staff have dates arranged for a manual handling update to include repositioning and the importance of same. Nurses all sign reposition charts before completing their shift for the day and Home Manager periodically checks reposition charts throughout the working week to quality assure accurate completion of same.</p>
<p>Area for improvement 2</p> <p>Ref: Regulations 27 (2)(p) & 27 (4)(d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following with regards to the designated smoke room on the first floor:</p> <ul style="list-style-type: none"> • The installation of a self-closure device on the smoke room door • The installation of mechanical ventilation in the smoke room <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All works have been completed.</p>

Please ensure this document is completed in full and returned via Web Portal



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