



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN021116
Establishment ID No:	1075
Name of Establishment:	Comber Care Home
Date of Inspection:	09 February 2015
Inspector's Name:	K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	Comber Care Home
Address:	17 Castle Street Comber BT23 5DY
Telephone Number:	028 91 87 82 00
Registered Responsible Individual:	Mr. James McCall, Managing Director, Four Seasons Health Care
Registered Manager:	Mrs. Anne Robertson
Person in Charge of the Home at the time of Inspection:	Mrs. Anne Robertson, Registered Manager
Other person(s) present during inspection:	Mr. Stephen McCormick, Estates Manager with Four Seasons Health Care and Mr. Desmond Williamson, who is responsible for the ongoing maintenance works in the home
Type of establishment:	Nursing Home
Categories of Care:	NH-I, NH-PH, NH-PH(E), NH-TI
Conditions of Registration:	N/A
Number of Registered Places:	72
Date of previous Estates inspection:	14 May 2013
Date and time of inspection:	09 February 2015 (10:25am. – 12:25pm.)
Names of Inspector:	K. Monaghan

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003,
- The Nursing Homes Regulations (Northern Ireland) 2005 and
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

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

1. Discussions with Mrs. Anne Robertson, Registered Manager, Mr. Stephen McCormick, Estates Manager, Four Seasons Health Care and Mr. Desmond Williamson, who is responsible for the ongoing maintenance works in the home.
2. Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted
3. Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection the Inspector spoke to Mrs. Anne Robertson, Registered Manager, Mr. Stephen McCormick, Estates Manager, Four Seasons Health Care and Mr. Desmond Williamson, who is responsible for the ongoing maintenance works in the home.

6.0 INSPECTION FOCUS

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards with the focus on assessing progress with the issues raised during and since the previous inspection.

Standards inspected:

- Standard 32 - Premises and grounds,
- Standard 35 - Safe and healthy working practices and
- Standard 36 - Fire Safety

7.0 PROFILE OF SERVICE

Comber Care Home is situated in the centre of Comber close to all local amenities. The home is designed to accommodate seventy-two patients in a purpose built two-storey building. This number is however effectively reduced with a number of double bed rooms being used as large single rooms. The majority of bedroom accommodation is now provided in single bedrooms and in a designated number of double bedrooms. Single and double en-suite rooms are also available. Areas have been created to allow for small group living, and throughout the home there are nine lounges and three dining rooms. A range of assisted bathrooms and toilets were positioned throughout the home and two passenger lifts were available.

8.0 SUMMARY

During this Estates inspection a number of issues were identified for attention. Following this Estates Inspection of Comber Care Home on 09 February 2015, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in eleven requirements and one recommendation. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs. Anne Robertson, Registered Manager, Mr. Stephen McCormick, Estates Manager, Four Seasons Health Care and Mr. Desmond Williamson, who is responsible for the ongoing maintenance works in the home, throughout the inspection process.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements from the previous Estates inspection on 14 May 2013:

The following issues should be noted with regard to the issues identified for attention during the previous Estates inspection to this home on 14 May 2013:

Standard 32 - Premises and grounds				
No	Regulation	Recommendations	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.1	Regulations 27 (2)(q) 14 (2)(a),(c)	Previous QIP Item 1 Ensure that the thermostatic mixing valves indicated on the most recent service report (21 March 2013) as 'failed', are replaced without further delay.	Mr. McCormick confirmed that new thermostatic mixing valves had been fitted following the previous Estates inspection to the home. The report for the most recent service of the thermostatic mixing valves was not however presented for review during this Estates inspection.	A copy of the report for the most recent service of the thermostatic mixing valves should be forwarded to RQIA. Reference should be made to item 1 in the attached Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 14 May 2013:

Standard 35 - Safe and healthy working practices				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.2	Standard 32.8	Previous QIP Item 2 It is recommended that the current documented weekly flushing of seldom used outlets is increased to twice weekly, in accordance with current best practice guidance (HTM 04-01 'The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems'.	Mr. McCormick confirmed that new procedures were being implemented in relation to the prevention or control of legionella bacteria in the water systems across all of the Four Seasons Health Care homes. This will include twice weekly flushing of any seldom used water outlets.	The implementation of the new procedures for the prevention or control of legionella bacteria in the water systems should be confirmed to RQIA. Reference should be made to item 4 in the attached Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 14 May 2013:

Standard 35 - Safe and healthy working practices continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.3	Regulation 27 (4)(d)(i)	Previous QIP Item 3 Ensure that the distribution boards located in Store 1 and Store 3 are fully enclosed in 30 minute fire resisting construction.	Sample checks to the stores indicated that enclosures had been provided to the distribution boards.	N/A

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 14 May 2013:

Standard 36 – Fire safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.4	Regulations 27 (4)(d)(i)(ii)	Previous QIP Item 4 Ensure that the outstanding remedial works to the fire alarm and detection and emergency lighting installations are completed without further delay.	The report for the most recent inspection and test to the fire detection and alarm system that was carried out on 16 December 2014 was presented for review during this Estates inspection. This report identified an issue in relation to the need to upgrade the batteries for the control panel and an issue in relation to the need for an additional sounder. The report for the most recent inspection and test to the emergency lights that was completed on 01 October 2014 was also presented for review during this Estates inspection. No issues were identified for attention in this report.	The issues identified for attention in the inspection and test report for the fire detection and alarm system should be addressed. Reference should be made to item 8 in the attached Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 14 May 2013:

Standard 36 – Fire safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.5	Regulations 27 (4)(b)(c)	Previous QIP Item 5 Remove the items currently being stored in the main escape staircase and also the staff corridor on the first floor. It is essential that these areas remain sterile and are not used for storage.	The main staircase was clear of items of storage. There was however a clothes rack located in the corridor area outside the laundry.	The corridor areas should be kept clear. Reference should be made to item 8 in the attached Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 14 May 2013:

Standard 36 – Fire safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.6	Regulation 27 (4)(d)(i)	Previous QIP Item 6 Several bedroom doors were observed to be propped open at the time of the inspection. If there is an operational need for these doors to be held open then a suitable hold open device or swing free door closer linked to the fire alarm and detection system should be fitted.	It is good to report that no fire doors to the bedrooms were observed to be propped open during this Estates inspection.	There should be continued vigilance in relation to this issue.

9.0 INSPECTION FINDINGS CONTINUED

9.2 Standard 32 – Premises and grounds

The premises and grounds are safe, well maintained and remain suitable for their stated purpose

- 9.2.1 It is good to report that the premises were in good order, clean and odour free. This is to be commended. The following issues were identified for attention in relation to this standard during this Estates inspection:
- 9.2.2 Remedial works to the ceiling in bedroom 13 on the ground floor were ongoing at the time of this Estates inspection. This work should be completed. Reference should be made to item 1 in the attached Quality Improvement Plan.
- 9.2.3 The boundary fencing was broken in parts. This fencing should be made good. Particular attention should be given to the broken fencing along the stream at the rear of the premises where the recent tree pruning was completed. Reference should be made to item 2 in the attached Quality Improvement Plan.
- 9.2.4 Parts of the external areas around the home were not in a good condition. A survey of the external areas should be carried out and a programme of improvement should be drawn up. The details for this improvement programme should be confirmed to RQIA. Reference should be made to item 3 in the attached Quality Improvement Plan.
- 9.2.5 The above issues are detailed where appropriate in the section of the attached Quality Plan entitled 'Standard 32 – Premises and grounds'.

9.0 INSPECTION FINDINGS CONTINUED

9.3 Standard 35 - Safe and healthy working practices

The home is maintained in a safe manner

- 9.3.1 The following issues were identified for attention in relation to this standard during this Estates inspection:
- 9.3.2 Gas safety checks to the heating boilers and the gas pipework were carried out on 09 July 2014. The gas safety checks to the dryers and the kitchen equipment were also completed on 13 August 2014. The reports for these checks were presented for review during this Estates inspection. These reports identified an issue in relation the need for a second stage regulator for the kitchen appliances and for the dryers to be fitted with chains to secure them in place. These issues should be followed up. Reference should be made to item 5 in the attached Quality Improvement Plan.
- 9.3.3 It is good to report that the passenger lifts were serviced on 29 January 2015. The thorough examinations of the passenger lifts were also completed on 07 October 2014. The reports for these thorough examinations identified the need for a battery backup to the lift alarm and new buffers for one of the lifts. Mr. McCormick confirmed that the new buffers had been fitted. The issue in relation to the battery backup for the lift alarm should also be followed up. Reference should be made to item 5 in the attached Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.3 Standard 35 - Safe and healthy working practices continued

- 9.3.4 Mr. McCormick confirmed that arrangements had been made for the next routine inspection and test to the electrical equipment. The fixed wiring installation was inspected and tested on 15 April 2013. The report for this work identified a number of issues for attention. Mr. McCormick confirmed that the code C1 and C2 issues had been addressed. Some of the code C3 issues included a note stating that some further investigation was required. It was not clear if these issues had been followed up. The issues identified for attention in the report for the fixed wiring installation that was carried out on 15 April 2013 should be reviewed with the testing engineers to establish what further action is required re same. The outcome of this review should be confirmed to RQIA. Reference should be made to item 6 in the attached Quality Improvement Plan.
- 9.3.5 The standby electrical generator was serviced on 30 October 2014 and was found to be in good working order. The external casing to the generator was however not in a good condition. It is recommended that this casing should either be repaired or replaced. Reference should be made to item 7 in the attached Quality Improvement Plan.
- 9.3.6 Mr. McCormick confirmed that the risk assessment for the prevention or control of legionella bacteria in the water systems had been reviewed and updated recently. The report for this review was still pending. This report should be followed up and any issues identified for attention should be addressed and signed off. Reference should be made to item 4 in the attached Quality Improvement Plan.
- 9.3.7 The bath in bathroom 1 had been taken out of service as it was not working properly. This bath should be repaired and brought back into service. Reference should be made to item 6 in the attached Quality Improvement Plan.
- 9.3.8 The door to store 4 was not locked. This was however locked after it was reviewed during this Estates inspection. It is important that the doors to the stores are kept locked. The shelf in domestic store 2 should be replaced as this was in a poor condition. The waste pipe in bathroom 4 should be properly capped off. Reference should be made to item 6 in the attached Quality Improvement Plan.
- 9.3.9 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices'.

9.0 INSPECTION FINDINGS CONTINUED

9.4 Standard 36 – Fire Safety

Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.

- 9.4.1 The following issues should be noted in relation to this standard:
- 9.4.2 The current fire risk assessment that was completed in September 2014 was not presented for review during this Estates inspection. This was held on the computer system which was not available at the time of this Estates inspection. Mr. McCormick however confirmed that any issues identified for attention in this fire risk assessment report had been addressed.
- 9.4.3 New front doors had recently been installed to the premises. These doors were fitted with key operated locks. These locks should be changed to thumb turns. Remedial works should also be carried out to the door to the kitchen to ensure that this door closes properly and provides a fully effective fire and smoke seal. Sample checks to the doors to the dining room in the Gillespie wing and dining room 3 indicated that these doors were closing too fast. The fire doors should be checked and adjusted as required. The portable convector heating should not be used in the laundry. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.4.4 A fire drill was carried out on 27 January 2015 with no issues. Mrs. Robertson also confirmed that the 'e' learning completion percentage for fire safety training was 74%. There should be a continued focus on fire safety training to ensure that all staff attend two fire safety training sessions and at least one fire drill each year. Reference should be made to item 10 in the Quality Improvement Plan.
- 9.4.5 The chairs in the smoking room were reviewed and these did not comply with ignition sources 0 & 5. These chairs should be replaced. In addition the need for fire blankets in the smoking room and in an easily accessible location in close proximity to the external area that is sometimes used for smoking should be reviewed with the Fire Safety Advisor for the home. The nurse call facility in the smoking room should also be reviewed (no lead in place). Reference should be made to item 11 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.4 Standard 36 – Fire Safety continued

- 9.4.6 The ceiling in the calorifier store 6 should be fire stopped where the pipes pass through. The fire alarm zone drawing should also be updated to clearly indicate the roof void zones. Reference should be made to item 12 in the Quality Improvement Plan.
- 9.4.7 It is good to report that the home is equipped with a comprehensive fire detection and alarm system which covers all relevant areas of the premises. This system was installed at the time when the home was constructed. The system is based on zones rather than individual addresses. The existing system remains acceptable in the context of the current fire safety standard for nursing homes (Northern Ireland Health Technical Memorandum 84). The newer fully addressable fire detection and alarm systems offer an enhance level of fire safety. It is commendable that Four Seasons Health Care have a programme of works in place for the upgrading of the existing zonal fire detection and alarm systems throughout their homes. It would be good if Comber Care Home could be included as one of the homes that are to be upgraded in the current year.
- 9.4.8 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 36 – Fire Safety'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs. Anne Robertson, Registered Manager, Mr. Stephen McCormick, Estates Manager, Four Seasons Health Care and Mr. Desmond Williamson, who is responsible for the ongoing maintenance works in the home, as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

11.0 ENQUIRIES

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST BT1 3BT**

QUALITY IMPROVEMENT PLAN

- for -

ANNOUNCED ESTATES INSPECTION IN021116

- to -

COMBER CARE HOME RQIA ID 1075

- on -

09 FEBRUARY 2015

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	-	-	-		
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	-	-	-		
C.	Clarification or follow up required on some items.	X	-	X	K Monaghan	27 April 2015

NOTES:

The details of the quality improvement plan were discussed with Mrs. Anne Robertson, Registered Manager, Mr. Stephen McCormick, Estates Manager, Four Seasons Health Care and Mr. Desmond Williamson, who is responsible for the ongoing maintenance works in the home, as part of the inspection process.


The timescales commence from the date of inspection. Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan

The quality improvement plan is to be signed below by the registered provider and registered manager and returned to: estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Anne Robertson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall  27/4/15

Carol Cousins.

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulation 13(7) 14(2)(a) 14(2)(c) 27(2)(b) 27(2)(c)	A copy of the report for the most recent service of the thermostatic mixing valves should be forwarded to RQIA. The remedial works to the ceiling in bedroom 13 on the ground floor should be completed. Reference should be made to paragraphs 9.1.1 and 9.2.2 in the Report.	One month	A copy of the most recent service of the thermostatic mixing valves is attached to the Q.I.P. The ceiling in bedroom 13 has been repaired.
2.	Regulations 14(2)(a) 14(2)(c) 27(2)(b)	The boundary fencing should be made good. Particular attention should be given to the broken fencing along the stream at the rear of the premises where the recent tree pruning was completed. Reference should be made to paragraph 9.2.3 in the Report.	One month	M.S.T. team have repaired the fence in particular at the stream.
3.	Regulations 27(2)(b)	A survey of the external areas should be carried out and a programme of improvement should be drawn up. The details for this improvement programme should be confirmed to RQIA. Reference should be made to paragraph 9.2.4 in the Report.	Three months	A survey of the external areas of the home will be conducted by the Home Manager and Property Manager on Thursday 24 th April and the programme of improvement will be forwarded to R.Q.I.A. when completed.

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The following requirement should be noted for action in relation to Standard 35 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The implementation of the new procedures for the prevention or control of legionella bacteria in the water systems should be confirmed to RQIA. The report for the most recent review of the legionella risk assessment should be followed up and any issues identified for attention should be addressed and signed off. Reference should be made to paragraph 9.1.2 and 9.3.6 in the Report.	One month	Clearwater are on site this week carrying out the Legionella Risk Assessment when the assessment is received a programme of works will be put in place to address any remedial works required.
5.	Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The issues identified for attention in the reports for the recent gas safety reports in relation the need for a second stage regulator for the kitchen appliances and for the dryers to be fitted with chains to secure them in place should be followed up. The issue in relation to the battery backup for the lift alarm should also be followed up. Reference should be made to paragraphs 9.3.2 and 9.3.3 in the Report.	One month	Hutton M&E have been to site to assess the recommendation that a second stage regulator be fitted, if this is identified as needed it will be fitted within 1 week. The last service report for the lift is attached and there are no issues.

The following requirement should be noted for action in relation to Standard 35 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6.	Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The issues identified for attention in the report for the fixed wiring installation that was carried out on 15 April 2013 should be reviewed with the testing engineers to establish what further action is required re same. The outcome of this review should be confirmed to RQIA. The bath in bathroom 1 should be repaired and brought back into service. The shelf in domestic store 2 should be replaced as this was in a poor condition. The waste pipe in bathroom 4 should be properly capped off. It is important that the doors to the stores are kept locked. Reference should be made to paragraphs 9.3.4, 9.3.7 and 9.3.8 in the Report.	One month	<p>All code 1&2,s have been completed we are awaiting instruction from the test engineer to see if any further action is required.</p> <p>The bath in bathroom 1 has been reported to the bath specialist contractor. We are awaiting their report.</p> <p>The shelf in Domestic store 2 has been replaced.</p> <p>The waste pipe in bathroom 4 has been properly capped off. Staff are to be made aware to lock all store doors if they are not in use.</p>

The following requirement should be noted for action in relation to Standard 35 - Safe and healthy working practices:

Item	Regulation Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
7.	Standard 35.1	It is recommended that the casing for the generator should either be repaired for replaced. Reference should be made to paragraphs 9.3.5 in the Report.	Ongoing	The casing to the generator is being monitored and assessed. The generator is in full working order.

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8.	Regulation 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv)	The issues identified for attention in the inspection and test report for the fire detection and alarm system should be addressed. The corridor areas should be kept clear. Reference should be made to paragraphs 9.1.4 and 9.1.5 in the Report.	One month	We are awaiting the latest report for the fire alarm and detection system which was carried out on 17/4/2015. we have been advised that no issues where identified. A copy of this certificate will be forwarded to R.Q.I.A. when received.

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
9.	Regulation 27(4)(b) 27(4)(d)(c)	The key operated locks on the new front doors should be changed to thumb turns. Remedial works should also be carried out to the door to the kitchen to ensure that this door closes properly and provides a fully effective fire and smoke seal. The fire doors should be checked and adjusted as required. The portable convector heating should not be used in the laundry. Reference should be made to paragraph 9.4.3 in the Report.	One month and ongoing	<p>The key operated locks on the front doors have been replaced with easy opening thumb turn locks.</p> <p>The M.S.T. have checked and adjusted all doors.</p> <p>The portable convector heater has been removed from the Laundry.</p>
10.	Regulation 27(4)(b) 27(4)(e) 27(4)(f)	There should be a continued focus on fire safety training to ensure that all staff attend two fire safety training sessions and at least one fire drill each year. Reference should be made to paragraph 9.4.4 in the Report.	Ongoing	<p>A fire drill was carried out on 2/4/2015. Further drills will be carried out to cover all staff.</p> <p>E-Learning is at 81% compliant.</p>

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
11.	Regulation 27(4)(b)	The chairs in the smoking room should be replaced. In addition the need for fire blankets in the smoking room and in an easily accessible location in close proximity to the external area that is sometimes used for smoking should be reviewed with the Fire Safety Advisor for the home. The nurse call facility in the smoking room should also be reviewed (no lead in place). Reference should be made to paragraph 9.4.5 in the Report.	One month	The chairs in the smoking room have been replaced and a fire blanket has been installed after being reviewed with the Fire safety advisor. A nurse call lead is also in place.
12.	Regulation 27(4)(b) 27(4)(d)(i)	The ceiling in the calorifier store 6 should be fire stopped where the pipes pass through. The fire alarm zone drawing should also be updated to clearly indicate the roof void zones. Reference should be made to paragraph 9.4.6 in the Report.	One month	The ceiling of the calorifier store 6 has been fire stopped. 9.4.6 - The current conventional L1 Fire Alarm System and Fire Zone Plans are in accordance with the BS5839 at the time of installation and upgrading of the installation in accordance with NI-HTM84 for new build premises is not required. Requirement for the Fire Alarm installation and passive safety measures within the Roof Void are (1) The maximum size of a fire zone is

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				<p>2000sqm - the roof void (Zone 7) is 1,358sqm</p> <p>(2) The maximum number of devices per zone is 22 (varies with each manufacturer). The roof void (Zone 7) has a smoke detector installed less than every 10 metres with remote indicators. Approximately 10 devices are installed.</p> <p>(3) The roof void compartment is divided with cavity parries every 10 metres to prevent the spread of fire.</p> <p>9.4.7 - The current installation is considered to be an acceptable standard and there are no short term plans to upgrade the installation.</p>
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