



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN017928
Establishment ID No:	11287
Name of Establishment:	Bannvale Social Education Centre, Gilford
Date of Inspection:	14 October 2014
Inspector's Name:	K. Monaghan

GENERAL INFORMATION

Name of Centre:	Bannvale Social Education Centre
Address:	10 Moyallen Road Gilford BT63 5JX
Telephone Number:	028 38 831545
Registered Responsible Person:	Mrs. Anne Mairead McAlinden, Chief Executive, Southern Health and Social Care (HSC) Trust
Registered Manager:	Mrs. Mairead Murphy
Person in Charge of the Centre at the time of Inspection:	Mrs. Mairead Murphy, Registered Manager
Other person(s) present during inspection:	Mr. Melvyn Purdy, Assistant Manager Mr. J. Haire and Mr. S. Johnston, Estates Officers with the Southern HSC Trust
Categories of Care:	DCS –LD
Conditions of Registration:	N/A
Number of Registered Places:	90
Date of previous Estates Inspection:	13 August 2013
Date and time of inspection:	14 October 2014 (10:30am. – 12:55pm.)
Name of Inspector:	K. Monaghan

1.0 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 Day Care Centres.

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 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 the 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 Day Care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- Day Care Centre, Minimum Standards (DHSSPS) January 2012

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

4.0 METHODS/PROCESSES

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

- Discussions with Mrs. M. Murphy, Registered Manager, Mr. M. Purdy Assistant Manager, Mr. J. Haire, Estates Officer with the Southern HSC Trust and Mr. S. Johnston, Estates Officer with the Southern HSC Trust
- Examination of records
- Inspection of the centre internally.
- Evaluation and feedback

Any other relevant 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. M. Murphy, Registered Manager, Mr. M. Purdy Assistant Manager, Mr. J. Haire, Estates Officer with the Southern HSC Trust and Mr. S. Johnston, Estates Officer with the Southern HSC Trust.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Day Care Centre, Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 25 - Premises and grounds
- Standard 27 - Safe and healthy working practices
- Standard 28 - Fire Safety

This Estates inspection focused specifically on the issues that were included in the Quality Improvement Plan for the Estates inspection that was carried out on 13 August 2013.

7.0 PROFILE OF SERVICE

Bannvale Social Education Centre Day Care Setting is located on the outskirts of Gilford. The premises are set in extensive grounds and are single storey purpose built. The centre provides day care services for up to 90 adults with learning and physical disabilities from Monday to Friday each week between the hours of 9:00am and 4:00pm.

8.0 SUMMARY

Following the Estates Inspection of Bannvale Social Education Centre in Gilford on 14 October 2014, some improvements are required to comply with the Day Care Settings Regulations (Northern Ireland) 2007 and the criteria outlined in the following minimum standards:

- Standard 25 - Premises and grounds
- Standard 27 - Safe and healthy working practices
- Standard 28 - 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. M. Murphy, Registered Manager, Mr. M. Purdy, Assistant Manager, Mr. J. Haire, Estates Officer with the Southern HSC Trust and Mr. S. Johnston, Estates Officer with the Southern HSC Trust, throughout the inspection process.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013:

The previous Estates inspection to Bannvale Social Education Centre in Gilford was carried out on 13 August 2013. The following issues should be noted with regard to the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out 13 August 2013:

Standard 27 – Premises and grounds			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.1	Regulation 26(2)(b)	Previous QIP Item 1 The defective (broken seals) glazing units to the windows in the dining room should be replaced.	This issue had been addressed.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013 Continued:

Standard 27 – Premises and grounds			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.2	Regulations 26(2)(a) 26(2)(g)	Previous QIP Item 2 A multidisciplinary review of the toilet provision throughout the premises should be completed. The outcome of this review should inform a programme of improvement works. The outcome of this review and the proposed improvement programme of works should be confirmed to RQIA.	Some improvements in relation to the toilets had been made with the removal of the urinals. The communal toilets located in the corridors still however required further improvement. In particular, the male toilets in the corridor leading to the activity rooms were in a poor condition. The support frame in the assisted toilet should be replaced, the bin should be replaced, any plaster damage at low level should be made good, the exposed boarding panels should be covered with impervious sheeting and these toilets should be repainted. In addition the Registered Manager should carry out a review of the toilet provision in consultation with the staff to determine how many toilets and the type of toilets (ambulant and assisted) that are required to meet the needs of the service users. The outcome of this assessment should inform a programme of improvement in relation to the toilets. The outcome of the needs assessment and a programme of improvement set within firm timescales should be forwarded to RQIA. Reference should be made to item 1 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013 Continued:

Standard 27 – Premises and grounds			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.3	Regulation 26(2)(i)	Previous QIP Item 3 A further storage audit should be carried out. This audit should include the adequacy of the Physiotherapy/Occupational therapy/store room The outcome of this audit should be confirmed to RQIA.	The issues in relation to storage were discussed during this Estates inspection. The Physiotherapy/Occupational Therapy/Store Room had been reorganised and was being managed to maximise this resource. At present there were no issues in relation to storage that were having a detrimental impact on service users.
9.1.4	Regulation 26(2)(b)	Previous QIP Item 4 The floor covings should be reviewed and repaired or replaced as required.	It is good to report that new furniture had been provided in the main dining hall. This is to be commended. The floor covering works had not however been completed. The floor covering in the main dining hall was damaged with chair and scuff marks. The carpet in the corridor outside the Ash Room was also stained. The floor coverings in the premises should be reviewed and a programme of replacement with firm timescales should be drawn up. The floor covering in the main dining hall should be given a priority in this programme. A copy of this programme should be forwarded to RQIA. Reference should be made to item 2 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013 Continued:

Standard 27 – Premises and grounds			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.5	Regulation 26(2)(k)	Previous QIP Item 5 A review should be carried out in relation to the adequacy of the ventilation and the temperature control in the premises. This review should focus on the activity rooms and the sanitary facilities. The outcome of this review should be confirmed to RQIA.	The adequacy of the heating and ventilation in the premises was discussed during this Estates inspection. Adjustments had been carried out to the heating system and at present there were no issues in relation to heating and ventilation that were having a detrimental impact on service users.
9.1.6	Regulation 18(2)(c)	Previous QIP Item 6 The completion of the new cooker installation should be confirmed to RQIA.	This issue had been addressed.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013 Continued:

Standard 27 – Premises and grounds			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.7	Regulations 26(2)(b) 26(2)(d)	Previous QIP Item 7 The damaged ceiling tiles should be replaced. The standard of décor in the premises should be reviewed and a programme of redecoration should be drawn up. A copy of this programme of work should be forwarded to RQIA.	The damaged ceiling tiles had been replaced but a programme of redecoration for the premises had not been drawn up. The standard of décor in the premises should be reviewed and a programme of redecoration should be drawn up. A copy of this programme of work should be forwarded to RQIA. Priority should be given in this programme to the repainting of the changing/shower rooms. Reference should be made to item 3 in the Quality Improvement Plan.
9.1.8	Regulation 26(2)(i)	Previous QIP Item 8 Completion of the work in relation to the new external waste storage facility should be confirmed to RQIA.	The new waste storage facility had not been provided. The bins however had been changed to provide four larger covered bins. These should not be located below the kitchen windows. Reference should be made to item 4 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013 Continued:

Standard 28 - Safe and healthy working practices			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.9	Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)	Previous QIP Item 9 The maintenance arrangements for the water filter should be reviewed and clarified. In addition the flexible plumbing connections under sinks etc... should be checked to ensure that they are WRAS Approved or equal. Flexible connections that do not meet this standard should be replaced.	The water filter had been removed and a sample check to the sanitary ware connections in the male toilets opposite the main dining hall indicated that the flexible connections had been replaced with solid copper connections.
9.1.10	Regulations 14(1)(a) 14(1)(c)	Previous QIP Item 10 The outcome of asbestos survey should be confirmed to RQIA.	The findings of the asbestos survey were presented for review during this Estates Inspection. This report identified the need to label a heating boiler in the boiler room. This had been labelled.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013 Continued:

Standard 28 - Safe and healthy working practices			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.11	Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)	Previous QIP Item 11 The 'dead legs' in the plumbing system should be removed.	Some of the 'dead legs' in the plumbing system had been removed. There were still however some 'dead legs' remaining in the kitchen freezer store. These should either be flushed twice each week or disconnected from the system. Reference should be made to item 5 in the Quality Improvement Plan.
9.1.12	Regulation 18(2)(a)	Previous QIP Item 12 The position in relation to the installation of the new staff to staff emergency communication system should be confirmed to RQIA.	A new staff to staff communication system had not been installed. The need for this type of communication system should be reviewed by the Registered Manager in consultation with the staff. The outcome of this review should be confirmed to RQIA. Reference should be made to item 6 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013 Continued:

Standard 28 - Safe and healthy working practices			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.13.	Regulations 13(7)	Previous QIP Item 13 An infection control audit should be completed for the premises. This should focus on the environment, waste management and laundry arrangements. The Infection Control Advisor for the Trust should be consulted in relation to this issue. The outcome of this audit should be confirmed to RQIA.	An infection control audit had been carried out since the previous Estates inspection. There was however still an issue that needed to be resolved in relation to the laundry arrangements. The arrangements for dealing with soiled clothing should be reviewed. The Infection Control Advisor, the staff, the service user's representatives and the RQIA Care Inspector should be consulted as part of this review. The outcome of this review should be confirmed to RQIA. Reference should be made to item 8 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013 Continued:

Standard 28 - Fire Safety			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.14	Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(c) 26(2)(l)	Previous QIP Item 14 The arrangements in place in relation to the prevention or control of legionella bacteria in the water systems, the maintenance of the thermostatic mixers and the ventilation installations should be confirmed to RQIA. In addition the reports for the thorough examinations of the lifting equipment should include the information set out in Schedule 1 of the Lifting Operations and Lifting Equipment Regulations.	Mr. Johnston agreed to provide details in relation to the legionella bacteria controls, the ventilation installations, the report for the most recent service of the thermostatic mixers and the thorough examination information for the lifting equipment. Reference should be made to item 7 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013 Continued:

Standard 28 - Fire Safety			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.15	Regulations 26(4)(b) 26(4)(c) 26(4)(d)(i)	Previous QIP Item 15 Fire doors should not be wedged or propped open. Consideration should be given to the installation of additional hold open devices linked to the fire detection and alarm system to address this issue. Advice should be sought from the Trust's Fire Safety Officer.	No fire doors were observed during this Estates inspection to be wedged open. Additional hold open devices linked to the fire detection and alarm system had not however been installed. These devices would still be helpful. It is recommended therefore that additional hold open devices linked to the fire detection and alarm system should be installed. Reference should be made to item 12 in the Quality Improvement Plan.
9.1.16	Regulations 26(4)(b) 26(4)(c) 26(4)(d)(iv)	Previous QIP Item 16 All of the fire doors should be inspected and any necessary remedial works should be completed.	All of the fire doors had not been fitted with cold smoke seals. The need to install cold smoke seals should be reviewed with the Fire Safety Advisor for the premises. The outcome of this review should be confirmed to RQIA. Reference should be made to item 10 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013 Continued:

Standard 28 - Fire Safety			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.17	Regulations 26(4)(b) 26(4)(d)(v)	Previous QIP Item 17 The fire alarm break glass points should be numbered, listed and tested on a weekly basis in rotation. The list for the first aid firefighting equipment should also be reviewed and updated for the monthly checks.	Sample checks indicated that the records for the tests to the fire alarm and the first aid firefighting equipment had been revised and further revisions were being considered.
9.1.18	Regulation 26(4)(b)	Previous QIP Item 18 The new plan for the fire detection and alarm system should be installed.	There were two plans for the premises provided at the fire alarm control panel. One plan identified the zones and the other plan identified the room descriptions. Mrs. Murphy confirmed that the staff were familiar with the fire detection and alarm system and the layout of the premises and that they could quickly identify the location of a fire detector activation.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013 Continued:

Standard 28 - Fire Safety			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.19	Regulations 26(4)(a) 26(4)(d)(iv) 26(4)(d)(v)	Previous QIP Item 19 The fire risk assessment for the premises should be reviewed, updated and actioned as required. The outcome of this review should be confirmed to RQIA. The report for the most recent duration test to the emergency lights and confirmation that the emergency lights are being function checked each month should also be forwarded to RQIA.	A fire risk assessment was completed on 22 August 2013 and this was reviewed in February 2014. Some of the issues identified for attention in the action plan for this review had been addressed. The position in relation to all of the issues was not however clear. The action plan should be reviewed by the Registered Manager and signed off where the issues have been addressed. A copy of the signed off action plan along with the proposals to address any remaining issues should be forwarded to RQIA. Mr. Johnston confirmed that a duration test was being carried out to the emergency lights on a three monthly basis. It is recommended that monthly function checks to the emergency lights should also be carried out. Reference should be made to items 11 and 12 in the Quality Improvement Plan.

9.0 INSECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 13 August 2013 Continued:

Standard 28 - Fire Safety			
Item	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.20	Regulations 26(4)(b) 26(4)(d)(i)	Previous QIP Item 20 The switchgear room should be cleared out. The fire stopping at the cable tray perforation should also be checked and made good as required. The leak at the hot water cylinder in the boiler room should be made good.	These issues had been addressed.
9.1.21	The above issues are restated where appropriate in the relevant sections of the attached Quality Improvement Plan		

9.0 INSPECTION FINDINGS CONTINUED

9.2 Standard 25 - Premises and grounds

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

9.2.1 No additional issues were identified for attention in relation to this standard during this Estates inspection.

9.3 Standard 27 - Safe and healthy working practices

The day care setting is maintained in a safe manner

9.3.1 One additional issue was identified for attention in relation to this standard as follows:

9.3.2 A section of the pipe casing in one of the changing/shower rooms was in a poor condition. This should be made good. Reference should be made to item 9 in the Quality Improvement Plan.

9.3.3 The above issue is detailed in the section of the attached quality improvement plan entitled 'Standard 27 - Safe and healthy working practices'

9.4 Standard 28: Fire safety

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

9.4.1 No additional issues were identified for attention in relation to this standard during this Estates inspection.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs. M. Murphy, Registered Manager, Mr. M. Purdy, Assistant Manager, Mr. J. Haire, Estates Officer with the Southern HSC Trust and Mr. S. Johnston, Estates Officer with the Southern HSC Trust, 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 Day Care Settings Regulations (Northern Ireland) 2007 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 day care centre to improve the quality of life experienced by service users.

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:

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



The Regulation and
Quality Improvement
Authority

QUALITY IMPROVEMENT PLAN

IN020688 - ANNOUNCED ESTATES INSPECTION

BANNVALE SOCIAL EDUCATION CENTRE, GILFORD RQIA ID 11287

14 OCTOBER 2014

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.	√	–	√	K. Monaghan	02 December 2014

IN020688 - Announced Estates Inspection to Bannvale Social Education Centre, Gilford RQIA ID 11287 on 14 October 2014

Assurance, Challenge, Improvement in Health and Social Care

NOTES:

The details of the quality improvement plan were discussed with of Mrs. M. Murphy, Registered Manager, Mr. M. Purdy, Assistant Manager, Mr. J. Haire, Estates Officer with the Southern HSC Trust and Mr. S. Johnston, Estates Officer with the Southern HSC Trust, 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 Day Care Settings Regulations (Northern Ireland) 2007 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 day care centre to improve the quality of life experienced by service users.

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	Mairead Murphy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Miceal Crilly on behalf of Mairead McAlinden

Standard 25 - Premises and grounds

The following requirement should be noted for action in relation to Standard 25 - Premises and grounds :

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 13(7) 26(2)(a) 26(2)(c) 26(2)(g)	<p>The following issues should be addressed in relation to the male toilets located in the corridor leading to the activity rooms:</p> <ol style="list-style-type: none"> 1. The support frame in the assisted toilet should be replaced 2. The bin should be replaced 3. Any plaster damage at low level should be made good 4. The exposed boarding panels should be covered with impervious sheeting and these toilets should be repainted. <p>In addition the Registered Manager should carry out a review of the toilet provision in consultation with the staff to determine how many toilets and the type of toilets (ambulant and assisted) that are required to meet the needs of the service users. The outcome of this assessment should inform a programme of improvement in relation to the toilets. The outcome of the needs assessment and a programme of improvement set within firm timescales should be forwarded to RQIA. Reference should be made to paragraph 9.1.2 in the report.</p>	3 Months	<ol style="list-style-type: none"> 1. A WIMS was completed on 30.10.14 and Estates Officer has arranged for the support frame to be removed within 4 - 6 weeks 2. Completed 3. Estates Officer [KT] has arranged for this work to be completed within 4 - 6 weeks. 4. The exposed boarding panels have been painted. <p>Manager/Assistant Managers have discussed the toilet requirements within Bannvale SEC with the Day Care Workers at a staff meeting on 20.11.14. DCW's are to consider further the needs of service users within their groups and feedback at a follow up meeting on 11.12.14 The outcome of this review will be confirmed to RQIA within the timescale.</p>

Standard 25 - Premises and grounds

The following requirement should be noted for action in relation to Standard 25 - Premises and grounds :

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2.	Regulation 26(2)(b)	The floor coverings in the premises should be reviewed and a programme of replacement with firm timescales should be drawn up. The floor covering in the main dining hall should be given a priority in this programme. A copy of this programme should be forwarded to RQIA. Reference should be made to paragraph 9.1.4 in the report.	3 Months	An Estates Minor Works form was completed on the 14.11.13 and resubmitted on the 18.11.14 to replace vinyl floor covering in the dining room, Sycamore bathroom and corridor to Rowan.
3.	Regulation 26(2)(d)	The standard of décor in the premises should be reviewed and a programme of redecoration should be drawn up. Priority should be given in this programme to the repainting of the changing/shower rooms. A copy of this programme of work should be forwarded to RQIA. Reference should be made to paragraph 9.1.7 in the report.	3 Months	An Estates Minor Works form was completed on the 26.11.13 and resubmitted on 18.11.14 for a programme of repainting of all rooms in Bannvale SEC In addition Manager/Assistant Manager have liaised with [Estates Officer [KT] and repainting of the changing/shower rooms will be completed within 4-6 weeks.

Standard 25 - Premises and grounds

The following requirement should be noted for action in relation to Standard 25 - Premises and grounds :

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulation 26(2)(i)	The bins should not be located below the kitchen windows. Reference should be made to paragraph 9.1.8 in the report.	Ongoing	The Assistant Manager [MP] will discuss bin storage with the Fire Safety Officer [VB] on the 02.12.14 during the Fire Risk Assessment. The outcomes of this assessment and actions/timescales required will be forwarded to RQIA.

Standard 27 - Safe and healthy working practices

The following requirement should be noted for action in relation to Standard 27 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5.	Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l)	The remaining 'dead legs' in the kitchen freezer store should either be flushed twice each week or disconnected from the system. Reference should be made to paragraph 9.1.11 in the report.	Ongoing	Following discussions with JH Estates Officer - "the remaining 'dead legs' in kitchen freezer store will be linked to the hot flow and return and take the cold water out through the wall to a new tap which will need flushed and recorded appropriately". This work is scheduled to be carried out within 4 - 6 weeks.

Standard 27 - Safe and healthy working practices

The following requirement should be noted for action in relation to Standard 27 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6.	Regulation 18(2)(a)	The need for a staff to staff communication system should be reviewed by the Registered Manager in consultation with the staff. The outcome of this review should be confirmed to RQIA. Reference should be made to paragraph 9.1.12 in the report.	3 Months	Manager/Assistant Managers have discussed the need for a staff to staff communication system with the staff team on 20.11.14. Staff are to consider the needs within their group and feedback at a follow up meeting on 11.12.14 The outcome of this review will be confirmed to RQIA
7.	Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(c) 26(2)(l)	The details in relation to the legionella bacteria controls, the ventilation installations, the report for the most recent service of the thermostatic mixers and the thorough examination information for the lifting equipment should be forwarded to RQIA. Reference should be made to paragraph 9.1.14 in the report.	3 Months	Estates Officer [SJ] has agreed to supply this information to RQIA within next 2 weeks.

Standard 27 - Safe and healthy working practices

The following requirement should be noted for action in relation to Standard 27 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8.	Regulations 13(7)	The arrangements for dealing with soiled clothing should be reviewed. The Infection Control Advisor, the staff, the service user's representatives and the RQIA Care Inspector should be consulted as part of this review. The outcome of this review should be confirmed to RQIA. Reference should be made to paragraph 9.1.13 in the report.	3 Months	Manager / Assistant Manager reviewed Regional Infection Control Manual and Laundry Advice information leaflet. Discussions have taken place with Day Care Staff, Service User Representative and [DMcD] Infection Control Nurse. All staff to adhere to Regional Infection Control laundry advice leaflet.
9.	Regulations 26(2)(b) 26(2)(d)	The pipe casing in the changing/shower rooms should be reviewed and made good as required. Reference should be made to paragraph 9.3.2 in the report.	2 Months	Completed 7.11.14

Standard 28 - Fire Safety

The following requirement should be noted for action in relation to Standard 28 - Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
10.	Regulations 26(4)(b) 26(4)(c) 26(4)(d)(i)	The need to install cold smoke seals should be reviewed with the Fire Safety Advisor for the premises. The outcome of this review should be confirmed to RQIA. Reference should be made to paragraph 9.1.16 in the report.	3 Months	Assistant Manager [MP] has liaised with SHSCT Fire Safety Officer [VB] who will review cold smoke seals on 02.12.14 as part of the Fire Risk Assessment. RQIA will be informed of the outcome of this review.
11.	Regulations 26(4)(a) 26(4)(b)	The action plan for the fire risk assessment review that was completed in February 2014 should be reviewed by the Registered Manager and signed off where the issues have been addressed. A copy of the signed off action plan along with the proposals to address any remaining issues should be forwarded to RQIA. Reference should be made to paragraph 9.1.19 in the report.	3 Months	A Fire Risk Assessment will be carried out in Bannvale SEC on the 02.12.14. A copy of the signed action plan along with the proposals to address any remaining issues will be forwarded to RQIA.

Standard 28 - Fire Safety

The following requirement should be noted for action in relation to Standard 28 - Fire Safety:

Item	Regulation Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
12.	Standard 28.2	It is recommended that additional hold open devices linked to the fire detection and alarm system should be installed. It is also recommended that monthly function checks to the emergency lights should also be carried out. Reference should be made to paragraphs 9.1.15 and 9.1.19 in the report.	Ongoing	A minor works request for 5 additional hold open devices was completed on [07.02.14] and resubmitted on the 18.11.14. A monthly function checklist for emergency lights will be developed into the monthly fire checklist. [Dec 2014]