



The **Regulation** and  
**Quality Improvement**  
Authority

**Lisadian House Nursing Home**  
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**Announced Estates Inspection**  
  
**of**  
  
**Lisadian House Nursing Home, Hillsborough**  
  
**19 May 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An announced Estates inspection took place on 19 May 2015 from 10:30am. to 1:30pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes April 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	11	2

The details of the QIP within this report were discussed with the Rev. Robert Ginn, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Responsible Individual:</b> Pastor Edwin Michael, Elim Trust Corporation	<b>Registered Manager:</b> The Rev Robert Ginn (Registration pending)
<b>Person in Charge of the Home at the Time of Inspection:</b> The Rev Robert Ginn, Manager	<b>Date Manager Registered:</b> Registration pending
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 45
<b>Number of Patients Accommodated on Day of Inspection:</b> 42	<b>Weekly Tariff at Time of Inspection:</b> £593.00 + £15.00 top up

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous Estates inspection and to determine if the following standards have been met:

**Standard 44: Premises**

**Standard 47: Safe and Healthy working Practices**

**Standard 48: Fire Safety**

## 4. Methods/Process

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

Prior to the inspection an overview of the recent notified incidents was carried out. The issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 07 September 2012 were also reviewed during this Estates inspection.

During the inspection, the inspector did not meet with patients, care staff, support staff, visiting professionals or patient's visitors/representatives.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, fire risk assessment etc...

## 5. The Inspection

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

The previous inspection of the home was an unannounced primary care inspection on 21 April 2015. The completed QIP for this inspection is due to be returned to RQIA on 10 June 2015.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 07 September 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulations 27(2)(b) 27920(c) 27(2)(q)	The light and extract fan in the shower room opposite bedroom 42 should be checked and replaced if required (fan switched off and poor level of illumination from light).	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> This issue had been addressed.	
<b>Requirement 2</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The records for the twice weekly flushing of any water outlet that is not used on a frequent basis and for the quarterly disinfection of the showers should be available in the home.	<b>Not Met</b>
	<b>Action taken as confirmed during this inspection:</b> Rev. Ginn confirmed that all water outlets were being flushed for ten minutes each week. In addition, any water outlet that is not in frequent use should be flushed twice each week. Rev. Ginn confirmed that the showers were descaled and cleaned once each week on a Thursday although a record for this activity was not presented for review during this Estates inspection. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 3</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The risk assessment for the prevention or control of legionella bacteria in the water systems should be reviewed, updated and actioned as required. Water samples should also be tested for legionella bacteria. Reference should be made to the guidance contained in the 'APPROVED CODE OF PRACTICE AND GUIDANCE L8 Legionnaires' disease the control of legionella bacteria in water systems' available from the Health and Safety Executive.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> The report for the most recent legionella risk assessment was not presented for review during this Estates inspection. Subsequent to this Estates inspection RQIA received confirmation from Rev. Ginn that a specialist company had visited the home and completed all the works required in relation to Legionella control. A copy of the report for this most recent legionella risk assessment should be forwarded to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 4</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(q) 27(4)(b)	A satisfactory periodic inspection and test report for the general electrical installation should be obtained for the home (inspection and testing ongoing). A satisfactory gas safety report should also be obtained for the dryer in the laundry (pipework and equipment).	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> The fixed wiring installation was inspected and tested on 08 September 2012. The report for this inspection and test identified four code C3 issues for attention. No further investigation in relation to these issues was however recommended. The next inspection and test to the fixed wiring installation would be due in September 2015. These issues should be reviewed with the engineers during this next inspection and test. The certificate for the current annual gas safety inspection to the dryer in the laundry was not presented for review during this Estates inspection. Reference should be made to requirement 2 in the attached Quality Improvement Plan.	
<b>Requirement 5</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)	The television in bedroom 35 should be relocated away from the wash hand basin.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> The television in bedroom 35 had been removed.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 6</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The procedure for checking the water temperatures should be reviewed and amended to ensure appropriate remedial action is taken when the temperatures do not meet the required standards in relation to the scalding risk or the legionella risk. Records for this action should also be kept in the home. The sentinel unblended and cold water outlets throughout the home should be clearly identified.	Partially Met
	<b>Action taken as confirmed during this inspection:</b> The records for the ongoing water temperature checks indicated that some of the unblended hot water temperatures were below the current 55°C minimum standard. It was not clear from the records what action had been taken to address this issue. Remedial action should be taken to address this issue. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	
<b>Requirement 7</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)	The method of controlling the window openings should be reviewed and amended as required. All window openings should be controlled to a safe point of opening with a maximum clear opening of 100mm. The restrictors should not be easy to disconnect without the use of a key or a specialist tool. Reference should be made to the recent correspondence from RQIA in relation to this issue.	Met
	<b>Action taken as confirmed during this inspection:</b> The registered persons confirmed in the completed Quality Improvement Plan for the previous Estates inspection that all window openings had been reviewed and the restrictors had been changed in line with the correspondence from RQIA. No unrestricted window openings were observed during this Estates inspection.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 8</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv)	The fire doors should be checked and adjusted as required. The door to the dining room from the kitchen corridor should be adjusted to close and latch with the self-closer. The door to the linen store at bedroom 16 on the ground floor and the corridor door at bedroom 39 on the first floor should also be adjusted to ensure that they close effectively.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> Sample checks to the door to the dining room and the corridor door at bedroom 37 on the first floor indicated that this issue had been addressed.	
<b>Requirement 9</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	The issues identified for attention in the reports for the recent inspections and tests to the fire detection and alarm system and the emergency lights should be addressed. An action plan to address this issue should be forwarded to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> The fire detection and alarm system was inspected and serviced on 09 February 2015. A report for the inspection and test to the emergency lights was not presented for review during this Estates inspection. Subsequent to this Estates inspection RQIA received a certificate for the inspection and testing of the emergency lights on 29 May 2015. This certificate indicated that the emergency lights were satisfactory.	



Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 10</b>  <b>Ref:</b> Regulations 27(4)(b) 27(2)(c) 27(2)(e)	Fire doors should not be wedged or propped open. If fire doors are required to be held open to meet care and operational needs, hold open devices linked to the fire detection and alarm system should be installed. The maintenance store at bedroom 26 should be kept closed. The fire training arrangements should also be reviewed to ensure that any staff who have not received fire safety training within the last six months attend the session that has been planned for September 2012.	Partially Met
	<b>Action taken as confirmed during this inspection:</b> No doors were observed to be wedged open during this Estates inspection. Although not in use, a wedge was observed in the hairdressing room. A suitable hold open device linked to the fire detection and alarm system should be installed at this door. The door to the maintenance store at bedroom 26 was locked. The information presented for review during this Estates inspection indicated that the fire safety training was not up to date for all staff. Subsequent to this Estates inspection RQIA received confirmation that arrangements had been made for fire safety training to be provided by an independent fire safety company on 23 June 2015 and 02 July 2015. Completion of this fire safety training should be confirmed to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.	
<b>Requirement 11</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	A fire detector and a self-closing fire door should be fitted to the clinical room at bedroom 32 on the first floor. A fire detector should also be fitted in the cleaner's store in the kitchen corridor.	Met
	<b>Action taken as confirmed during this inspection:</b> These issues had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 12</b>  <b>Ref:</b> Regulation 27(4)(a)	<p>The fire risk assessment for the home should be reviewed, updated and actioned as required. The most recent edition of Health Technical Memorandum 84 should be used as the standard for this review.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during this inspection:</b></p> <p>The fire risk assessment was reviewed on 12 May 2015. This review was not however carried out by a company or a person certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies as recommended by RQIA. It is recommended that the fire risk assessment should be reviewed, updated and actioned in line with same. Subsequent to this Estates inspection RQIA received confirmation from Rev. Ginn that arrangements had been made for an independent person to complete a fire risk assessment on 23 June 2015. Completion of this fire risk assessment should be confirmed to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.</p>	

Previous Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 32.4	It is recommended that the method of recording the results of the monthly water temperature checks should be changed to a spread sheet format.	<b>Not Met</b>
	<b>Action taken as confirmed during this inspection:</b> The results of the water temperature checks were not being recorded on a spreadsheet format. It is recommended that a spread sheet format should be used to record the results of the ongoing water temperature checks. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 36.2	It is recommended that separate reports should be obtained for the ongoing inspections and tests to the fire detection and alarm, the emergency lighting and the nurse call installations.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> Separate reports were being kept in relation to these services.	

### 5.3 Standard 44: Premises

#### Is Care Safe? (Quality of Life)

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

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

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were clean and free from malodours. This supports the delivery of compassionate care.

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

#### Areas for Improvement

1. The Rev. Ginn confirmed that a programme of refurbishment was being drawn up for the home. As well as redecoration and new flooring, this programme will include improvements to the front entrance with a new door and the remodelling of the reception to include a new nurse's station. The details for this programme of refurbishment should be confirmed to RQIA. The registered persons should also contact the RQIA registration team in relation to the need for variation application for the remodelling of the reception to provide a new nurse's station. Reference should be made to requirement 4 in the attached Quality Improvement Plan.
2. Remedial works should be carried out to address the water ingress above the final exit door from the stairs at the plant room. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
3. The bitmac and paved surfaces around the building had deteriorated over the years. A review of these areas should be completed and a programme of work should be drawn up to improve these surfaces. Reference should be made to requirement 5 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.4 Standard 47: Safe and Healthy Working Practices

### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

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

### Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

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

### Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

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

### Areas for Improvement

1. The reports for the most recent servicing and the thorough examinations of the passenger lift and the hoists in accordance with the Lifting Operations and Lifting Equipment Regulations 1999 were not presented for review during this Estates inspection. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
2. The reports for the most recent gas safety inspections to the laundry and kitchen equipment were not presented for review during this Estates inspection. The gas isolator lever in the veg prep area was fitted with cable tie. This should be removed. Advice should be sought from a Gas Safe Engineer in relation to these issues. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
3. The 'dead leg' pipework in the ground floor treatment room should be removed. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
4. The leak at the dishwasher in the kitchen should be repaired. The fan screen in the veg prep room should be cleaned. The extract fan in the small lounge on the ground floor should also be checked and repaired or replaced as required. Reference should be made to requirement 7 in the attached Quality Improvement Plan.

## Areas for Improvement Continued

5. The store being used for the paint therapy materials at bedroom 15 on the ground floor and the store on the first floor at bedroom 41 should be kept locked. Reference should be made to requirement 8 in the attached Quality Improvement Plan.
6. There was an oil filled electric storage heater located in the lounge on the ground floor at bedroom 16. The use of this type of portable heater in the home should be reviewed. The outcome of this review should be confirmed to RQIA. Reference should be made to requirement 9 in the attached Quality Improvement Plan.
7. The cracking to the ceiling in bedroom 10 on the ground floor should be checked and made good. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
8. Sample checks to the radiators in bedrooms 7 and 8 on the ground floor indicated that the surface temperatures of these radiators were above the current 41° C standard. A risk assessment should be completed in relation to hot surfaces throughout the home. The outcome of this risk assessment and the action taken re same should be confirmed to RQIA. Reference should be made to requirement 9 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>6</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 Standard 48: Fire Safety

### Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

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

### Is Care Effective? (Quality of Management)

The standard used by the registered persons to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

### Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

## Areas for Improvement

1. The fire extinguishers were serviced on 11 September 2014. A record should also be kept for the monthly in-house checks to the fire extinguishers. The corridor at the kitchen should be kept free from storage. Reference should be made to requirement 10 in the attached Quality Improvement Plan.
2. A fire drill was carried out on 26 February 2015. Subsequent to this Estates inspection RQIA also received confirmation from Rev. Ginn that further fire drills were being carried out each week at different times to ensure that all staff attend a fire drill by the end of June 2015. In addition the template for recording the details for the fire risk assessments should be updated to include more information on the scenarios covered, the outcomes and any points of learning that should be carried forward into future practice. Reference should be made to requirement 10 in the attached Quality Improvement Plan.
3. The doors to the kitchen should be adjusted to latch effectively with the self-closing devices. Ambient temperature smoke seals should also be fitted at the doors to the cleaner's stores on both floors and to the staff room on the ground floor. Reference should be made to requirement 11 in the attached Quality Improvement Plan.
4. There was a multi-way electrical adaptor in bedroom 6 on the ground floor. Multi-way adaptors should not be used in the home. The oxygen cylinders in the first floor store at the cleaner's store should be secured in position with appropriate chains. Reference should be made to requirement 10 in the attached Quality Improvement Plan.
5. A zone plan should be provided for the fire detection and alarm system. Subsequent to this Estates inspection the Rev. Ginn confirmed to RQIA that the fire alarm service engineers had visited the home to confirm the zone information and that a zone plan would be provided on 23 June 2015. Completion should be confirmed to RQIA. Reference should be made to requirement 11 in the attached Quality Improvement Plan.
6. The timber porch at the boiler room should be reviewed as part of the next fire risk assessment review. The outcome of this review should be confirmed to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
7. The bedroom doors were not self-closing in line with the recent guidance issued by the Northern Ireland Fire and Rescue Service. Subsequent to this Estates inspection RQIA received confirmation from the Rev. Ginn that self-closing devices had been fitted to the bedroom doors. The need to install hold open devices activated by the fire alarm system on the bedroom doors should also be considered based on the needs assessments for individual patients. Reference should be made to requirement 10 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.6 Additional Areas Examined

No additional areas were examined during this Estates inspection.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Rev. Ginn, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

### 6.1 Statutory Requirements

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

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



Quality Improvement Plan	
Statutory Requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)  <b>Stated:</b> Second Time  <b>To be Completed by:</b> Ongoing	<p>Any water outlet that is not in frequent use should be flushed twice each week. A record should be kept for the ongoing descaling, cleaning and disinfection of the showers. A copy of the report for the most recent review of the legionella risk assessment should be forwarded to RQIA. The 'dead leg' pipework in the ground floor treatment room should be removed. Remedial action should be taken to ensure that the unblended hot water temperatures in the plumbing system are in line with the current standards for the prevention or control of legionella bacteria in water systems.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            Water outlets that are not being frequently used are being flushed twice weekly and a record kept            Coral Environmental undertook work to ensure this requirement has been met. A copy of the "Legionella Risk Assessment" will be sent to RQA when we receive it</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c)  <b>Stated:</b> Second Time  <b>To be Completed by:</b> 17 July 2015 and ongoing	<p>A copy of the certificates for the current annual gas safety inspections to the dryer in the laundry and the gas equipment in the kitchen should be forwarded to RQIA. The cable tie fitted to the gas isolator lever in the veg prep area should be removed. Advice should be sought from a Gas Safe Engineer in relation to these issues.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            A copy of the Gas safety inspection certificate will be sent to RQIA. The cable tie fitted to the gas isolator in the veg prep area has been removed</p>
<b>Requirement 3</b>  <b>Ref:</b> Regulations 27(4)(b) 27(2)(c) 27(2)(e)  <b>Stated:</b> Second Time  <b>To be Completed by:</b> 02 July 2015	<p>A suitable hold open device linked to the fire detection and alarm system should be installed at the door to the hairdressing room. Completion of the fire safety training for all staff should be confirmed to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            The hairdressing room door will have a hold open device which is linked to the fire detection and alarm system.            The dates of "Fire safety training" for all staff have been forwarded to RQIA</p>

Quality Improvement Plan	
Statutory Requirements	
<b>Requirement 4</b>  <b>Ref:</b> Regulation 27(2)(d)  <b>Stated:</b> First Time  <b>To be Completed by:</b> 17 July 2015	<p>The details for the programme of refurbishment should be confirmed to RQIA. The registered persons should also contact the RQIA registration team in relation to the need for variation application for the remodelling of the reception to provide a new nurse's station.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> RQIA will be informed of any refurbishment before any work is commenced</p>
<b>Requirement 5</b>  <b>Ref:</b> Regulation 27(2)(b)  <b>Stated:</b> First Time  <b>To be Completed by:</b> 19 August 2015	<p>A review of bitmac and paved surfaces around the building should be completed and a programme of work should be drawn up to improve these surfaces. The outcome of this review and the proposed action re same should be confirmed to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> A review of the bitmac and paved surfaces around the building will take place and a programme of works will be drawn up</p>
<b>Requirement 6</b>  <b>Ref:</b> Regulation 27(2)(c)  <b>Stated:</b> First Time  <b>To be Completed by:</b> 17 July 2015	<p>Copies of the reports for the most recent servicing and the thorough examinations of the passenger lift and the hoists in accordance with the Lifting Operations and Lifting Equipment Regulations 1999 should be forwarded to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The reports for the servicing and examination of the passenger lift and hoist will be forwarded to RQIA</p>
<b>Requirement 7</b>  <b>Ref:</b> Regulation 27(2)(b) 27(2)(c) 27(2)(d)  <b>Stated:</b> First Time  <b>To be Completed by:</b> 19 August 2015	<p>Remedial works should be carried out to address the water ingress above the final exit door from the stairs at the plant room. The leak at the dishwasher in the kitchen should be repaired. The fan screen in the veg prep room should be cleaned. The extract fan in the small lounge on the ground floor should also be checked and repaired or replaced as required. The cracking to the ceiling in bedroom 10 on the ground floor should be checked and made good.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Work will be undertaken to address the water ingress above the exit door. The dishwasher will be fixed</p>

	<p>The fan in the veg prep room has been cleaned</p> <p>The extract fan will be repaired/replacced as necessary</p> <p>The ceiling in bedroom 10 will be repaired</p>
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Quality Improvement Plan	
Statutory Requirements	
<b>Requirement 8</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)  <b>Stated:</b> First Time  <b>To be Completed by:</b> Ongoing	<p>The store being used for the paint therapy materials at bedroom 15 on the ground floor and the store on the first floor at bedroom 41 should be kept locked.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  The activity co-ordinators has been informed that the store room used to house their material must be kept locked at all times. This will be checked by the Nurse Manager at random periods</p>
<b>Requirement 9</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)  <b>Stated:</b> First Time  <b>To be Completed by:</b> 17 July 2015	<p>The use of the oil filled electric storage heater located in the lounge on the ground floor at bedroom 16 should be reviewed. The outcome of this review should be confirmed to RQIA. A risk assessment should also be completed in relation to hot surfaces throughout the home. The outcome of this risk assessment and the action taken re same should be confirmed to RQIA</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  The oiled filled storage heater has been removed from the lounge  A risk assessment in relation to hot surfaces has been completed and forwarded to RQIA</p>
<b>Requirement 10</b>  <b>Ref:</b> Regulation 27(4)(b)  <b>Stated:</b> First Time  <b>To be Completed by:</b> 19 June 2015 and ongoing	<p>A record should be kept for the monthly in-house checks to the fire extinguishers. The corridor at the kitchen should be kept free from storage. The template for recording the details for the fire drills should be updated to include more information on the scenarios covered, the outcomes and any points of learning that should be carried forward into future practice. Multi-way adaptors should not be used in the home. Oxygen cylinders should be secured in position with appropriate chains. The need to install hold open devices activated by the fire alarm system on the bedroom doors should also be considered based on the needs assessments for individual patients.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  A record of the fire extinguishers monthly check is being kept.  A template for fire drills has been devised to include the scenarios and the outcomes and learning  Oxygen cylinder are now being secured in position with chains  A plan has been devised to install "hold open devices" which are activated by the fire alarm system on all bedrooms</p>

Quality Improvement Plan	
Statutory Requirements	
<b>Requirement 11</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(d)(i)  <b>Stated:</b> First Time  <b>To be Completed by:</b> 17 July 2015	<p>The doors to the kitchen should be adjusted to latch effectively with the self-closing devices. Ambient temperature smoke seals should also be fitted at the doors to the cleaner's stores on both floors and to the staff room on the ground floor. Completion of the fire alarm zone plan should be confirmed to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            The doors to the kitchen have been adjusted to latch effectively with the self-closing devices.            Smoke seals have been fitted to the door to the cleaners stores and the ground floor staff room            The fire alarm zone plan has been completed</p>
Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 48.1  <b>Stated:</b> First Time  <b>To be Completed by:</b> 23 June 2015	<p>It is recommended that the fire risk assessment should be reviewed and updated by a company or a person certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to the letter issued by RQIA on 02 April 2015 in relation to this matter via the following link:</p> <p><a href="http://www.rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf">http://www.rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf</a></p> <p>The timber porch at the boiler room should be checked during this fire risk assessment review. Completion of the fire risk assessment by the independent person that has been arranged for 23 June 2015 should be confirmed to RQIA. A copy of the report for this fire risk assessment review should also be forwarded to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            An qualified third party has carried out a fire risk assessment. The report will be forwarded to RQIA</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 47.1  <b>Stated:</b> Second Time  <b>To be Completed by:</b> Ongoing	<p>It is recommended that a spread sheet format should be used to record the results of the ongoing water temperature checks.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            The Nurse Manager has compiled a spread sheet to record water temperatures and it is being used</p>

Quality Improvement Plan			
<b>Registered Manager Completing QIP</b>	Robert Ginn	<b>Date Completed</b>	09/07/2015
<b>Registered Person Approving QIP</b>	Elaine Hill	<b>Date Approved</b>	16/07/2015
<b>RQIA Inspector Assessing Response</b>	Kieran Monaghan	<b>*Date Approved</b>	06/10/2015

\* Clarification or follow up required on some items.

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