



The Regulation and  
Quality Improvement  
Authority

Pond Park Care Home  
RQIA ID: 1282  
2 Derrriaghy Road  
Lisburn  
BT28 3SF

Inspector: Kieran Monaghan  
Inspection ID: IN021647

Tel: 028 92 67 29 11  
Email: - pond.park.m@fshc.co.uk

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**Announced Estates Inspection**  
**of**  
**Pond Park Care Home, Lisburn**  
**on**  
**10 September 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 10 September 2015 from 10:20am. to 1:10pm. 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>	12	1

The details of the QIP within this report were discussed with Mrs. Suzanne Scott, Registered Manager and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Responsible Individual:</b> Dr. Maureen Claire Royston, Group Medical Director, Four Seasons Health Care Ltd	<b>Registered Manager:</b> Mrs. Suzanne Scott
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs. Suzanne Scott, Registered Manager	<b>Date Manager Registered:</b> 19 May 2014
<b>Categories of Care:</b> RC-I, NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 58
<b>Number of Patients Accommodated on Day of Inspection:</b> 55	<b>Weekly Tariff at Time of Inspection:</b> £593.00 (Nursing) £484.00 (Residential)

## 3. Inspection Focus

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

### Standard 44: Premises

### Standard 47: Safe and Healthy working Practices

### Standard 48: Fire Safety

## 4. Methods/Process

Specific methods/processes used in this inspection 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 last full estates inspection that was carried out on 10 August 2012 were also reviewed during this Estates inspection.

Discussions with Mrs. Suzanne Scott, Registered Manager and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care.

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, legionellae risk assessment, fire risk assessment etc....

## 5. The Inspection

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

5.2 The previous inspection of this home was an unannounced secondary care inspection on 10 February 2015. The completed Quality Improvement Plan for this inspection was returned to RQIA on 25 March 2015. This Quality Improvement Plan was approved by the care inspector on 27 March 2015.

### 5.3 Review of Requirements and Recommendations from the last Estates Inspection on 10 August 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulations 13(7) 27(2)(d)	The arrangements for high level cleaning in the newer section of the home should be reviewed and improved. Remedial works should also be carried out to prevent the water ingress at the high level roof windows in the newer section of the home.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> The returned QIP for the last estates inspection confirmed that high level cleaning had been added to the cleaning schedule and that the remedial works to prevent the water ingress at the high level roof windows in the newer section of the home had been completed. No issues were identified for attention in relation to these issues during this estates inspection.	
<b>Requirement 2</b>  <b>Ref:</b> Regulations 13(7) 27(2)(b) 27(2)(d)	A comprehensive refurbishment programme of works should be drawn up for the home. This should list each area to be refurbished along with the timescale for completion of same. A copy of this programme should be submitted to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> Extensive refurbishment works had been carried out since the last estates inspection and further works were planned.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27(2)(b)	Remedial works should be carried out to the external plasterwork at the side of the home (above window to hairdressing room). Remedial works should also be carried out in relation to bedroom 6 (evidence of water ingress on gable wall).	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> These remedial works had been carried out.	
<b>Requirement 4</b>  <b>Ref:</b> Regulation 27(2)(b)	The grounds maintenance should be brought up to date. Particular attention should be given to the path at the side of the home beside the fire escape from the stairs leading to the staff facilities in the original section of the premises.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> Grounds maintenance works had been carried out following the last estates inspection.	
<b>Requirement 5</b>  <b>Ref:</b> Regulation 27(2)(p)	The corridor lighting should be reviewed and improved as required.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> Improvements had been carried out to the corridor lighting.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 6</b>  <b>Ref:</b> Regulation 27(2)(p)	<p>The controls for the space heating in the home should be checked and adjusted as required to ensure that all areas are maintained at a comfortable temperature. The air conditioning unit in the store on the lower ground floor should be serviced.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during this inspection:</b>            A temperature of 28.6°C was recorded in bedroom 27 during this estates inspection. Two patients however indicated during this estates inspection that they found the temperature of the home to be satisfactory and Mrs. Scott also confirmed that no issues had been identified for attention in relation to the space heating. The space heating should however be kept under review to ensure that all areas are maintained at a comfortable temperature. The most recent service for the air conditioning unit was completed on 12 March 2015.</p>	
<b>Requirement 7</b>  <b>Ref:</b> Regulations 13(7) 27(2)(b)	<p>The floor covering in the toilet in the original section of the premises on the first floor should be replaced. The extract fan in this toilet should also be replaced.</p>	<b>Partially Met</b>
	<p><b>Action taken as confirmed during this inspection:</b>            This floor covering had not been replaced. This floor covering should be replaced. Reference should be made to requirement 1 in the attached Quality Improvement Plan. The fan had however been replaced.</p>	
<b>Requirement 8</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(t)	<p>Individual risk assessments should be carried out in relation to the ensuite floors.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during this inspection:</b>            Mrs. Scott confirmed that the ensuite floors were taken into account in the individual care planning for each patient and there were currently no issues in relation to these floors. This is an issue that should be considered again before the new floor coverings are fitted.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 9</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(b)	The external paved surfaces outside the final exit door at bedroom 38 should be improved.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> Remedial works had been carried out to the external paving. The external areas should be kept under review to ensure that any further works that are required are completed without delay.	
<b>Requirement 10</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The issues identified for attention in the report for the legionella bacteria risk assessment report should be addressed. The pond should be deep cleaned and disinfected. The existing procedure for weekly flushing of water outlets that are not frequently in use should be changed to twice weekly flushing. This should include all water outlets that are not in frequent use, for example; in the original staff toilets in the older part of the premises.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> Mr. Hegarty confirmed that the issues identified for attention in the report for the previous legionella bacteria risk assessment had been addressed. The pond was no longer in use and had been closed off. A procedure was in place for the twice weekly flushing of water outlets that are not in frequent use. It was not however clear if all of the water outlets in the original staff toilets in the older part of the premises were being flushed twice each week. This should be reviewed and confirmed to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 11</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	A range of water samples should be tested specifically for legionella bacteria. Reference should be made to 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>Met</b>
	<b>Action taken as confirmed during this inspection:</b> Water samples had been tested since the last estates inspection and these had been clear.	
<b>Requirement 12</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The water storage tanks should be cleaned and disinfected. The plumbing system should also be adjusted as required to ensure that the unblended hot water is maintained above 50°C and the cold water is maintained below 20°C. The 'dead leg' in the linen store at bedroom 20 should also be removed.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> The water storage tanks had been cleaned and disinfected since the last estates inspection. The results for the ongoing checks to the unblended hot water temperatures and the cold water temperatures at the sentinel outlets were not presented for review during this estates inspection. Confirmation that the water temperatures at the sentinel outlets are in compliance with the current standards for the prevention or control of legionella bacteria in water systems should be provided to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan. The 'dead leg' in the linen store at bedroom 20 had been removed.	



Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 13</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>A check should be carried out to ensure that any items of the electrical equipment that failed the inspection and test in May 2012 have been repaired or replaced.</p> <p><b>Action taken as confirmed during this inspection:</b> The most recent inspection and test to the electrical equipment was carried out on 16 June 2015. Mr. Hegarty confirmed that as part of this work any items that failed the inspection and test were either repaired or taken out of service.</p>	<b>Met</b>
<p><b>Requirement 14</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The issues identified for attention in the report for the most recent service of the thermostatic mixers should be addressed.</p> <p><b>Action taken as confirmed during this inspection:</b> Mr. Hegarty confirmed that isolators had been fitted at the thermostatic mixers. The report for the most recent service of the thermostatic mixers was not however presented for review during this estates inspection. A copy of this report should be forwarded to RQIA. Reference should be made to requirement 4 in the attached Quality Improvement Plan.</p>	<b>Partially Met</b>
<p><b>Requirement 15</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The complete report for the current inspection and test to the general electrical installation should be available in the home.</p> <p><b>Action taken as confirmed during this inspection:</b> The fixed wiring installation was inspected and tested on 23 August 2013. Documentation was presented to confirm that the code C1 and C2 issues had been addressed. The position in relation to the code C3 issues should be clarified. Reference should be made to requirement 5 in the attached Quality Improvement Plan.</p>	<b>Partially Met</b>

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 16</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(4)(b)</p>	<p>A nurse call facility should be provided in the smoking room. The furniture in the smoking room should also be replaced. A minimum amount of furniture complying with ignition sources 0 &amp; 5 should be provided in the smoking room. Chairs with deep loose fitting cushions should not be used in the smoking room. The nurse call facility in the ground floor shower room in the original section of the home should also be maintained in working order (pull cord missing).</p> <p><b>Action taken as confirmed during this inspection:</b> These issues had been addressed.</p>	<b>Met</b>
<p><b>Requirement 17</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c)</p>	<p>The passenger lift in the newer section of the premises should be adjusted to do away with the small level difference between the landing and the lift car floor on the ground floor.</p> <p><b>Action taken as confirmed during this inspection:</b> This issue had been addressed.</p>	<b>Met</b>
<p><b>Requirement 18</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c)</p>	<p>Risk assessments should be carried out in relation to any radiators that are not fitted with guards. Reference should be made to the advice contained in the Health Guidance Note 'Safe' Hot Water and Surface Temperatures issued by NHS Estates.</p> <p><b>Action taken as confirmed during this inspection:</b> Sample checks carried out during this estates inspection indicated that the radiators were guarded. Mrs. Scott also confirmed that all of the radiators throughout the home were guarded.</p>	<b>Met</b>

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 19</b>  <b>Ref:</b> Regulation 27(4)(a)	The fire risk assessment for the home should be available for inspection.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> The report for the most recent fire risk assessment that was completed on 28 August 2015 was presented for review during this estates inspection.	
<b>Requirement 20</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	Further works should be carried out to the switch gear cupboards opposite the hairdressing room in the original section of the home to provide smoke sealing and a fire detector. The door stop for the door to the clinical room on the lower ground floor of the newer section of the home should also be resealed to the door frame.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> These issues had been addressed.	
<b>Requirement 21</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	The remedial works to the fire alarm system and the emergency lights should be completed. The four defective bedroom door free swing self-closing devices should also be replaced.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> Mr. Hegarty confirmed that these issues had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 22</b> <b>Ref:</b> Regulations 27(4)(b) 27(4)(e) 27(4)(f)	All staff should attend practical fire training including the use of first aid fire-fighting equipment as part of the twice yearly fire safety training programme. The night time fire drill / evacuation exercise should be carried out as planned over the next week.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> All staff had not attended a practical fire training session which included the use of first aid fire-fighting equipment. Mr. Hegarty confirmed that this was an issue that was being taken forward on a company wide basis by Four Seasons Health Care. Reference should be made to requirement 6 in the attached Quality Improvement Plan Fire drills were carried out in December 2014, May 2015 and September 2015. Mrs. Scott also confirmed that further fire drills were planned for October 2015 and November 2015.	
<b>Requirement 23</b> <b>Ref:</b> Regulations 27(4)(b) 27(4)(d)(i)	The plant room in the newer section of the premises should be kept clear of storage. The doors on the second floor of the newer section of the premises should also not be propped open.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> The plant room in the newer section of the premises was not clear of storage. This plant room should be kept clear. Reference should be made to requirement 7 in the attached Quality Improvement Plan. The doors on the second floor of the newer section of the premises were not propped open.	

Previous Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Regulations 13(7) 27(2)(b)	The surfaces of the sheet vinyl floor coverings in the ensuite facilities in the extension appeared to have deteriorated. It is recommended that these floor coverings should be reviewed and improved as required.	<b>Not Met</b>
	<b>Action taken as confirmed during this inspection:</b> These floor coverings had been cleaned and Mrs. Scott confirmed that the replacement floor coverings would be provided as part of the further refurbishment works to be carried out in the near future. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	

#### 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.

No issues were identified for attention during this estates inspection.

##### 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.

No issues were identified for attention during this estates inspection.

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

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

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

## Areas for Improvement

1. The Wallace suite and the Pond Park Suite had been refurbished recently. The plans for the refurbishment of the Millennium Suite should be confirmed to RIQA. Reference should be made to requirement 8 in the attached Quality Improvement Plan.
2. The stained ceiling tiles above the Nurse Station in the Millennium Suite should be replaced. Reference should be made to requirement 8 in the attached Quality Improvement Plan.
3. The carpet in bedroom 54 in the Millennium Suite should be replaced (stained). Reference should be made to requirement 8 in the attached Quality Improvement Plan.
4. The front entrance to the Wallace Suite should be improved. Reference should be made to requirement 8 in the attached Quality Improvement Plan.
5. The ensuite facility for bedroom 27 in the Wallace Suite should be repainted. The pipe casing in this ensuite facility should be replaced and the ceiling should be made good. The walls at low level in this bedroom should also be repainted. Reference should be made to requirement 8 in the attached Quality Improvement Plan.
6. The refurbishment plans for the kitchen facilities should be confirmed to RQIA. Reference should be made to requirement 8 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>1</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.

No issues were identified for attention during this estates inspection.

## 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 most recent risk assessment for the prevention or control of legionella bacteria in the water system was completed on 20 October 2014. The report for this risk assessment which was presented for review during this estates inspection identified a number of issues for attention. These should be addressed and signed off by the registered manager. The position in relation to the need to replace the water storage tanks should also be clarified. Reference should be made to requirement 9 in the attached Quality Improvement Plan.
2. The reports for the ongoing thorough examinations of the lifting equipment should include all of the information contained in Schedule 2 of the Lifting Operations and Lifting Equipment Regulations 1999. Reference should be made to requirement 10 in the attached Quality Improvement Plan.
3. The air conditioning unit in the treatment room in the Millennium Suite should be serviced. Reference should be made to requirement 11 in the attached Quality Improvement Plan.
4. The threshold strip at the door to bedroom 43 in the Millennium Suite should be refixed in position. Reference should be made to requirement 11 in the attached Quality Improvement Plan.
5. The linen store opposite bedroom 38 in the Millennium Suite and the store at bedroom 26 in the Pond Park Suite should be kept locked. Reference should be made to requirement 10 in the attached Quality Improvement Plan.
6. Additional electrical socket outlets should be provided at the entrance to the toilet area adjacent to the large lounge in the Pond Park Suite. Reference should be made to requirement 11 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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## 5.5 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.

No issues were identified for attention during this estates inspection.

### 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.

No issues were identified for attention during this estates inspection.

### Areas for Improvement

1. The most recent fire risk assessment was completed on 28 August 2015 in line with the guidance issued by RQIA in relation to the competency of fire risk assessors. The issues identified for attention in the report for this fire risk assessment should be addressed and signed off by the registered manager. Reference should be made to requirement 12 in the attached Quality Improvement Plan.
2. The fire detection and alarm system was inspected and serviced on 31 August 2015. The report for this work which was presented for review during this estates inspection identified a small number of issues for attention. These issues should be addressed. Reference should be made to requirement 12 in the attached Quality Improvement Plan.
3. The service record on the carbon dioxide fire extinguisher on the second floor of the Pond Park Suite should be brought up to date. The stairs to the lower ground floor should not be used for storage. The doors in the kitchen facilities should not be wedged or propped open. Reference should be made to requirement 12 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</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 Mrs. Suzanne Scott, Registered Manager and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care, 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

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 13(7) 27(2)(b)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> <b>04 December 2015</b></p>	<p>The floor covering in the toilet in the original section of the premises on the first floor should be replaced.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Discussed and included in refurbishment plan for 2016</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> <b>06 November 2015</b></p>	<p>Confirmation should be provided in relation to the twice weekly flushing of the water outlets in the original staff toilets in the older part of the premises.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> I can confirm unused outlets are being flushed twice weekly, this includes sinks, toilets and showers on the upper floor of pond park</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> <b>06 November 2015</b></p>	<p>Confirmation that the water temperatures at the sentinel outlets are in compliance with the current standards for the prevention or control of legionella bacteria in water systems should be provided to RQIA.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The sentinel tap outlet temperatures are being checked regularly by the maintenance man and are within FSHC Guidelines.</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> <b>06 November 2015</b></p>	<p>A copy of the report for the most recent service of the thermostatic mixers should be forwarded to RQIA.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Email and report has been forwarded by Estates Manager to RQIA</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> <b>06 November 2015</b></p>	<p>The position in relation to the code C3 issues for the fixed wiring installation should be clarified.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Capex has been authorised and the installation will begin in the next few weeks</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 27(4)(b) 27(2)(e)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> <b>Ongoing</b></p>	<p>All staff should attend a practical fire training session which includes the use of first aid fire-fighting equipment.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> This has been arranged with Health and Safety Officer Conor Bell and will take place during the month of November.t</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 7</b></p> <p>Ref: Regulation 27(4)(b)</p> <p>Stated: Second Time</p> <p>To be Completed by: Ongoing</p>	<p>The plant room in the newer section of the premises should be kept clear.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Old laundry room has been identified as an area for storage therefore allowing plant room to be kept clear..Maintenance person to remove items and self out</p>
<p><b>Requirement 8</b></p> <p>Ref: Regulation 27(2)(d)</p> <p>Stated: First Time</p> <p>To be Completed by: 04 December 2015</p>	<p>The plans for the refurbishment of the Millennium Suite should be confirmed to RIQA. The stained ceiling tiles above the Nurse Station in the Millennium Suite should be replaced. The carpet in bedroom 54 in the Millennium Suite should be replaced (stained). The front entrance to the Wallace Suite should be improved. The ensuite facility for bedroom 27 in the Wallace Suite should be repainted. The pipe casing in this ensuite facility should be replaced and the ceiling should be made good. The walls at low level in this bedroom should also be repainted. The refurbishment plans for the kitchen facilities should be confirmed to RQIA</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Refurbishment plan is currently being developed for Millennium unit for 2016. The kitchen refurbishment plan is being developed for 2016. Damaged ceiling tiles have been replaced. Work in bedroom 27 has been completed. The entrance to the Wallace suite has been cleaned and further development under consideration.</p>
<p><b>Requirement 9</b></p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First Time</p> <p>To be Completed by: 04 December 2015</p>	<p>The issues identified for attention in the report for the most recent risk assessment for the prevention or control of legionella bacteria in the water system that was completed on 20 October 2014 should be addressed and signed off by the registered manager. The position in relation to the need to replace the water storage tanks should also be clarified.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Recent report from Clearwater confirms the tanks do not need replaced</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> <b>Ongoing</b></p>	<p>The reports for the ongoing thorough examinations of the lifting equipment should include all of the information contained in Schedule 2 of the Lifting Operations and Lifting Equipment Regulations 1999. The linen store opposite bedroom 38 in the Millennium Suite and the store in at bedroom 26 in the Pond Park Suite should be kept locked.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> All lifting equipment examined at correct intervals. Details of QIP sent to Britton Price for clarification.t</p>
<p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> <b>04 December 2015</b></p>	<p>The air conditioning unit in the treatment room in the Millennium Suite should be serviced. The threshold strip at the door to bedroom 43 in the Millennium Suite should be refixed in position. Additional electrical socket outlets should be provided at the entrance to the toilet area adjacent to the large lounge in the Pond Park Suite.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Threshold strip in room 43 repaired. Mitie to service air conditioning unit in treatment roo Millenium suite. RES will fit extra sockets in lounge area inPond Park.</p>
<p><b>Requirement 12</b></p> <p><b>Ref:</b> Regulations 27(4)(a) 27(4)(b) 27(4)(c) 27(4)(d)(iv)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> <b>04 December 2015 and ongoing</b></p>	<p>The issues identified for attention in the report for the most recent fire risk assessment that was completed on 28 August 2015 should be addressed and signed off by the Registered Manager. The issues identified for attention in the report for the most recent inspection and service of the fire detection and alarm system should be addressed. The service record on the carbon dioxide fire extinguisher on the second floor of the Pond Park Suite should be brought up to date. The stairs to the lower ground floor should not be used for storage. The doors in the kitchen facilities should not be wedged or propped open.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The stairs to the lower ground floor have now been cleared. Doors to kitchen facility are not wedged open. Fire alarm report now available.</p>

## Quality Improvement Plan

### Recommendations

**Requirement 1**
**Ref:** Standard 44.1

**Stated:** Second time

**To be Completed by:**  
Ongoing

It is recommended that the floor coverings in the ensuite facilities in the Millennium Suite should be replaced as part of the refurbishment works that are planned for this suite.

**Response by Registered Manager Detailing the Actions Taken:**

The floor coverings in the ensuite facilities in the Millennium suite will be replaced as part of the refurbishment plan.

<b>Registered Manager Completing QIP</b>	Suzanne Scott	<b>Date Completed</b>	6/11/2015
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	10.11.15
<b>RQIA Inspector Assessing Response</b>	K. Monaghan	<b>Date Approved</b>	* 16/11/2015

\* 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\**