



The Regulation and  
Quality Improvement  
Authority

**47 Somerton Road Nursing Home**

**RQIA ID: 1299**

**Address:**

**47 Somerton Road**

**Belfast**

**BT15 3LH**

**Inspector: Kieran Monaghan**

**Tel: 028 90 772 483**

**Inspection ID: IN021631**

**Email: - nursemanager47@mail.com**

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**Announced Estates Inspection**

**of**

**47 Somerton Road Nursing Home, Belfast**

**on**

**04 August 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 04 August 2015 from 10:25am. to 1:00pm. 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>	7	2

The details of the QIP within this report were discussed with Mr. Wayne Salvatierra, Registered 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> Mr. William Trevor Gage	<b>Registered Manager:</b> Mr. Wayne Salvatierra
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr. Wayne Salvatierra, Registered Manager	<b>Date Manager Registered:</b> 12 May 2015
<b>Categories of Care:</b> NH-LD	<b>Number of Registered Places:</b> 38
<b>Number of Patients Accommodated on Day of Inspection:</b> 34	<b>Weekly Tariff at Time of Inspection:</b> £637.00

### **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 previous Estates inspection that was carried out on 18 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. A number of issues in relation to the support documentation for the ongoing maintenance of the premises were discussed briefly with Mr. McDonnell and Ms. Morgan, Administrator.

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 Previous Inspection

The previous inspection of this home was an unannounced secondary care inspection on 26 February 2015. The completed Quality Improvement Plan for this inspection was returned to RQIA on 10 April 2015 and approved by the Nursing Inspector on 13 April 2015.

### 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 18 September 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulations 13(7) 27(2)(b) 27(2)(d)	The shower area in shower 23 should be deep cleaned. The base of the supports to the bath in bathroom in the new extension should be made good.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> This shower area had been cleaned. Access to the bathroom in the extension was not available during this Estates inspection as it was in use. Confirmation that the base of the supports to this bath had been made good was however provided by the Registered Persons in the completed Quality Improvement Plan that was returned to RQIA.	
<b>Requirement 2</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	On completion of the ongoing work to upgrade the gas installation in the home, satisfactory gas safety reports should be provided for all gas equipment and gas pipework.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> The gas installations in the home had been upgraded. This included the installation of a new gas interlock system for the gas equipment in the kitchen. A number of documents were presented for review during this Estates inspection in relation to the work that was carried out. In addition, following the upgrading works, a copy of a letter from the gas safe engineers confirming that all of the gas appliances were safe was also provided to RQIA in December 2014. Subsequent to this Estates inspection RQIA also received confirmation that the next gas safety checks were scheduled for November 2015.	

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 3</b></p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p>	<p>A register should be available in the home which records the access to the website and action details in relation to the Medical Device Equipment Alerts.</p> <p><b>Action taken as confirmed during this inspection:</b> A register in relation to the Medical Device Equipment Alerts was presented for review during this Estates inspection. Mr. Salvatierra also confirmed that any Alerts that are relevant to the home are printed off for action. Mr. Salvatierra agreed to record the reference number for each of the Alerts that are reviewed.</p>	<b>Met</b>
<p><b>Requirement 4</b></p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The existing procedure for checking the water temperatures at the outlets with thermostatic mixers should be reviewed and revised to include a complete list of all outlets. The maintenance requirements for the thermostatic mixers should also be checked.</p> <p><b>Action taken as confirmed during this inspection:</b> A schedule for the bedrooms and the sanitary facilities was being used to record the results for the monthly checks to the water temperatures. It was not however clear if the results recorded against the bathrooms and shower rooms related to the wash basins or the baths/showers. The results for the wash basins, the baths and the showers should be recorded separately on the schedule. Reference should be made to requirement 1 in the attached Quality Improvement Plan. The thermostatic mixing valves were serviced on 06 June 2015 by a company specialising in the prevention or control of legionella bacteria in water systems. This specialist company also provides an ongoing legionella bacteria monitoring service for the water systems in the home.</p>	<b>Partially Met</b>

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 5</b>  <b>Ref:</b> Regulation 27(2)(s)	The procedure for dealing with a failure of essential utility services (gas, electricity etc...) should be reviewed to ensure that it is up to date and effective.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> Mr Salvatierra confirmed that there were procedures in place for dealing with a water supply failure. The arrangements for dealing with a mains electricity power failure should be checked to ensure that these are up to date and effective. Reference should be made to requirement 2 in the attached Quality Improvement Plan.	
<b>Requirement 6</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)	The position with regard to risk assessments in relation to ligature points should be clarified.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> Mr Salvatierra confirmed that the issue of self-harm was considered as part of the ongoing care planning and risk assessments for each patient. Mr Salvatierra also confirmed that the care plans and risk assessments were reviewed on a monthly basis or more frequently if required.	

Previous Inspection Statutory Requirements	Validation of Compliance
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The following issues should be addressed in relation to the legionella bacteria control measures;</p> <ul style="list-style-type: none"> <li>• a comprehensive risk assessment in accordance with the APPROVED CODE OF PRACTICE AND GUIDANCE L8 Legionnaires' disease the control of legionella bacteria in water systems should be drawn up;</li> <li>• the procedure for checking the water temperatures should be reviewed and revised to include monthly checks to all sentinel hot and cold water outlets to ensure that the temperatures comply with the standards in the APPROVED CODE OF PRACTICE L8 as above;</li> <li>• All of the showers should be disinfected at least on a quarterly basis and a record for this should be kept in the home; and</li> <li>• A procedure should be put in place for the twice weekly flushing of any water outlet that may not be used on a frequent basis such as the cleaner's sink in the store bedside the staff toilets, staff shower, unoccupied rooms etc... A record should be developed to support these checks.</li> </ul> <p><b>Action taken as confirmed during this inspection:</b></p> <p>A risk assessment in relation to the prevention or control of legionella bacteria in the water systems was completed on 27 October 2012 by a specialist company. In addition, the specialist company also carry out regular visits to the home to take water samples, descale/clean/disinfect the showers and service the thermostatic mixing valves. Records to support this activity were presented for review during this Estates inspection. There was also an in-house procedure for carrying out monthly checks to the hot and cold water temperatures. Mr Salvatierra confirmed that any water outlets that are not in frequent use were flushed on a regular basis. A record for this activity should however be kept. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>

Partially Met

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 8</b> Ref: Regulations 14(2)(a) 14(2)(c)	On completion of the ongoing redecoration works, the wardrobes should be checked and refixed to the walls as required.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> Sample checks to the wardrobes indicated that the wardrobes were fixed to the walls.	
<b>Requirement 9</b> Ref: Regulation 27(2)(q)	Current satisfactory inspection and test certificates for the general electrical installation throughout the premises should be available in the home.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> The fixed wiring installation was inspected and tested in June 2014 and again in September 2014 following the completion of remedial works. Documentation to support these inspections and tests and confirming that the installation was in a satisfactory condition was presented for review during this Estates inspection. Subsequent to this Estates inspection RQIA also received confirmation from Mr Salvatierra that two remaining issues from the inspections and tests had been completed.	
<b>Requirement 10</b> Ref: Regulations 14(2)(a) 14(2)(c)	Reel type electrical extension leads, for example; as in bedroom 28 should not be used in the home. The doors to all stores etc... should be kept locked shut.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> The reel type electrical extension lead had been removed from bedroom 28. The door to the linen store opposite the laundry was not however locked. The doors to all stores etc... should be kept locked shut. Reference should be made to requirement 3 in the attached Quality Improvement Plan.	



Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 11</b></p> <p>Ref: Regulation 27(4)(e)</p>	<p>The fire safety training should be reviewed to ensure that all staff particularly night staff attend at least two sessions each year.</p> <p><b>Action taken as confirmed during this inspection:</b> Fire safety training was provided for staff in July 2014, January 2015 and August 2015. Mr Salvatierra advised that arrangements were also being made for a further session of fire safety training to be provided. Subsequent to this Estates inspection RQIA received confirmation that this further fire safety training session had been completed on 10 August 2015.</p>	<b>Met</b>
<p><b>Requirement 12</b></p> <p>Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)</p>	<p>Fire doors should not be wedged or held open with cabin hooks. Consideration should also be given to the installation of a small number of additional hold open devices to address this issue.</p> <p><b>Action taken as confirmed during this inspection:</b> The door to the administration office in the extension was wedged open. This wedge was however removed immediately during this Estates inspection.</p>	<b>Met</b>
<p><b>Requirement 13</b></p> <p>Ref: Regulation 27(4)(a)</p>	<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> <p><b>Action taken as confirmed during this inspection:</b> The most recent review of the fire risk assessment was carried out on 23 October 2014. Subsequent to this Estates inspection, Mr Salvatierra confirmed that this fire risk assessment was carried out by a fire risk assessor who is a member of the Institute of Fire Engineers.</p>	<b>Met</b>

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 14</b></p> <p>Ref: Regulation 27(4)(d)(iv)</p>	<p>The door to the laundry should be adjusted to reduce the closing speed. The corridor door at the sluice in the corridor leading to the boiler area should also be adjusted to latch fully with the self-closer.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during this inspection:</b></p> <p>The Registered Persons confirmed in the completed Quality Improvement Plan returned to RQIA that these issues had been addressed. A sample check also indicated that the closing speed for the laundry door had been reduced.</p>	
<p><b>Requirement 15</b></p> <p>Ref: Regulation 27(4)(b)</p>	<p>The gas boiler room in the new extension, the switchgear cupboard in the staff room and the electrical switch room should not be used for storage.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during this inspection:</b></p> <p>The gas boiler room in the new extension was clear of storage. There were a few minor items of storage in the switchgear cupboard in the staff room but these were removed by Mr Salvatierra immediately. There were some items of storage in the electrical switch room. Subsequent to this Estates inspection Mr McDonnell confirmed to RQIA that the switchgear in this switch room was now redundant and no longer in use. Mr McDonnell also confirmed that he would make arrangements for this switchgear to be removed.</p>	
<p><b>Requirement 16</b></p> <p>Ref: Regulations 27(4)(b) 27(2)(f)</p>	<p>The outcome of the recent fire drills should be reviewed and the issue in relation to not all patients responding to the evacuation arrangements should be followed up.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during this inspection:</b></p> <p>Fire drills were carried out in January 2015 and again in March 2015. Mr Salvatierra confirmed that there were currently no issues in relation patients not responding to the evacuation arrangements.</p>	

Previous Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 32.8</b>	<p>It is recommended that a procedure should be implemented for the regular checking of the nurse call system. A record for these checks should also be kept in the home.</p>	<b>Partially Met</b>
	<p><b>Action taken as confirmed during this inspection:</b></p> <p>There was a contract in place for the ongoing maintenance of the nurse call system. The nurse call system was serviced on 04 June 2015. In addition to the routine servicing, the maintenance company also provide a call out service to resolve any issues that may arise in relation to the nurse call system. Mr Salvatierra confirmed that the nurse call system is checked as part of the ongoing room checks. A record for these checks was not however presented for review during this Estates inspection. It is recommended that a record for these checks should also be kept in the home. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.</p>	
<b>Recommendation 2</b>  <b>Ref: Standard 32.8</b>	<p>The position in relation addressing the two code four issues noted on the report for the most recent inspection and test to the general electrical installation should be clarified.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during this inspection:</b></p> <p>The fixed wiring installation was inspected and tested in June 2014 and again in September 2014 following the completion of remedial works. Documentation to support these inspections and tests and confirming that the installation was in a satisfactory condition was presented for review during this Estates inspection. The position in relation to two code C3 issues where the need for further investigation was identified was not clear. Subsequent to this Estates inspection RQIA received confirmation that these issues had been addressed.</p>	

Previous Recommendations		Validation of Compliance
<b>Recommendation 3</b> <b>Ref: Standard 36.2</b>	It is recommended that the exposed tungsten bulb type light units in the existing stores should be replaced with low heat emitting enclosed type light fittings.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> Sample checks to the stores indicated that enclosed type light fittings had been installed.	

#### 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.

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

##### Areas for Improvement

1. Some of the doors to the bedrooms in the older section of the home were fitted with small vision panels. A number of the doors were also fitted with small mortise bolts which are operated by a universal coggled key. These issues should be reviewed in relation to the most recent guidance on restrictive practices and human rights. The Nursing inspector should be consulted as part of this review. The outcome of this review should be confirmed to RQIA. Reference should be made to requirement 4 in the attached Quality Improvement Plan.

## Areas for Improvement Continued

- The cover for the floor gully and the shower hose including the supporting bracket in the shower room in the extension were not in a good condition and should be replaced. Reference should be made to requirement 5 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	2	<b>Number Recommendations:</b>	0
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### 5.3 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.

Two 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 & safety procedures and control measures in place which support the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

#### Areas for Improvement

- The record for the July 2015 checks to the water temperatures indicated that the unblended hot water was below the current 55°C minimum standard for the prevention or control of legionella bacteria in water systems. The temperature of the blended hot water at the bath in bathroom 13 was also marginally above the current 44°C for safe hot water. Sample checks to the blended water temperatures at the wash basin in bedroom 30, at the wash basin in bedroom 41 and at the bath in bathroom 3 indicated that these temperatures were below the current maximum standards of 41°C and 44°C respectively. The plumbing system and the thermostatic mixing valves should be checked and adjusted as required to address these issues. Reference should be made to requirement 6 in the attached Quality Improvement Plan.

## Areas for Improvement Continued

- The information presented for review in relation to the most recent thorough examinations of the hoists recommended that the actuator for one hoist should be replaced. It is therefore recommended that this actuator should be replaced. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	1	<b>Number Recommendations:</b>	1
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### 5.4 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

- The emergency lights were inspected and tested on 04 June 2015 with a satisfactory outcome. Monthly function checks should also be carried out in addition to the six monthly inspections and tests to the emergency lights. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
- The service details on the carbon dioxide fire extinguisher in the plant room opposite bedroom 37 should be brought up to date. Reference should be made to requirement 7 in the attached Quality Improvement Plan.

## Areas for Improvement Continued

3. Mr Salvatierra confirmed that one patient smokes. The need for an easily accessible fire blanket in close proximity to the location used by this patient for smoking should be reviewed. The outcome of this review should be confirmed to RQIA. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
4. A number of fire doors required attention to ensure fully effective self-closing and smoke sealing. The door to large day room from bedroom corridor 'C', for example; was not holding closed, the door to bedroom 27 and the corridor door at bedroom 2 were not latching with the self-closers and the smoke sealing to the kitchen door was not fully effective. A small number of other fire doors, for example; the door to bedroom 29 were not fitted with cold smoke seals. All of the fire doors should be inspected and remedial works should be carried out as required. Reference should be made to requirement 7 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	1	<b>Number Recommendations:</b>	0
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## 5.5 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 Mr. Wayne Salvatierra, Registered 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.



<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>The results for the ongoing temperature checks at the wash basins, the baths and the showers should be recorded separately on the schedule. A record should be kept for the twice weekly flushing of any water outlet that is not in frequent use.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> New monthly water temperature check template was formulated On 20/08/15 which shows separate results from wash basins,bath and shower. Twice weekly water outlet flushing template for outlets that is not in frequent use is done as well on the same date. Both new templates are in used on 24/08/15. ClearFlow Quality Water Management confirmed on 19/10/15 their Quarterly Water check which includes condition of two cold water storage, shower head cleaning and chlorination, Legionella bacterial tests from hot and cold outlets, hot and cold temperature check from tanks and taps.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27(2)(s)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> 02 October 2015</p>	<p>The arrangements for dealing with a mains electricity power failure should be checked to ensure that these are up to date and effective.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> General Service Agreement with Sentor Electrical Services LTD. was signed on 07/10/15. As well contacted N.I Electricity on 20/08/15 and 47 Somerton Nursing Home is put Critical Care Status in event of electrical failure. Being in Critical Care as informed will have priority information for any power failure in the area that includes our Nursing home and will be in the priority list for phonecalls. Sentor Electrical in otherhand will give priority supply of Generator in the home anytime in event of Electrical failure or crisis.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>The doors to all stores etc... should be kept locked shut.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The door opposite the laundry is now maintained to be locked and monitored since 05/08/15 after it was mentioned during the inspection.This is applicable as well to other store room in the building that required to be locked at all times.</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27(2)(a)</p>	<p>The small vision panels and the mortise bolts fitted to some of the bedroom doors should be reviewed in relation to the most recent guidance on restrictive practices and human rights. The Nursing inspector should be consulted as part of this review. The outcome of this review should be confirmed to RQIA.</p>

<p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 04 November 2015</p>	<p><b>Response by Registered Manager Detailing the Actions Taken:</b> Small vision panel is now covered and mortise bolts fitted in some doors are now changed as well.</p>
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## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 13(7) 27(2)(b)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 04 September 2015</p>	<p>The cover for the floor gully and the shower hose including the supporting bracket in the shower room in the extension should be replaced.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> This was changed on 15/10/15.</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>The plumbing system and the thermostatic mixing valves should be checked and adjusted as required to ensure that the unblended hot water and the blended hot water temperatures at all outlets throughout the premises are maintained in line with current standards.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> This is being checked when required and monitored. Template for Plumbing System and Thermostatic Mixing Valve Check is formulated and in place.</p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulations 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> 04 September 2015</p>	<p>Monthly function checks should be carried out to the emergency lights. The service details on the carbon dioxide fire extinguisher in the plant room opposite bedroom 37 should be brought up to date. The need for an easily accessible fire blanket in close proximity to the location used by the patient for smoking should be reviewed. The outcome of this review should be confirmed to RQIA. All of the fire doors should be inspected and remedial works should be carried out as required.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Monthly emergency lights are checked in the monthly basis. Service details of carbon dioxide fire extinguisher have been brought up to date. A fire blanket has been installed close to smoke area. Fire doors have been inspected and remedial action undertaken where required.</p>



<b>Quality Improvement Plan</b>			
<b>Recommendations</b>			
<b>Recommendation 1</b> <b>Ref:</b> Standard 47.1 <b>Stated:</b> Second Time <b>To be Completed by:</b> Ongoing	It is recommended that a record should be kept for the ongoing in-house checks to the nurse call system.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Nurse call system template formulated on 07/09/15 and used as well on the same date.		
<b>Recommendation 2</b> <b>Ref:</b> Standard 47.1 <b>Stated:</b> First Time <b>To be Completed by:</b> Ongoing	It is recommended that the actuator for the hoist should be replaced.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Horcher Diana/Tonya Hoist was checked on 05/03/14 with faulty actuator was disposed on 31/08/15 as can not be fixed anymore as per Aqualant Nursing Care informed.		
<b>Registered Manager Completing QIP</b>	Wayne Salvatierra	<b>Date Completed</b>	29/10/15
<b>Registered Person Approving QIP</b>	Trevor Gage	<b>Date Approved</b>	29/10/15
<b>RQIA Inspector Assessing Response</b>	<b>K. Monaghan</b>	<b>Date Approved</b>	<b>29/10/2015</b>

*\*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\**