

# Inspection Report

10 July 2023



## Rowandale

**Type of Service: Residential Care Home**  
**Address: 1-3 Shingle Cove, Bay Road,**  
**Carnlough, BT44 0EH**  
**Tel no: 028 2888 5543**

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

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| <p><b>Organisation/Registered Provider:</b><br/>Lynn McKillop Ltd</p> <p><b>Responsible Individual:</b><br/>Mr Patrick Samuel MacMahon</p>  | <p><b>Registered Manager:</b><br/>Miss Kirsty Kirkpatrick – not registered</p>   |
| <p><b>Person in charge at the time of inspection:</b><br/>Miss Kirsty Kirkpatrick, Manager</p>  | <p><b>Number of registered places:</b><br/>15</p> <p>No more than 2 Male residents Cat. RC-MP(E) and no more than 6 individuals in category RC-DE on the ground floor in single bedrooms</p> |
| <p><b>Categories of care:</b><br/>Residential Care (RC)<br/>I – Old age not falling within any other category.<br/>DE – Dementia.<br/>MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>  | <p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b><br/>12</p>  |
| <p><b>Brief description of the accommodation/how the service operates:</b><br/>This is a registered Residential Home which provides social care for up to 15 residents. Residents' bedrooms are located over two floors. Residents have a lounge area and a conservatory to socialise in.</p> |  |

## 2.0 Inspection summary

An unannounced inspection took place on 10 July 2023, from 9.50 am to 5.00 pm by a care Inspector.

RQIA received intelligence on 20 June 2023 which raised concerns in relation to nutrition and the management of the home. In response to this information RQIA decided to undertake an inspection which focused on the concerns raised. Whilst concerns relating to nutrition in the home were found to be unsubstantiated, other concerns were identified.

RQIA had concerns around fire safety in the home which resulted in an urgent referral to the Northern Ireland Fire and Rescue Service (NIFRS) on 11 July 2023, to seek assurances around fire safety. Concerns were identified regarding the management and governance arrangements in the home, due to the lack of induction, training and support being provided to the manager; and the lack of a robust and effective system of governance and managerial oversight in the home.

Given these concerns, the management team were invited to attend a serious concerns meeting on 21 July 2023. At this meeting the management team shared an action plan identifying the immediate actions they had taken and planned to take, to address these concerns. RQIA accepted this action plan and agreed that the areas for improvement were to be managed through the Quality Improvement Plan (QIP) included below.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Miss Kirsty Kirkpatrick, Manager, at the conclusion of the inspection.

#### 4.0 What people told us about the service

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, “We are well looked after, it couldn’t be better. The staff are attentive and kind.” Another resident spoke of how “There is plenty of food, I feel safe here and get offered choice in my day.”

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager.

No additional feedback was received from residents, relatives or staff following the inspection.

#### 5.0 The inspection

#### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 29 June 2023   |  |   |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 |  | Validation of compliance                      |
| <b>Area for improvement 1</b><br>Ref: Regulation 13 (4)<br>Stated: Third and final time                  | The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. | <b>Carried forward to the next inspection</b> |
|  | <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>                                   |   |
| <b>Area for improvement 2</b><br>Ref: Regulation 13 (4)<br>Stated: Second time                           | The registered person shall establish robust systems, to ensure that medicines are ordered in a timely manner and available for administration as prescribed.                                      | <b>Carried forward to the next inspection</b> |
|  | <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection</b>                                    |   |

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| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)(i)(ii)(iii)</p> <p><b>Stated:</b> First time</p> | <p>The registered person shall put a more robust system in place to ensure compliance with mandatory staff training.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>There was no programme in place for mandatory training to be updated. This area for improvement was not met and is stated for a second time.</p>  | <p><b>Not met</b></p> |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p>                 | <p>The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs. This is made in regards to skincare and SALT care plans.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>One care plan did not include reference to pressure relieving equipment and the use of a crash mat. This area for improvement is not met and is stated for a second time.</p> | <p><b>Not met</b></p> |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p>                     | <p>The registered person shall ensure that the flooring in the bathroom is repaired/ replaced and the ceiling in the lounge is repainted.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p>   | <p><b>Met</b></p>     |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)(c)</p> <p><b>Stated:</b> First time</p>           | <p>The registered person shall ensure that substances hazardous to the health of residents, such as chemicals, are safely stored in accordance with COSHH requirements.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Two containers of cleaning solution were found in two corridors in the home. This area for improvement is not met and it stated for a second time.</p>   | <p><b>Not met</b></p> |

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| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p>                        | <p>The registered person shall ensure that a robust governance system is implemented and maintained to assure the quality of services in the home.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>There was no evidence of an on gong audit programme in the home. This area for improvement is not met and is stated for a second time.</p>         | <p><b>Not met</b></p>                                |
| <p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2: December 2022)</b></p> |  | <p><b>Validation of compliance</b></p>               |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> Third and final time</p>                    | <p>The registered person shall ensure that records are in place to demonstrate that staff responsible for medicines management have been trained and deemed competent.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>                         | <p><b>Carried forward to the next inspection</b></p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> Second time</p>                             | <p>The registered person shall ensure that the temperature of the medicines storage area is monitored and recorded on a daily basis.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>   | <p><b>Carried forward to the next inspection</b></p> |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Third time</p>                              | <p>The registered person shall ensure that a structured and varied schedule of activities is produced, implemented and appropriately displayed. The activities plan should demonstrate the involvement of residents in its production.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p> | <p><b>Met</b></p>                                    |

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| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> Second time</p>   | <p>The registered person shall ensure that the staff duty rota:</p> <ul style="list-style-type: none"> <li>Includes the manager's hours of work and the capacity in which they work within the home.</li> </ul>  | <b>Met</b>     |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager's hours of work were included on the rota. Therefore, as written, this area for improvement is met. However; the staff rota did not include the capacity of other staff working in the home, and did not clearly identify the person in charge of the home in the absence of the manager. A new area for improvement is identified.</p> |  |                |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 24</p> <p><b>Stated:</b> First time</p>  | <p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> | <b>Not met</b> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was no programme in place for staff supervision and appraisal. This area for improvement is not met and is stated for a second time.</p>  |  |                |

## 5.2 Inspection findings

### 5.2.1 Nutrition and Care Delivery

There was a good supply of food and snacks available in the kitchen, and staff were knowledgeable in relation to resident's food preferences and needs. There was a four week rotating menu in place in the home, and a food survey had been recently completed to get residents thoughts and feedback on the food provided in the home.

The dining experience at lunchtime was calm, relaxed and unhurried. Residents commented at on the quality of the food provided in the home and how much they enjoyed lunch. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.



It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Staff told us that the residents' needs and wishes were very important to them.

Residents spoken with all commented positively on their experience of life in the home. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

### 5.2.2 Fire Safety

Fire safety concerns were identified within the home. The fire alarm system was not being tested weekly. The manager did not have a working knowledge of the fire alarm panel. There were no records to indicate the last time the alarm system had been tested. There were no records available to show that maintenance and testing had been carried out on the fire alarm system. The most recent fire risk assessment that was known to have been carried out was on 29 March 2022. No copy of this report was available and therefore, there was no evidence that any actions identified from this previous Fire Risk Assessment had been completed. There was no date identified for a review of the Fire Risk Assessment, which was now overdue. There were no records available of staff drills in relation to fire safety. Five fire doors were wedged open. A camp bed was incorrectly stored.

Given these concerns, RQIA made an urgent referral to the Northern Ireland Fire and Rescue Service (NIFRS) on 11 July 2023 to seek assurances around fire safety in the home. Verbal and written assurances were also received from the Responsible Individual about their immediate actions taken to ensure the home was complying with fire regulations. The Responsible Individual also confirmed that NIFRS attended the home on 13 July 2023 and no further actions were identified.

The lack of effective systems, monitoring and oversight of fire safety in the home; and of the staff and the manager's knowledge and understanding of their roles and responsibilities in relation to fire safety were discussed at the serious concerns meeting on the 21 July 2023. At this meeting the management team shared an action plan identifying the immediate actions they had taken and planned to take, to address these concerns. RQIA accepted this action plan and agreed that the areas for improvement were to be managed through the Quality Improvement Plan (QIP) included below.

### 5.2.3 Management and Governance Arrangements

There has been a change of Responsible Individual and management of the home since the last inspection. Mr Patrick Samuel MacMahon has been the Responsible Individual, and Miss Kirsty Kirkpatrick the manager in this home since April 2023.

As part of the registration process, the Responsible Individual had given assurances to RQIA that the manager would be given detailed induction, training and support for their role in the home. There was no evidence of a clear and robust system in place to effectively support the manager during the inspection.



There was limited evidence of governance and oversight in relation to the home's environment to ensure the safety of residents and staff. For example, deficits were identified in relation to the storage of oxygen cylinders and cleaning chemicals. A number of Infection Prevention and Control (IPC) deficits were identified. There was no evidence that the management team had identified these issues prior to the inspection.

There was no evidence of systems in place to ensure staff remained suitable to work in the home as there was no system in place for the manager to ensure and maintain oversight that all staff are registered with the Northern Ireland Social Care Council (NISCC). There was no plan or programme in place to ensure staff mandatory training remained up to date. The staff duty rota did not clearly identify the capacity in which staff worked. There was no system in the home to track and ensure that all staff received supervision, annual appraisals or review of competency and capability assessments in a timely manner.

There was limited evidence of resident and relative involvement, and agreement, in relation to care plans as a number were not signed. A number of care plans did not contain a photograph of the resident. Deficits in care records were identified; for example, the use of a pressure relieving cushion and a crash mat for an identified resident was not included in the resident's care plan. There was no evidence of routine auditing of care plans being completed by management to ensure they remained up to date.

These issues were discussed at the serious concerns meeting on the 21 July 2023. At this meeting the management team shared an action plan identifying the immediate actions they had taken and planned to take, to address these concerns. RQIA accepted this action plan and agreed that the areas for improvement were to be managed through the Quality Improvement Plan (QIP) included below.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005** and the **Residential Care Homes' Minimum Standards (Version 1.2: December 2022)**

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 9*          | 10*       |

\* the total number of areas for improvement includes two under regulation and two under standards that are carried forward for review at the next inspection. Four under regulation and one under standards have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager at the conclusion of the inspection and during the serious concerns meeting on the 21 July 2023. The timescales for completion commence from the date of inspection.

| <b>Quality Improvement Plan</b>  |   |
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| <b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>  |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 13 (4)<br><br><b>Stated:</b> Third and final time<br><br><b>To be completed by:</b><br>18 July 2023                  | The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.<br><br>Ref: 5.1<br><br><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 13 (4)<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>Immediately and ongoing (20 June 2023) | The registered person shall establish robust systems, to ensure that medicines are ordered in a timely manner and available for administration as prescribed.<br><br>Ref: 5.1<br><br><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>   |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Regulation 20 (1) (c)(i)(ii)(iii)<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>1 September 2022       | The registered person shall put a more robust system in place to ensure compliance with mandatory staff training.<br><br>Ref: 5.1 & 5.2.3<br><br><b>Response by registered person detailing the actions taken:</b><br>Online training has been purchased providing both mandatory training as well as additional training courses which are relevant to Rowandale. Face to face training has also been scheduled, and is due to be completed within the next month.   |
| <b>Area for improvement 4</b><br><br><b>Ref:</b> Regulation 16 (1)<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>1 September 2022                       | The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs. This is made in regards to skincare and SALT care plans.<br><br>Ref: 5.1<br><br><b>Response by registered person detailing the actions taken:</b><br>Care plans have been updated with the help of representatives of the Northern Trust. Care plans now contain details of skincare and SALT, however an audit has been put in place to ensure compliance and regular review. |

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| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)(c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required (9 June 2022)</p>                | <p>The registered person shall ensure that substances hazardous to the health of residents, such as chemicals, are safely stored in accordance with COSHH requirements.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> Chemicals are stored in accordance with COSHH requirements with new audit system put in place to ensure nothing is left outside of the appropriate storage area.</p>   |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 September 2022</p>   | <p>The registered person shall ensure that a robust governance system is implemented and maintained to assure the quality of services in the home.</p> <p>Ref: 5.1 &amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A comprehensive audit programme has been introduced to the home to ensure quality of service. These audits are carried out by the home manager and reviewed again by our compliance officer.</p>  |
| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 27 (4)(a)(b)(d)(i)(ii)(iii)(iv)(v)(e)(f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p> | <p>The registered person shall ensure that a current Fire Risk Assessment and fire management plan is in place and that all staff, including management, comply with their responsibilities in terms of fire safety in the home.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Fire risk assessment is in place, along with all fire checks. Mandatory fire training has been updated for all staff to ensure they understand their responsibilities in terms of fire safety in the home.</p>  |
| <p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 9 (1)(2)(b)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>                           | <p>The registered person shall ensure that a robust and effective system is in place to support and oversee that the manager has the skills and experience necessary for managing the home.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The manager is currently enrolled on her Level 5 Diploma in Health and Social Care and expected to complete this in the new year. Additional support is given to the manager from our group compliance officer, the directors and the managers within the group. An action plan has been put in place to monitor the managers progress and help address issues in a timely manner.</p> |

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| <p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>From the date of inspection</p> | <p>The registered person shall implement a more effective managerial oversight to ensure the effective day to day running of the home.</p> <p>Ref: 5.2.3</p>   |
| <p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2: December 2022)</b></p>  |  |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b><br/>18 July 2023</p>            | <p>The registered person shall ensure that records are in place to demonstrate that staff responsible for medicines management have been trained and deemed competent.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>   |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>27 June 2023</p>                     | <p>The registered person shall ensure that the temperature of the medicines storage area is monitored and recorded on a daily basis.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>   |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 24</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>1 September 2022</p>                 | <p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <p>Ref: 5.1 &amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Ongoing programme to update annual appraisals and supervisions. A schedule has been put in place to clearly show dates and names of appraiser/supervisor, and a warning system to show when the 6 month review is due.</p> |

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| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>From the date of inspection</p> | <p>The registered person shall ensure that the staff duty rota:</p> <ul style="list-style-type: none"> <li>• Includes the capacity in which staff work within the home</li> <li>• The person in charge is identified</li> </ul> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Duty rota has been updated to ensure the capacity in which staff work is recorded, and that the person in charge is clearly identifiable.</p> |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 8.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>From the date of inspection</p>  | <p>The registered person shall ensure that care plans contain a recent photograph of the resident.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Care plans have been updated to contain a recent photograph of the resident.</p>   |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>From the date of inspection</p>  | <p>The registered person shall ensure that the resident or their representative sign the care plan along with the member of staff responsible for drawing it up.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Care plans have now been signed along with the staff member responsible for drawing it up.</p>   |
| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>From the date of inspection</p>   | <p>The registered person shall ensure that there is a managed environment that minimises the risk of infection.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Guidance has been given to staff to ensure they understand the importance of infection control. Daily, weekly and monthly audits in this regard have also been drawn up to ensure the risk of infection is minimised.</p>                               |

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| <p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>From the date of inspection</p>    | <p>The registered person shall ensure that Oxygen cylinders are safely and securely stored.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Oxygen cylinders are now safely and securely stored with a weekly check in place to ensure compliance.</p>   |
| <p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>From the date of inspection</p> | <p>The registered person shall ensure that a system in in place to maintain oversight of staff registration with NISCC</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>NISCC register reviewed as part of audit program, and cross checked against staffing records to ensure all staff are on the list.</p>   |
| <p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>From the date of inspection</p>   | <p>The registered person shall ensure that the premises are well maintained.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Painting of inside of home is almost complete, which will allow the carpet on the stairs and upstairs landing to be replaced. Audit has been put in place to ensure the home is well maintained and all shortfalls are identified and addressed in a timely manner.</p> |

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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