



# Unannounced Care Inspection Report 14 November 2019



## Ladyhill Private Nursing Home

**Type of Service: Nursing Home**  
**Address: 40 Creevery Road, Antrim BT41 2LQ**  
**Tel no: 028 9446 6905**  
**Inspectors: Dermot Walsh & Gavin Doherty**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 31 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Town & Country Care Homes Limited  <b>Responsible Individual:</b> Dr Marina Lupari	<b>Registered Manager and date registered:</b> Dr Marina Lupari – Acting – No application required
<b>Person in charge at the time of inspection:</b> Foteini Kourakou – Deputy manager	<b>Number of registered places:</b> 31
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 25

### 4.0 Inspection summary

An unannounced inspection took place on 14 November 2019 from 08.20 to 18.15 hours and on 21 November 2019 from 12.45 to 14.30 hours.

This inspection was undertaken by the care inspector and an estates inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation staffing arrangements, monitoring of staffs' registrations, staff recruitment, staffs' training and development, record keeping, management of complaints and incidents, quality improvement and maintaining good working relationships.

An area for improvement was identified in relation to meal choice and an area for improvement in relation to the duty rota was stated for the second time. Areas for improvement in respect of previous finance and medicines management inspections have not been reviewed as part of this inspection and these will be carried forward for review at the next care inspection. The estates inspector identified areas for improvement in respect of fire safety and water safety.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from patients and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*9

\*The total number of areas for improvement includes one which have been stated for a second time and five which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Dr Marina Lupari, responsible individual and Foteini Kourakou, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 19 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including care and estates issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff from 21 October to 17 November 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records

- incident and accident records
- one staff recruitment and induction file
- five patient care records
- a sample of daily patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from January 2019
- fire risk assessment
- legionella risk assessment
- fire drill records and unwanted alarm records
- mechanical & electrical service records and daily, weekly & monthly user check records
- LOLER thorough examination reports for Hoists, slings and passenger lift
- fixed electrical installation certification
- gas safe certification and service records
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the persons in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person shall ensure that the duty rota reflects the actual hours worked by the manager and the capacity in which these hours are worked. The duty rota should also reflect the actual hours of shift duration.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The actual hours worked by the manager were not clearly reflected on the duty rota. Actual hours of staffs' shift durations were included.	
	This area for improvement has been partially met and has been stated for a second time.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall ensure that net pants are only ever provided for individual patient use and any unlabelled clothing items are identified and labelled or disposed of to eliminate the potential for communal use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The use of net pants was not evidenced in any area of the home.	

<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall review the management of warfarin as detailed in the report.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	The registered person shall ensure that records of incoming medicines are fully and accurately maintained.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	



Areas for improvement from the last finance inspection		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.9  <b>Stated:</b> First time	<p>The registered person shall ensure that accurate and up to date records of income and expenditure are maintained for patients. Transactions should be recorded in the correct chronological order, with the amount of the withdrawal of monies and any change recorded on the ledger (not the amount of the expense). Communal receipts should clearly detail which patients purchased which items and only cash related transactions should appear on the cash book/ledger for each patient.</p>	<b>Carried forward to the next care inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 14.11  <b>Stated:</b> First time	<p>The registered person shall ensure that records made on behalf of patients are legible and mistakes appropriately dealt with on the face of the ledger (ie a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry). Correcting fluid is never used to amend records.</p>	<b>Carried forward to the next care inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 14.16  <b>Stated:</b> First time	<p>The registered person shall ensure that where staff purchase items on behalf of patients, any store loyalty points earned are owned by the patient and this is documented on the receipt. Where a patient is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the patient for their own records</p>	<b>Carried forward to the next care inspection</b>

	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
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There were no areas for improvement made as a result of the last premises inspection on 19 January 2017.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients consulted spoke positively in relation to the care provided to them in the home. Patients who could not verbally communicate appeared calm when interacting with staff. Call bells had been answered promptly. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

A review of one recently recruited staff member's recruitment records evidenced that the appropriate pre-employment checks had been conducted prior to the staff member commencing in post. Records also indicated that the new staff member was in the process of undertaking an induction programme to assist them in gaining knowledge of the homes' policies and procedures.

Regular checks were made, and evidenced electronically, for all registered nursing staff following employment in the home to ensure that they maintained their registration with NMC. Similar checks were made with care staffs' registrations to ensure that these were in compliance with NISCC. Checks also identified if care staff, who had not worked in the health sector previously, had made an application to register with NISCC.

A record of any training that staff had completed was maintained in the home. An electronic training matrix was utilised to oversee staffs' training compliance. Discussion with the manager confirmed that when new staff commence employment, an in-house trainer completes training on fire safety, moving and handling and infection prevention and control as part of their induction. All training provided was face to face which allowed staff to question their trainer to clarify any area of confusion. Staff consulted were satisfied that the training provided assisted them in their roles within the team.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.



Falls in the home were monitored on a monthly basis for any patterns and trends. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. We reviewed the accident records of a patient who recently fell in the home. The patient's fall's risk assessment and care plan had been updated following the fall. Accident records evidenced that the appropriate actions had been taken following the fall, including the monitoring of the patient, and that the appropriate persons had been notified of the fall.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. Compliance with best practice on infection prevention and control had been well maintained. Isolated issues were found in identified areas around the home and managed during the inspection.

There was evidence of recent improvements to the environment. Four external doors including the front door and the door leading to the dining room had been replaced. An additional window had been added to one of the lounges to allow for more natural light. Communal corridor flooring, flooring to the dining room and flooring to a lounge had been replaced. Significant adjustments had been made on one patient's bedroom to facilitate the needs of the patient. On the day of inspection, the fascia boards on the building were in the process of being replaced. The estates manager confirmed that painters had been arranged to commence a painting programme in the home.

### Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided them with all necessary information to provide care to patients.

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids.

We reviewed the lunchtime meal experience. Food was served directly from the kitchen when patients were ready to eat their meals or be assisted with their meals. A range of drinks was served with the meal. The food served appeared nutritious and appetising; however, the menu did not offer a choice of meal for patients to select from. This was discussed with the manager and identified as an area for improvement. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. The mealtime was well supervised. Patients consulted confirmed that they had enjoyed their meal.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. There were no wounds in the home.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment informed the patient's care plan. The continued use of restraint was monitored at the evaluation of the patients' care plans.

### Areas for improvement

An area for improvement was identified in relation to meal choice.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

During the day, patients who could mobilise had freedom of movement throughout the home. Patients chose where to sit during the day; in their bedroom, the dining room or one of the lounges. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be both caring and timely. We consulted with eight patients during the inspection. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- "They're doing some great work here."
- "I like it here."
- "It's nice here."

No patients' visitors were consulted during the inspection. Patient representatives' questionnaires were left for completion. None were returned.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from six staff consulted during the inspection included:

- “It’s good here.”
- “Really enjoy it. Like it here.”
- “It’s like my second family here.”
- “I look forward to coming to work.”
- “I love it here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

### Areas for improvement

No new areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care, infection prevention and control. Auditing records evidenced the actions taken in response to any shortfalls that were identified.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, trust staff and other healthcare professionals. Action plans were included within the monthly reports.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

## **Assessment of premises**

The manager shared available relevant documentation with us relating to the premises.

We saw that a current fire risk assessment for the premises was in place, dated 20 May 2019. This fire risk assessment was undertaken by a company holding professional body registration for fire risk assessors. However, the action plan flowing from this risk assessment was still to be fully and suitably actioned and signed-off by the manager. The overall risk for the premises stated in the risk assessment was 'moderate'. This will be reduced to 'tolerable' on the full implementation of the action plan. It is therefore essential that the action plan flowing from this risk assessment is fully implemented without further delay. An area for improvement has been made with respect to this.

We saw that the servicing of the fire detection and alarm system, emergency lighting installation and fire-fighting equipment was being undertaken in accordance with current best practice guidance. Extensive daily, weekly and monthly user checks were being documented and maintained.

A risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was in place and had been reviewed on 27 November 2018. Again, the servicing of these systems and the user checks appeared to be being well maintained. However, this risk assessment made no reference to current best practice guidance issued by the Health and Safety Executive (HSE) with respect to the control of legionella bacteria. HSG274 part 2 'The control of legionella bacteria in hot and cold water systems', is for dutyholders, and those with health and safety responsibilities for others, to help them comply with their legal duties. These include identifying and assessing sources of risk, preparing a scheme to prevent or control risk, implementing, managing and monitoring precautions, keeping records of precautions and appointing a manager responsible for others. It is therefore essential that a new risk assessment is commissioned, to ensure that the premises hot and cold water systems are safe, and that the current control measures being implemented remain valid and appropriate. An area for improvement has been made with respect to this.

Current certificates with relation to the premises' electrical and gas installations were available for inspection. The certificates indicated that the systems were being maintained in accordance with current best practice guidance.

Following a concern received by RQIA, we carried out temperature checks in all communal areas and a selection of bedrooms throughout the premises at the time of the inspection. The temperatures were in the range of 18-22<sup>0</sup>c in all areas checked which meets the temperature range outlined in the current care standards for nursing homes. Additional heaters are currently being provided for patients who require additional heating in their rooms. The manager was aware that the heating system was an issue and was actively seeking to upgrade the system at the time of the inspection. Further communication was received from the home on the 4 December 2019, detailing that a new higher powered boiler was to be installed commencing on the 10 December 2019. The existing heating system would be fully maintained throughout this installation period.

At the time of the inspection the premises were noted to be clean and were being maintained to a high standard, with clear evidence of on-going maintenance and refurbishment within the premises.

### Areas for improvement

Two areas for improvement were identified during the inspection with respect to fire safety and water safety.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr Marina Lupari, responsible individual and Foteini Kourakou, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> Second time  <b>To be completed by:</b> 14 December 2019	<p>The registered person shall ensure that the duty rota reflects the actual hours worked by the manager and the capacity in which these hours are worked. The duty rota should also reflect the actual hours of shift duration.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>  The duty rota has been updated to reflect the actual hours worked by the manager and the capacity in which these hours are worked (Manager/Acting Manager/ Registered nurse). The duty rota has also been updated to reflect the actual hours of shift duration and the actual hours of every shift's duration are clearly visible in the first column of the duty rota, next to the staff members full name.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 21 March 2019	<p>The registered person shall review the management of warfarin as detailed in the report.</p> <p>Ref: 6.2</p> <p><b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> 21 March 2019	<p>The registered person shall ensure that records of incoming medicines are fully and accurately maintained.</p> <p>Ref: 6.2</p> <p><b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 14.9  <b>Stated:</b> First time  <b>To be completed by:</b> 14 December 2018	<p>The registered person shall ensure that accurate and up to date records of income and expenditure are maintained for patients. Transactions should be recorded in the correct chronological order, with the amount of the withdrawal of monies and any change recorded on the ledger (not the amount of the expense). Communal receipts should clearly detail which patients purchased which items and only cash related transactions should appear on the cash book/ledger for each patient.</p> <p>Ref: 6.2</p>



	<b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 14.11  <b>Stated:</b> First time  <b>To be completed by:</b> 14 December 2018	<p>The registered person shall ensure that records made on behalf of patients are legible and mistakes appropriately dealt with on the face of the ledger (ie a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry). Correcting fluid is never used to amend records.</p> <p>Ref: 6.2</p> <p><b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 14.16  <b>Stated:</b> First time  <b>To be completed by:</b> 14 December 2018	<p>The registered person shall ensure that where staff purchase items on behalf of patients, any store loyalty points earned are owned by the patient and this is documented on the receipt. Where a patient is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the patient for their own records</p> <p>Ref: 6.2</p> <p><b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2019	<p>The registered person shall ensure that patients are offered a choice of meal at lunchtime.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  Residents in LadyHill PNH are offered a range of alternatives at each mealtime and resident's preferences are respected in terms of their food preferences at each meal time. However due to the nature of the residents a formal mealtime option was not utilised. T&amp;C care homes have now created a second option menu. The residents, who have capacity to choose, are asked on the previous day which one of the two options they would prefer for their dinner the following day. Residents in LadyHill PNH will continue to be offered a range of alternatives at each mealtime and resident's preferences will continue to be respected in terms of their food preferences at each meal time.</p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 48.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<p>The registered person shall ensure that the action plan flowing from the current fire risk assessment is fully implemented without further delay.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Appropriate action has been taken to address all of the concerns identified within the latest Fire Risk Assessment</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 44.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<p>The registered person shall ensure that a new legionella risk assessment is commissioned, to ensure that the premises hot and cold water systems are safe, and that the current control measures being implemented remain valid and appropriate.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Contact has been made with contractor regarding Legionella inspection and the need for an updated risk assessment. Inspection and site visit is due to be completed on 30th December 2019 with risk assessment to follow.</p>

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



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

**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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