



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	18045
<b>Establishment ID No:</b>	1413
<b>Name of Establishment:</b>	Ashwood House, Glengormley
<b>Date of Inspection:</b>	06 May 2014
<b>Inspector's Name:</b>	K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Ashwood House
<b>Address:</b>	2-10 Ashgrove Road Glengormley BT36 6LJ
<b>Telephone Number:</b>	028 90 837 270
<b>Registered Organisation/Provider:</b>	Mrs. Mary Patricia Pollock, Ashwood Prop. Investment Ltd
<b>Registered Manager:</b>	Mrs. Anne Marie Morris
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs. Anne Marie Morris, Registered Manager
<b>Other person(s) present during inspection:</b>	Mr. Kevin Pollock, Director
<b>Type of establishment:</b>	Nursing Home
<b>Categories of Care:</b>	NH-I ,RC-I ,RC-MP(E)
<b>Conditions of Registration:</b>	33 Nursing: 3 residential.
<b>Number of Registered Places:</b>	36
<b>Date of previous Estates inspection:</b>	09 June 2011
<b>Date and time of inspection:</b>	06 May 2014 (10:30am. – 1:20pm.)
<b>Name of Inspector:</b>	K. Monaghan

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003,
- The Nursing Homes Regulations (Northern Ireland) 2005 and
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

#### **4.0 METHODS/PROCESS**

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

1. Discussions with Mr. Kevin Pollock, Director,
2. Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted
3. Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

#### **5.0 CONSULTATION PROCESS**

During the course of the inspection the Inspector spoke Mr. Kevin Pollock, Director.

#### **6.0 INSPECTION FOCUS**

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards with the focus on assessing progress with the issues raised during and since the previous inspection.

##### **Standards inspected:**

- Standard 32 - Premises and grounds,
- Standard 35 - Safe and healthy working practices and
- Standard 36 - Fire Safety

## **7.0 PROFILE OF SERVICE**

Ashwood House Private Nursing Home is a thirty-six bed, purpose built, two-storey nursing home, situated in a residential area on the outskirts of Glengormley.

The home is convenient to local shops, library and churches and is on a bus route.

Bedroom accommodation is provided in double and single rooms, some with en-suite facilities and there are a range of communal lounges and dining areas, toilets and bathrooms and shower facilities.

The first floor is accessed by the stairs and a passenger lift.

The home has a car park to the side and nicely appointed gardens.

## **8.0 SUMMARY**

During this Estates inspection a number of issues were identified for attention. Following this Estates Inspection of Ashwood House Nursing Home in Glengormley on 06 May 2014, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in fifteen requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance Mr. Kevin Pollock, Director, throughout the inspection process.

## **9.0 INSPECTION FINDINGS**

### **9.1 Recommendations and requirements from previous Estates inspection on 09 June 2011**

- 9.1.1 It is good to report that most of the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 09 June 2011 had been addressed. There was however a small number of issues that required further attention. The following should be noted with regard to the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 09 June 2011:
- 9.1.2 It is good to report that a policy in relation to the prevention or control of legionella bacteria in the water systems had been drawn up and this was reviewed on 20 September 2013. This policy should however be supported with a comprehensive risk assessment in relation to legionella bacteria in the water systems. Specific control measures such as six monthly checking of the water storage tanks, monthly temperature checks at the unblended hot and cold water sentinel outlets and quarterly disinfection of the showers should also be implemented in the home. Reference should be made to item 4 in the Quality Improvement Plan.
- 9.1.3 Current gas safety certificates for the kitchen equipment and the heating boilers were available in the home. The current gas safety certificate for the two dryers in the laundry should also be followed up and retained in the home available for future inspections. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.1.4 Records were available for the ongoing weekly tests to the fire alarm. It is important however that these tests are kept up to date. In this regard it would be prudent to check this issue periodically as part of the auditing procedures for managing the fire safety protection measures in place for the premises. Reference should be made to item 8 in the Quality Improvement Plan.
- 9.1.5 The above issues are restated where appropriate in the relevant sections of the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.2 Standard 32 – Premises and grounds

***The premises and grounds are safe, well maintained and remain suitable for their stated purpose***

- 9.2.1 It is good to report that the premises being used by Ashwood House Nursing Home were in good order and offered comfortable accommodation for the patients and residents. The dining room had been refurbished recently and improvement works had also been carried out to the gardens recently. In addition some new windows had been installed at the front of the home. This is to be commended. Three items were identified for attention in relation to this standard as follows:
- 9.2.2 Sample checks to the carpets indicated that the carpet in bedrooms 5 on the ground floor was not in good condition. The jointing strip between the carpet and the vinyl in bedroom 6/7 was also damaged. The carpet in bedroom 5 should be replaced and the jointing strip in bedroom 6/7 should be made good. The corridor carpets had also been lifted to provide access to the floors below for maintenance purposes. These carpets had been refitted in sections with jointing strips. This would not be a good long term solution for the corridor carpets. It is good to report that Mr. Pollock confirmed that it was the intention to replace the corridor carpets in the future. A check should be carried out in relation to all of the carpets in the premises and replacements should be fitted as required. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.2.3 The details in relation to the maintenance and ongoing in-house checks to the nurse call system should be clarified. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.2.4 The premises were clean and well presented. The hairdressing room however required attention. This room should be deep cleaned and refurbished to include a new floor covering and a new base unit. The cleaning equipment for this room should also be renewed. The new equipment should be in line with the NHS cleaning colour code being used in the home. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.2.5 The above issue is detailed in the section of the attached Quality Improvement Plan entitled 'Standard 32 – Premises and grounds'.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.3 Standard 35 - Safe and healthy working practices

#### *The home is maintained in a safe manner*

- 9.3.1 A number of issues were identified for attention in relation to this standard as follows:
- 9.3.2 It is good to report that the fixed wiring installation was inspected and tested on 30 April 2014. The report for this inspection and test indicated that the overall installation was in a good state of repair. The report identified a small number of issues for attention. In line with current practice these issues had been coded to identify their importance from a safety point of view. It is good to report that no code C1 and C2 issues (essential to maintain the installation in a safe condition) had been identified for attention. Mr. Pollock confirmed that it was the intention to address the code C3 issues which related to recommendations for improvements within the next two months.
- 9.3.3 A new hot water storage tank had recently been installed in the premises. The water systems had been cleaned and disinfected on 10 March 2014. A check in relation to the water temperatures throughout the home had been carried out by the home's plumber on 2 May 2014. A record was also being kept for the ongoing weekly flushing of the water outlets that are not in frequent use. The flushing frequency for the water outlets that are not in frequent use should be increased to twice weekly. Reference should be made to item 6 in the Quality Improvement Plan.
- 9.3.4 The passenger lift was serviced on 6 March 2014. The most recent thorough examination of the passenger lift was also completed on 3 December 2013. The report for this thorough examination identified a small number of issues for attention. It was not clear if these issues had been addressed. Mr. Pollock confirmed that he would follow this up with the lift service company. Reference should be made to item 7 in the Quality Improvement Plan.
- 9.3.5 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices'.



## 9.0 INSPECTION FINDINGS CONTINUED

### 9.4 Standard 36 – Fire Safety

***Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.***

- 9.4.1 A number of issues were identified for attention in relation to this standard as follows:
- 9.4.2 It is good to report that the emergency lights were inspected and tested on 25 July 2013. In addition to the ongoing inspections and tests by the electrician, a function check should be carried out to each emergency light fitting in accordance with the guidance contained in British Standard 5266. To facilitate these checks it would be helpful to number each fitting and list these on a schedule that could be used to record the results and remedial actions taken during each check. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.4.3 At the time of this Estates inspection a routine inspection and test of the fire detection and alarm system was being carried out. The report for the previous inspection test included a recommendation to upgrade the older detection devices to improve the sensitivity/reaction time. Mr. Pollock confirmed that this recommendation was being followed up and replacements were ongoing. The remaining new detectors should be installed as soon as possible. In addition the type of fire detector in the treatment room should also be reviewed and replaced as required (appeared to be a heat detector where a smoke detector may be more appropriate). Reference should be made to item 10 in the Quality Improvement Plan.
- 9.4.4 It is good to report that a fire safety policy was available for review during this Estates inspection. This policy included a reference to the procedure for calling the Northern Ireland Fire and Rescue Service in the event of a fire alarm activation. This procedure should be reviewed to ensure that it is made clear that the Northern Ireland Fire and Rescue Service should be called immediately the fire alarm activates not following a search to establish the cause of the activation. Reference should be made to item 11 in the Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.4 Standard 36 – Fire Safety Continued**

- 9.4.5 Self-closing devices coupled with electro-magnetic hold open devices had been installed to all bedroom doors in line with the most recent policy directive from the Northern Ireland Fire and Rescue Service. This is to be commended. Fire safety training was provided for staff on 20 and 30 January 2014 with further fire safety training to be arranged in the near future. Fire drills were carried out on 2 April 2014 and 1 May 2014. The record for the drill that was carried out on 2 April 2014 included a learning point in relation to the fire zone identification. The record did not indicate what follow up action was taken in relation to this issue. This should be reviewed and followed up as required. In addition the method of recording the details for each fire drill should be reviewed and updated as required to ensure that it is more comprehensive. This record should include a brief description of what was covered by the drill, everyone who attended, the times taken for completion of the mock evacuation, any points of learning to be carried forward into future practice and follow up action to ensure that the learning is embedded into future practice. Advice should be sought from the Fire Safety Advisor for the home. Reference should be made to item 12 in the Quality Improvement Plan.
- 9.4.6 A fire risk for the home was completed on 31 March 2014. The report for this fire risk assessment indicated that the overall level of risk in relation to fire in the premises was 'Low'. This report was only available 'on line'. A hard copy of this report should be retained in the home available for future inspections. Mr. Pollock confirmed that some of the issues identified for attention in the action plan included with this report had been addressed and work was ongoing to address the remaining issues. The remaining action plan issues should be addressed and signed off by the Registered Manager. Reference should be made to item 13 in the Quality Improvement Plan.
- 9.4.7 Sample checks to the fire doors indicated that not all of these doors, for example; the doors to the lift plant room and the boiler room were fitted with cold smoke seals in accordance with the guidance contained in Northern Ireland Health Technical Memorandum 84. The fire doors should be checked and any missing smoke seals should be fitted. The corridor door at bedroom 11 on the ground floor should also be adjusted to ensure that it latches effectively and does not bind. There was also an air vent above the door to the boiler room. This vent should be fully fire and smoke damped. Alternatively the vent could be blocked up if it is not required for the safe operation of the equipment in the boiler room. A Gas Safe' engineer and the Fire Risk Assessor for the premises should be consulted in relation to this issue. Reference should be made to item 14 in the Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.4 Standard 36 – Fire Safety Continued**

- 9.4.8 The doors to the dining room and the treatment room were wedged open. Fire doors should not be wedged open. The wedge to the treatment room door was removed immediately. The doors to the dining room are fitted with electro-magnetic hold open devices linked to the fire detection and alarm system. Due however to concerns during meal times, that the sudden releasing of the doors (in the event of the fire alarm activating) may cause injury to a patient, wedges are used in addition to the hold open devices. This would not be good fire safety practice. Mr. Pollock confirmed that he had been in contact with a specialist door control company to find a solution to this issue. This solution should be implemented without delay. Reference should be made to item 15 in the Quality Improvement Plan
- 9.4.9 The above issues where appropriate are detailed as appropriate in the section of the attached Quality Improvement Plan entitled 'Standard 36 – Fire Safety'.

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mr. Kevin Pollock, Director as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

## **11.0 ENQUIRIES**

Enquiries relating to this report should be addressed to:

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



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**Kieran Monaghan  
Estates Officer**

4 June 2014

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**Date**

### Quality Improvement Plan Sign Off Sheet for Estates Inspectors

<b>Name of Home</b>	Ashwood House Nursing Home, Glengormley RQIA ID 1413
<b>Date of Inspection</b>	06 May 2014
<b>Estates Inspector</b>	Kieran Monaghan

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	√	√	–	K. Monaghan	25 June 2014
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	–	–	–	–	–
C.	Clarification or follow up required on some items.	–	–	–	–	–

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

**NOTES:**

The details of the quality improvement plan were discussed with Mr. Kevin Pollock, Director as part of the inspection process.

The timescales commence from the date of inspection. Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan. The quality improvement plan is to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: Trevor Gage

NAME: TREVOR GAGE  
(Print) REGISTERED PROVIDER

DATE: 23<sup>RD</sup> June 2014

SIGNED: 

NAME: ANNE MARIE MORRIS  
(Print) REGISTERED MANAGER

DATE: 26/6/14

Announced Estates Inspection to Ashwood House Nursing Home, Glengormley 06 May 2014 (K. Monaghan)

**Assurance, Challenge, Improvement in Health and Social Care**

The following requirements should be noted for action in relation to Standard 32 — Premises and grounds: _				
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 14(2)(a) 14(2)(b) 27(2)(d)	The carpet in bedroom 5 should be replaced and the jointing strip in bedroom 6/7 should be made good. A check should also be carried out in relation to all of the carpets in the premises and replacements should be fitted as required. Reference should be made to paragraph 9.2.2 in the Report.	1 Month & Ongoing	The carpet has been replaced and the jointing strip made good Checks with regards to carpets is ongoing and action taken as necessary
2.	Regulations 27(2)(c) 27(2)(q)	The details in relation to the maintenance and ongoing in-house checks to the nurse call system should be clarified. Reference should be made to paragraph 9.2.3 in the Report.	1 Month	This has been actioned
3.	Regulations 13(7) 27(2)(d)	The hairdressing room should be deep cleaned and refurbished to include a new floor covering and a new base unit. The cleaning equipment for this room should also be renewed. The new equipment should be in line with the NHS cleaning colour code being used in the home. Reference should be made to paragraph 9.2.4 in the Report.	1 Month	The hairdressing room has been deep cleaned and has undergone refurbishment. Cleaning equipment is in line with NHS colour coding.



The following requirements should be noted for action in relation to Standard 35 - Safe and healthy working practices:				
Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The policy in relation to the prevention or control of legionella bacteria in the water systems should be supported with a comprehensive risk assessment in relation to legionella bacteria in the water systems. Specific control measures such as six monthly checking of the water storage tanks, monthly temperature checks at the unblended hot and cold water sentinel outlets and quarterly disinfection of the showers should also be implemented in the home. Reference should be made to paragraph 9.1.2 in the Report.	1 Month	The home has organized a detailed risk assessment with regards to legionella bacteria. The additional checks as requested have been implemented.
5.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	Current gas safety certificates for the two dryers in the laundry should be followed up and retained in the home available for future inspections. Reference should be made to paragraph 9.1.3 in the Report.	1 Month & Ongoing	The gas certificates have been followed up and are retained in the home.



The following requirements should be noted for action in relation to Standard 35 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The flushing frequency for the water outlets that are not in frequent use should be increased to twice weekly. Reference should be made to paragraph 9.3.3 in the Report.	Ongoing	Flushing frequency for the water outlets not in use have been increased to twice weekly.
7.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The issues identified for attention in the report for the most recent thorough examination of the passenger lift on 3 December 2013 should be followed this up with the lift service company. Reference should be made to paragraph 9.3.4 in the Report.	1 Month	All points in the report of the 3 <sup>rd</sup> of December 2013 have been followed up and actioned.

**The following requirements should be noted for action in relation to Standard 36- Fire Safety:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Restated Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
8.	Regulations 27(4)(b) 27(4)(e) 27(4)(f)	The weekly tests to the fire alarm should be kept up to date. In this regard it would be prudent to check this issue periodically as part of the auditing procedures for managing the fire safety protection measures in place for the premises. Reference should be made to paragraph 9.1.4 in the Report.	Ongoing	The weekly fire alarm tests are being kept up to date and form part of the ongoing periodic auditing.
<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
9.	Regulations 27(4)(b) 27(4)(e) 27(4)(f)	In addition to the ongoing inspections and tests by the electrician, a function check should be carried out to each emergency light fitting in accordance with the guidance contained in British Standard 5266. To facilitate these checks it would be helpful to number each fitting and list these on a schedule that could be used to record the results and remedial actions taken during each check. Reference should be made to paragraph 9.4.2 in the Report.	1 Month	The emergency lighting function check has been carried out in accordance with BS5266, with the fittings referenced in the format requested.

**The following requirements should be noted for action in relation to Standard 36 - Fire Safety:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
10.	Regulations 27(4)(b) 27(4)(c)	The remaining new fire detectors should be installed as soon as possible. In addition the type of fire detector in the treatment room should also be reviewed and replaced as required (appeared to be a heat detector where a smoke detector may be more appropriate). Reference should be made to paragraph 9.4.3 in the Report.	1 Month & Ongoing	The remaining fire detector s have ben installed. The treatment room detector has ben replaced as required.
11.	Regulations 27(4)(b) 27(4)(c)	The procedure calling the Northern Ireland Fire and Rescue Service in the event of a fire alarm activation should be reviewed to ensure that it is made clear that the Northern Ireland Fire and Rescue Service should be called immediately the fire alarm activates not following a search to establish the cause of the activation. Reference should be made to paragraph 9.4.4 in the Report.	1 Month & Ongoing	The procedure has been reviewed and Amended accordingly with staff advised of the same.



**The following requirements should be noted for action in relation to Standard 36 - Fire Safety:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
12.	Regulations 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv)	The learning point identified for attention in record for the fire drill that was completed on 2 April 2014 should be reviewed and followed up as required. In addition the method of recording the details for each fire drill should be reviewed and updated as required to ensure that it is more comprehensive. This record should include a brief description of what was covered by the drill, everyone who attended, the times taken for completion of the mock evacuation, any points of learning to be carried forward into future practice and follow up action to ensure that the learning is embedded into future practice. Advice should be sought from the Fire Safety Advisor for the home. Reference should be made to paragraph 9.4.5 in the Report.	1 Month & Ongoing	<ul style="list-style-type: none"> <li>• The records have been amended and the records updated as requested.</li> </ul>

The following requirements should be noted for action in relation to Standard 36 - Fire Safety:				
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
13.	Regulations 27(4)(a) 27(4)(b)	A hard copy of the report for the fire risk assessment that was carried out on 31 March 2014 should be retained in the home available for future inspections. The remaining issues identified for attention in this fire risk assessment report should be addressed and the action plan should be signed off by the Registered Manager. Reference should be made to paragraph 9.4.6 in the Report.	1 Month	A  hard copy of the Fire Risk Assessment has been requested from the Fir Consultants undertaking the Risk Assessment, the identified action points Are being signed off as addressed.

The following requirements should be noted for action in relation to Standard 36 - Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
14.	Regulations 27(4)(a) 27(4)(b)	The fire doors should be checked and any missing smoke seals should be fitted in accordance with the standards set out in Northern Ireland Health Technical Memorandum 84. The corridor door at bedroom 11 on the ground floor should also be adjusted to ensure that it latches effectively and does not bind. The air vent above the door to the boiler room should be fully fire and smoke damped. Alternatively the vent could be blocked up if it is not required for the safe operation of the equipment in the boiler room. A 'Gas Safe' engineer and the Fire Risk Assessor for the premises should be consulted in relation to this issue. Reference should be made to paragraph 9.4.7 in the Report.	1 Month	All points raised have been actioned.

The following requirements should be noted for action in relation to Standard 36 - *Fire Safety*:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
15.	Regulations 27(4)(a) 27(4)(b)	Fire doors should not be wedged open. This issue should be resolved without delay. Reference should be made to paragraph 9.4.8 in the Report	1 Month & Ongoing	Staff have been advised that The wedging open of doors is Not an acceptable practice

Announced Estates Inspection to Ashwood House Nursing Home, Glengormley 06 May 2014 (K. Monaghan)

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