



The **Regulation** and  
**Quality Improvement**  
Authority

**Abbeylands Care Home**  
RQIA ID: 1427  
441 Shore Road  
Whiteabbey  
BT37 9SE

Inspector: **Kieran Monaghan**  
Inspection ID: **IN021632**

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**Announced Estates Inspection**  
  
**of**  
  
**Abbeylands Care Home, Whiteabbey**  
  
**on**  
  
**18 June 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
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## 1. Summary of Inspection

An announced estates inspection took place on 16 June 2015 from 10:15am. to 2:20pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes April 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	12	1

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

## 2. Service Details

<b>Registered Responsible Individual:</b> Dr. Maureen Claire Royston, Group Medical Director, FOUR SEASONS HEALTH CARE LIMITED	<b>Registered Manager:</b> Ms. Eleanor Dodson
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms. Eleanor Dodson, Registered Manager	<b>Date Manager Registered:</b> 19 November 2014
<b>Categories of Care:</b> RC-A, RC-MP, RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH, NH-PH(E)	<b>Number of Registered Places:</b> 87
<b>Number of Patients Accommodated on Day of Inspection:</b> 66	<b>Weekly Tariff at Time of Inspection:</b> £581.00 (Nursing) £461.00 (Residential)

## 3. Inspection Focus

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

**Standard 44: Premises**

**Standard 47: Safe and Healthy working Practices**

**Standard 48: Fire Safety**

## 4. Methods/Process

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

Prior to the inspection an overview of the recent notified incidents was carried out. The issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 03 September 2012 were also reviewed during this Estates inspection.

During the inspection, the inspector did not meet with patients, care staff, support staff, visiting professionals or patient's visitors/representatives.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment etc....

## 5. The Inspection

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

The previous inspection of this home was an unannounced follow-up care inspection on 19 May 2015. The completed Quality Improvement Plan for this inspection is not due to be returned to RQIA until 14 July 2015.

### 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 03 September 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27(2)(b)	The grounds maintenance should be brought up to date.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> Improvements had been carried out in relation to the grounds maintenance. Due to the size and nature of the grounds this issue will require ongoing attention. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	
<b>Requirement 2</b>  <b>Ref:</b> Regulations 13(7) 27(2)(b) 27(2)(d)	The section of open joint in the floor covering in the large dining room (Abbeylands) should be resealed.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> A new floor covering had been provided in this dining room.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 3</b>  <b>Ref:</b> Regulations 13(7) 27(2)(b) 27(2)(d)	<p>A major refurbishment programme of work should be drawn up for the home. This should identify each area to be refurbished and the timescale for completion. Particular attention should be given to the communal areas and the sanitary facilities in this regard. A copy of this programme of work should be forwarded to RQIA.</p>	<b>Partially Met</b>
	<p><b>Action taken as confirmed during this inspection:</b> A considerable amount of redecoration works had been carried out since the previous Estates inspection. Mr. Hegarty also confirmed that a programme of improvement works to the sanitary facilities was also ongoing. RQIA should be kept up to date with progress in relation to this programme of improvement works. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	
<b>Requirement 4</b>  <b>Ref:</b> Regulations 13(7) 27(2)(q)	<p>The extract fans should be checked and replaced as required. Particular attention should be given to the extract fans in bathrooms in the Seapark section of the premises.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during this inspection:</b> The extract fan in bathroom 7 Abbeylands was noisy when turned on .This should be repaired or replaced. Subsequent to this Estates inspection Mr. Hegarty confirmed that this issue had been addressed.</p>	
<b>Requirement 5</b>  Regulations 13(7) 27(2)(c)	<p>The 'Parker' baths should be reviewed. Proposals to replace these baths should be developed.</p>	<b>Partially Met</b>
	<p><b>Action taken as confirmed during this inspection:</b> Proposals to replace these baths were being drawn up in conjunction with plans to provide a new hairdressing facility and a new smoking room. The details for these proposals should be confirmed to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 6</b>  Regulations 27(2)(b) 27(2)(d)	The exterior of the building and the external facilities within the grounds of the home should be reviewed and a programme of improvement should be developed to bring these aspects of the premises up to an acceptable standard.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> Improvements had been made to the external areas of the premises. This issue will however require ongoing attention due to the size and nature of the grounds. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	
<b>Requirement 7</b>  Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The 'dead leg' pipework at the back of the washing machines in the laundry should be removed.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> This issue had been addressed.	
<b>Requirement 8</b>  Regulations 14(2)(a) 14(2)(c)	The window openings should be checked and controlled as required to a safe point of opening with a maximum clear opening of 100mm. The restrictors should not be easy to disengage without the use of a key or specialist tool. Particular attention should be given to the window openings in bedroom 19 and the adjacent toilet (Abbeylands) in this regard.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> The window opening in bedroom 19 and the adjacent toilet were controlled.	

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 9</b></p> <p>Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p>	<p>A check should be carried out to ensure that the issues identified for attention in the reports for the most recent services and thorough examinations of the passenger lifts have been addressed.</p> <p><b>Action taken as confirmed during this inspection:</b> The most recent thorough examination of the lift was carried out on 12 June 2015 and Mr. Hegarty confirmed that any issues in relation to the thorough examinations of the lifts had been carried out.</p>	Met
<p><b>Requirement 10</b></p> <p>Regulations 14(2)(a) 14(2)(c) 27(2)(f)</p>	<p>The hairdressing facilities in the home should be reviewed and improved. The aim should be to provide a separate hairdressing room.</p> <p><b>Action taken as confirmed during this inspection:</b> Mr. Hegarty confirmed that plans to provide a separate hairdressing facility in the home were currently being developed. The details for these proposals should be confirmed to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	Partially Met
<p><b>Requirement 11</b></p> <p>Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c)</p>	<p>The freezer in the vegetable prep room should be replaced.</p> <p><b>Action taken as confirmed during this inspection:</b> The freezer had been replaced.</p>	Met
<p><b>Requirement 12</b></p> <p>Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The issues identified for attention by the most recent review of the legionella risk assessment should be addressed. The results for the recent testing of the water samples for legionella bacteria should be confirmed to RQIA.</p> <p><b>Action taken as confirmed during this inspection:</b> The most recent review of the legionella risk assessment was carried out on 20 February 2015. The issues identified for attention by this risk assessment review should be implemented. Reference should be made to requirement 3 in the attached Quality Improvement Plan.</p>	Partially Met

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 13</b></p> <p>Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>All of the sentinel water outlets should be listed for the monthly checks. All of the water outlets that are not in frequent use should be flushed twice each week. A complete record should be maintained for the quarterly descaling, cleaning and disinfection of the showers.</p> <p><b>Action taken as confirmed during this inspection:</b> The list for the infrequently used water outlets should be reviewed and updated as required. Reference should be made to requirement 3 in the attached Quality Improvement Plan.</p>	Partially Met
<p><b>Requirement 14</b></p> <p>Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p>	<p>The waste pipe in the medicine store at bedroom 22 (Seapark) should be sealed. The electrical cable installation at the kitchen units in the dining room opposite the laundry should be checked and reinstalled in accordance with current good electrical practice. As these units are no longer used and as they were in a poor condition they should be removed.</p> <p><b>Action taken as confirmed during this inspection:</b> These issues had been addressed.</p>	Met
<p><b>Requirement 15</b></p> <p>Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The locking arrangements for stores, etc., and other facilities that may present a hazard to patients should be reviewed and improved to ensure that these facilities are kept locked whilst still allowing easy access for staff.</p> <p><b>Action taken as confirmed during this inspection:</b> Mrs. Dodson confirmed that the nurse manager and the staff members in charge of the home carry keys to all stores etc., at all times. The medicine store on the first floor at bedroom 22 was not locked. This store should be kept locked. Reference should be made to requirement 4 in the attached Quality Improvement Plan.</p>	Partially Met



Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 16</b></p> <p>Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>It is recommended that the thermostatic mixers that failed the fail-safe test at the most recent service should be replaced with new D08 Type 3 fail-safe thermostatic mixers.</p> <hr/> <p><b>Action taken as confirmed during this inspection:</b> The most recent service of the thermostatic mixers was carried out on 22 May 2015. The report for this service indicated that the thermostatic mixer at one of the baths needed to be replaced. This thermostatic mixer should be replaced. It is also recommended that the thermostatic mixers at the wash basins that fail the fail-safe tests should be replaced with new D08 Type 3 fail-safe thermostatic mixers. Reference should be made to requirement 5 and recommendation 1 in the attached Quality Improvement Plan.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 17</b></p> <p>Regulations 27(4)(d)(i) 27(4)(iv)</p>	<p>The fire doors should be checked and any necessary remedial works should be completed.</p> <hr/> <p><b>Action taken as confirmed during this inspection:</b> Remedial works had been carried out to the fire doors.</p>	<p><b>Met</b></p>
<p><b>Requirement 18</b></p> <p>Regulations 27(4)(b) 27(4)(d)(i)</p>	<p>Fire doors should not be wedged open. The key for the final exit door from the large dining room (Abbeylands) should be fixed to the door with a short robust chain. The cover for the ironing board in the laundry should be replaced.</p> <hr/> <p><b>Action taken as confirmed during this inspection:</b> The door to the vegetable prep room was wedged open during this Estates inspection. Reference should be made to requirement 6 in the attached Quality Improvement Plan. An easy opening device had been fitted to the final exit door from the large dining room. The cover to the ironing board had been replaced.</p>	<p><b>Partially Met</b></p>

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 19</b></p> <p>Regulations 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv)</p>	<p>The remedial works to the fire alarm system and the emergency lights should be completed. The provision of emergency lights along the external escape routes from each of the final exit doors to the assembly point should also be reviewed and improved as required.</p> <p><b>Action taken as confirmed during this inspection:</b> These issues had been addressed.</p>	<b>Met</b>
<p><b>Requirement 20</b></p> <p>Regulations 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv)</p>	<p>The laundry door should be replaced. The door to the records store should also be made good. The smoke sealing to the fire doors should be checked and improved as required. Fire doors and fire detectors should be provided to the old telephone booth and the store at bedroom 6 in the Abbeylands section of the premises. The cavity wall at the ventilation opening below the window in the laundry should be fire sealed. The ceiling in the calorifier room in the staff facilities should be fire stopped. The wall above the door to the lift plant room opposite bedroom 24 (Abbeylands) should be fire stopped.</p> <p><b>Action taken as confirmed during this inspection:</b> Sample checks carried out during this Estates inspection indicated that these issues had been addressed.</p>	<b>Met</b>
<p><b>Requirement 21</b></p> <p>Regulations 27(4)(b) 27(2)(c)</p>	<p>The area at the bottom of the stairs opposite the day room should be kept clear. The switch rooms and switchgear cupboards should be kept clear of storage and locked shut. The stairs at bedroom 1 (Seapark) should be kept clear of storage.</p> <p><b>Action taken as confirmed during this inspection:</b> The area at the bottom of the stairs opposite the day room was clear. There were some items of storage in the switch room. These should be removed. Reference should be made to requirement 1 in the attached Quality Improvement Plan. The stairs at bedroom 7 (Seapark) were clear of storage. Reference should be made to requirement 6 in the attached Quality Improvement Plan.</p>	<b>Partially Met</b>

## **Standard 44: Premises**

### **Is Care Safe? (Quality of Life)**

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

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

### **Is Care Effective? (Quality of Management)**

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

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

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

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

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

### **Areas for Improvement**

1. The woodwork to the fascia at the front entrance should be made good and repainted. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
2. The area at the front of the home where the oil storage tank was removed should be improved. The area at the gully and gas valve outside the dining room in Abbeylands should also be deep cleaned. Subsequent to this Estates inspection Mr. Hegarty confirmed to RQIA that these issues had been addressed.
3. The floor covering in the Abbeylands lift should be replaced. Reference should be made to requirement 7 in the attached Quality Improvement Plan. This lift should also be adjusted to ensure that the lift car floor is fully level with the landing floors. The lift plant room should be kept free from storage. Subsequent to this Estates inspection Mr. Hegarty confirmed that the lift car floor had been levelled and that the items of storage had been removed.
4. The floor coverings in the staff facilities should be replaced. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
5. The rear patio should be pressure washed. Subsequent to this Estates inspection Mr. Hegarty confirmed to RQIA that this issue had been addressed.

## Areas for Improvement Continued

- The quiet room should be cleared out. Subsequent to this Estates inspection Mr. Hegarty confirmed that this issue had been addressed.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.3 Standard 47: Safe and Healthy Working Practices

#### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

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

#### Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

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

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

#### Areas for Improvement

- The baths that are not in use should be included in the monthly temperature checks. Reference should be made to requirement 8 in the attached Quality Improvement Plan.
- The issues identified for attention in the report for the most recent legionella bacteria risk assessment should be addressed. The temperature of the unblended hot water should be maintained above 55°C. Reference should be made to requirements 3 and 8 in the attached Quality Improvement Plan.
- The generator was serviced on 04 November 2014. The issues identified for attention in the report for this service should be addressed. Reference should be made to requirement 9 in the attached Quality Improvement Plan.
- The trolley in the kitchen wash-up should be replaced. A new floor covering should also be provided in the dry goods store. Reference should be made to requirement 9 in the attached Quality Improvement Plan.

## Areas for Improvement Continued

5. Remedial works should be carried out to the drainage access cover at the side of the home. Reference should be made to requirement 9 in the attached Quality Improvement Plan. The railing to the steps from the dining room in Abbeylands should also be resecured. Subsequent to this Estates inspection Mr. Hegarty confirmed to RQIA that the railings had been re-secured.
6. The 'dead leg' pipework in the medicine store at bedroom 22 should be removed. Subsequent to this Estates inspection Mr. Hegarty confirmed to RQIA that this issue had been addressed.

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.4 Standard 48: Fire Safety

### Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

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

### Is Care Effective? (Quality of Management)

The standard used by the registered persons to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

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

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

## Areas for Improvement

1. The arrangements and the facilities for smoking should be reviewed and improved as required. The furniture in the smoking room should be kept to a minimum. All of the furniture should comply with the ignition sources 0 and 5 fire retardant standard. Subsequent to this Estates inspection Mr. Hegarty confirmed to RQIA that all of the chairs in the smoking room that were not marked with ignition source 0 and 5 had been removed. The risk assessments for the patients who smoke should be reviewed and the control measures improved. In particular the need to increase the level of supervision should be considered. Reference should be made to requirement 10 in the attached Quality Improvement Plan.

## Areas for Improvement Continued

2. The fire risk assessment was reviewed and updated on 29 September 2014. Mr. Hegarty confirmed that they were working through the issues that had been identified for attention in the report for this fire risk assessment review. Completion of these issues should be confirmed to RQIA. Reference should be made to requirement 11 in the attached Quality Improvement Plan.
3. The amount of storage in the roof space floor should be reduced to a minimum. The fire stopping in this roof space should also be checked and improved as required. Reference should be made to requirement 11 in the attached Quality Improvement Plan.
4. Training in the use of the Evac Chairs was provided in August 2014. Four staff also attended fire warden training in March 2015. A fire drill was completed on 06 March 2015. The record for this fire drill should include the time to evacuate. A matrix should be developed to monitor staff attendance at fire drills to ensure that all staff attend at least one fire drill each year. The level of staff fire safety training compliance should be confirmed to RQIA. Reference should be made to requirement 12 in the attached Quality Improvement Plan.
5. A new zone plan should be provided for the fire detection and alarm system. Subsequent to this Estates inspection RQIA received confirmation from Mr. Hegarty that the zone plan had been reinstated.
6. The boiler room should be kept free from storage. Subsequent to this Estates inspection Mr. Hegarty confirmed that the boiler rooms had been cleared. The corridor outside the kitchen should be kept clear. Reference should be made to requirement 12 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.5 Additional Areas Examined

No additional areas were examined during this Estates inspection.

### 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. Eleanor Dodson, Registered Manager and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27(2)(b)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>Due to the size and nature of the grounds this issue should receive ongoing attention.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Works to the garden areas has been commenced and further work will be completed to the lower garden area which needs attention, fence replacement to the rear of the home and fence painting to the front of the home.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulations 13(7) 27(2)(b) 27(2)(d) 27(2)(c)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>RQIA should be kept up to date with progress in relation to the programme of improvement works to the sanitary facilities. The details for the proposals to replace the 'Parker' baths, to provide a separate hairdressing facility and a new smoking room in the home should be confirmed to RQIA.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Bathroom and shower room refurbishments are planned.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> 17 August 2015 and Ongoing</p>	<p>The issues identified for attention by the most recent review of the legionella bacteria risk assessment that was carried out on 20 February 2015 should be implemented. The list for the infrequently used water outlets should be reviewed and updated as required.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The high risk actions noted on the risk assessment refer to the management control issues which have now been addressed across all FSHC homes. the remaining issues are mitigated by the introduction of twice weekly flushing, dead end pipe work and annual inspection of storage tanks.</p> <p>Further remedial works will be completed over the next 9 months as agreed with Estates Dept.</p>



## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 14(2)(a) 14(2)(c)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>The medicine store on the first floor at bedroom 22 should be kept locked.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Completed</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 17 July 2015</p>	<p>The thermostatic mixer at the bath identified for attention during the most recent service of the thermostatic mixers that was carried out on 22 May 2015 should be replaced.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> As per requirement 2 this bathroom is planned for refurbishment.</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(2)(d)(i)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>The door to the veg prep room should not be wedged open. The switch room should be kept free from storage.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> DRU has been requested for fitting 06.08.15</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulations 27(2)(b) 27(2)(d)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 17 September 2015</p>	<p>The woodwork to the fascia at the front entrance should be made good and repainted. The floor covering in the Abbeylands lift should be replaced. The floor coverings in the staff facilities should also be replaced.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Both these areas floor coverings are requested and will be fitted within 4 to 6 weeks as agreed with Estates Dept.</p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>The baths that are not in use should be included in the monthly temperature checks. The temperature of the unblended hot water should be maintained above 55°C.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Completed</p>
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 17 July 2015</p>	<p>The issues identified for attention in the report for the most recent service of the generator should be addressed. The trolley in the kitchen wash-up should be replaced. A new floor covering should also be provided in the dry goods store. Remedial works should be carried out to the drainage access cover at the side of the home.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> An assessment of the generator has been completed on 03.08.15 and various works have been identified that will be followed up 6 to 8 weeks. The trolley identified in the kitchen a replacement will be ordered. The new flooring to the dry goods store has been completed. The man hole cover which is highlighted will be replaced/requested.</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 27(4)(b)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 03 July 2015</p>	<p>The arrangements and the facilities for smoking should be reviewed and improved as required. The furniture in the smoking room should be kept to a minimum. The risk assessments for the patients who smoke should also be reviewed and the control measures improved. In particular the need to increase the level of supervision should be considered.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>A proposal to relocate the smoke area within the home has been agreed and works will be completed 4 to 6 weeks. the furnishings have been reduced to only essential seating. There are currently only two clients in the home who smoke and weather permitting one of the clients has offered to smoke outside in the patio area.</p>
<p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulations 27(4)(a) 27(4)(b) 27(4)(d)(i)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 03 July 2015</p>	<p>Completion of the issues identified for attention by the fire risk assessment that was completed on 29 September 2014 should be confirmed to RQIA. The amount of storage in the roof space floor should be reduced to a minimum. The fire stopping in this roof space should also be checked and improved as required.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Fire Risk Assessment works are on going and the roofspace storage is at a minimum. Fire stopping will be improved by the Regional Maintenance Team.</p>
<p><b>Requirement 12</b></p> <p><b>Ref:</b> Regulation 27(4)(b)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 03 July 2015</p>	<p>The records for the fire drill should include the time to evacuate. A matrix should be developed to monitor staff attendance at fire drills to ensure that all staff attend at least one fire drill each year. The corridor outside the kitchen should be kept clear. The level of staff fire safety training compliance should be confirmed to RQIA.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Going forward all fire drill records will be more detailed and a fire drill matrix will be completed to reflect all staff attendance for fire drills. the corridor outside the kitchen is now clear.</p> <p>Implementation of the new e learning modules SOAR has required staff to have further completion time allocated fo all modules. the Manager will monitor and promote completion of the fire safety training over the next three months.</p>

## Quality Improvement Plan

### Recommendations

**Recommendation 1**  
**Ref:** Standard 47.1  
 It is recommended that the thermostatic mixers at the wash basins that fail the fail-safe tests should be replaced with new D08 Type 3 fail-safe thermostatic mixers.

**Stated:** First Time

**To be Completed by:**  
Ongoing

**Response by Registered Manager Detailing the Actions Taken:**  
 Bath and shower valves are replaced as necessary and monitored by regular checks.

<b>Registered Manager Completing QIP</b>	Eleanor Dodson	<b>Date Completed</b>	06.08.15
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	10.08.15
<b>RQIA Inspector Assessing Response</b>	Kieran Monaghan	<b>* Date Approved</b>	06/10/2015

\* Clarification or follow up required on some items.