



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No:	IN021083
Establishment ID No:	1473
Name of Establishment:	Seapatrack Care Home
Date of Inspection:	13 January 2015
Inspector's Name:	K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	Seapatrick Care Home
Address:	80 Lurgan Road Seapatrick Banbridge BT32 4LY
Telephone Number:	028 406 28 289
Registered Responsible Individual:	Mr. James McCall, Four Seasons Health Care Limited
Registered Manager:	Mrs. Edel McCaughley
Person in Charge of the Home at the time of Inspection:	Mrs. Edel McCaughley, Registered Manager
Other person(s) present during inspection:	Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care
Type of establishment:	Nursing Home
Categories of Care:	NH-PH, NH-I, NH-DE
Conditions of Registration:	Of the 61 residents accommodated there shall be a maximum of 39 assessed as NH-DE and located in the Dementia Unit and a maximum of 22 located in the General Unit. One named person in category NH-PH.
Number of Registered Places:	61
Date of previous Estates inspection:	20 September 2012
Date and time of inspection:	13 January 2015 (10:30am. – 2:10pm.)
Names of Inspectors:	K. Monaghan, Estates Officer, RQIA Mrs. A. Donnelly, Nursing Inspector, RQIA

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Assurance, Challenge, Improvement in Health and Social Care

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 Mrs. Edel McCaughley, Registered Manager and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care
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 to Mrs. Edel McCaughley, Registered Manager and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care.

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

Seapatrick Care Home is located in the village of Seapatrick, just outside Banbridge. The initial registration in relation to this home was in 1996. It is a purpose built, single storey unit. The registration relates to the accommodation for 61 people. The home is surrounded by well maintained lawns and the grounds are bordered by mature trees.

The home is divided into two units. The larger unit comprises of 39 beds and provides accommodation for patients who require nursing care within the category of dementia NH-D. The smaller unit has 22 beds and provides accommodation for patients who require nursing care within the category of old age not falling within any other category NH-I. All of the patients are accommodated in single bedrooms. Toilet and bathrooms are located throughout the home. There are three dining rooms, five lounges, a kitchen, a laundry, offices, staff accommodation and two enclosed gardens. There is adequate car parking space at the front and side of the building.

The home is situated within the Southern Health and Social Care Trust. One bed in the dementia unit is contracted by the Trust on a rotational basis to provide respite care.

8.0 SUMMARY

During this Estates inspection a number of issues were identified for attention. Following this Estates Inspection of Seapatrick Care Home on 13 January 2015, 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 seven requirements and one recommendation. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs. Edel McCaughley, Registered Manager and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care, throughout the inspection process.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements from the previous Estates inspection on 20 September 2012:

The following issues should be noted with regard to the issues identified for attention during the previous Estates inspection to this home on 20 September 2012:

Standard 32 - Premises and grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 27(2)(b)	Previous QIP Item 1 The external paths should be washed. The small area of paving at the entrance to the general unit where the drainage was upgraded should also be checked and any minor remedial works should be carried out.	Mrs. McCaughley confirmed that the external paths had been washed since the previous Estates inspection. Remedial works were still required to the small area of paving at the entrance to the general unit.	The external paths should be washed again. Mr. Hegarty confirmed that the paving in this area was not robust enough to withstand vehicular traffic. A section of the paving will therefore be replaced with concrete. Reference should be made to item 1 in the attached Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 20 September 2012:

Standard 35 - Safe and healthy working practices				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.2	Regulations 13(7) 14(2)(a)(c) 27(2)(q)	Previous QIP Item 2 The issue in relation to the circulation temperatures for the unblended hot water in the plumbing system should be resolved. In addition the outlets that are not in frequent use should be flushed twice each week instead of once each week. The schedule should be amended to reflect this change.	The previous issue in relation to the circulation temperatures for the unblended hot water in the plumbing system had been resolved with the installation of a new pump and a new valve. There was however a further problem in relation to this issue at the time of this Estates inspection.	Mr. Hegarty undertook to investigate this issue following this Estates inspection. The outcome of this investigation and the remedial measures taken should be confirmed to RQIA. Subsequent to this Estates inspection Mr. Hegarty confirmed that this issue had been resolved.
9.1.3	Regulations 14(2)(a)(c) 27(2)(c)(q)	Previous QIP Item 3 The thermostatic mixers were serviced in May 2012. The issues identified for attention in the report for this work should be followed up. Particular attention should be given to the shower which was not tested for fail-safe.	The most recent service of the thermostatic mixers was completed on 22 July 2014. Three mixing valves at wash basins did not pass the cold water failure test.	These mixing valves were still controlling the temperatures within the current safe standard. Mrs. McCaughley also confirmed that the mixing valves that did not pass the cold water failure test were currently being replaced.

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9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 20 September 2012:

Standard 35 - Safe and healthy working practices continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.4	Regulations 14(2)(a)(c) 27(2)(q)	Previous QIP Item 4 The issues identified for attention in the report for the inspection and test to the general electrical installation on 20 August 2012 should be completed. The issues identified for attention in the report for the service of the generator on 13 August 2012 should also be addressed.	The report for the inspection and test to the fixed wiring installation that was completed on 20 August 2012 was presented for review during this Estates inspection together with a letter from the Engineers to confirm that the issues identified for attention had been addressed. The generator was also serviced on 16 October 2014 with no issues being identified for attention in the report for same.	N/A

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9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 20 September 2012:

Standard 35 - Safe and healthy working practices continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.5	Regulations 13(7) 14(2)(a)(c) 27(2)(q)	Previous QIP Item 5 The issues identified for attention in the report for the risk assessment that was carried out for the prevention or control of legionella bacteria in water systems should be addressed. Water samples should also be tested specifically for legionella bacteria. The results for these tests should be confirmed to RQIA.	The report for the legionella risk assessment that was carried out on 21 May 2012 was presented for review during this Estates inspection. Mr. Hegarty also confirmed that the issues identified for attention in this report had been addressed.	Mr. Hegarty confirmed that arrangements had been made for a further legionella risk assessment to be completed. The outcome of this risk assessment should be confirmed to RQIA. No recent water samples had been tested for legionella bacteria. If the required water circulation temperatures are not maintained, water samples should be tested and the results confirmed to RQIA. Reference should be made to item 3 in the attached Quality Improvement Plan.

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9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 20 September 2012:

Standard 36 – Fire safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.6	Regulations 27(4)(d)(i)(iv)	Previous QIP Item 6 The issues identified for attention in the report for the inspection and test to the fire detection and alarm system on 21 August 2012 and the inspection and test to the emergency lights on 4 May 2012 should also be addressed.	The report for the most recent inspection and test to the fire detection and alarm system that was completed on 04 December 2014 was presented for review during this Estates inspection. This report did not identify any issues for attention.	The report for the most recent inspection and test to the emergency lights identified a number of issues for attention. These issues should be addressed and confirmed to RQIA. Reference should be made to item 7 in the attached Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 20 September 2012:

Standard 36 – Fire safety continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.7	Regulations 27(4)(a)(b)(c)	Previous QIP Item 7 The action plan in the report for the review of the fire risk assessment that was carried out on 10 December 2011 should be signed off. The fire risk assessment should also be reviewed and updated using the most recent edition of HTM 84. Reference should be made to the RQIA legislation in the fire risk assessment report.	The most recent fire risk assessment for the home was completed on 19 December 2014. Action was ongoing in relation to addressing the issues included in the action plan for this risk assessment. The format for the fire risk assessment report had been updated.	The remaining issues in the action plan for the most recent fire risk assessment should be addressed and signed off by the registered manager. Reference should be made to item 7 in the attached Quality Improvement Plan.
9.1.8	The above issues where appropriate are detailed in the relevant sections of the 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 for the purposes of Seapattrick Care Home were in good order, odour free and offered comfortable accommodation for the patients. The communal areas in the general unit had been redecorated recently and work was ongoing at the time of this Estates inspection on the redecoration of the communal areas in the dementia unit. There was also a programme of work ongoing to replace the vanity units in the bedrooms. In addition it is planned to continue with the redecoration works in the bedrooms (two per week) and to upgrade the communal washing facilities in 2015. This is to be commended. The following issues were identified for attention in relation to this standard during this Estates inspection:
- 9.2.2 The floor coverings in toilet two in the dementia unit and in the central cleaning store should be replaced. The fan in toilet two should be checked and repaired or replaced as required, the light in toilet 4 should be made good (slow to illuminate) and the shelving in the central cleaning store should be replaced. Subsequent to this Estates inspection RQIA received confirmation that orders had been placed for a new fan in toilet two and the replacement of the floor coverings referred to above. Arrangements had also been made to replace the shelving in the central cleaning store in the week following this Estates inspection. Reference should be made to item 2 in the attached Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.2 Standard 32 – Premises and grounds continued

- 9.2.3 It is good to report that Mr. Hegarty confirmed that arrangements had been made to encase the pipework in the kitchen and to fit new wall panels which would be easier to keep in a hygienic condition. This is to be commended. The corridor areas in the catering facilities also required to be deep cleaned and redecorated. Attention should be given to low level cleaning and cleaning along the floor edges and corners in this regard. Subsequent to this Estates inspection RQIA received confirmation that the kitchen corridors would be deep cleaned the following week and on completion of the cleaning, new wall panels would be fitted. The damage to the walls in the staff room caused by the vending machine should also be made good. Reference should be made to item 2 in the attached Quality Improvement Plan.
- 9.2.4 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 32 – Premises and grounds'.

9.3 Standard 35 - Safe and healthy working practices

The home is maintained in a safe manner

- 9.3.1 The following issues were identified for attention in relation to this standard during this Estates inspection:
- 9.3.2 During the review of the premises a small number of issues relating to cleaning items of equipment, the storage of mops and the need for a new bin in one of the shower rooms were identified for attention. Mrs. McCaughley however made immediate arrangements during the inspection to have the cleaning issues addressed. Subsequent to This Estates inspection RQIA also received confirmation that the bin had been replaced and that new mop holders had been installed.

9.0 INSPECTION FINDINGS CONTINUED

9.3 Standard 35 - Safe and healthy working practices continued

- 9.3.3 The smoking room required a deep clean and redecoration. A more powerful extract fan was also required in this room. In addition an individual risk assessment should be carried out for all patients who express a desire to smoke. This should identify the controls that should be in place for each person, for example, how the smoking materials are managed and the level of supervision required. In addition the small ledge in the smoking room should be altered so that this cannot be used for discarded smoking materials and the location of the Nurse call facility should be repositioned so that it is within easy reach of the patients using this room. Subsequent to this Estates inspection RQIA received confirmation that a full risk assessment was in place for the patient who currently uses the smoking room, the smoking room had been cleaned and repainted and arrangements had been made for the installation of a new extract fan. Arrangements had also been made to relocate the Nurse call facility and install wall mounted ash trays. Reference should be made to item 4 in the attached Quality Improvement Plan.
- 9.3.4 The patient who currently smokes sometimes chooses to smoke outside the home. The need for a fire blanket in an easily accessible location in close proximity to the external area used for smoking should be reviewed. Subsequent to this Estates inspection RQIA received confirmation that an additional fire blanket had been ordered for this area.
- 9.3.5 A number of the bedroom doors were fitted with small bolts that are operated with a special key from the outside of the doors. As these bolts are no longer used they should be removed or blanked off. Subsequent to this Estates inspection RQIA received confirmation that these bolts will be filled in and repainted when the doors are being refurbished.
- 9.3.6 One of the bedrooms was vacant. Some painting materials were present in this room. Although this room was locked to prevent access, painting materials should not be stored inside the home. Subsequent to this Estates inspection RQIA received confirmation that these materials had been removed.
- 9.3.7 It is good to report that the home is equipped with an automatic standby electrical generator that will provide power for the complete home in the event of a mains power failure. This generator was serviced on 16 October 2014. It is also tested in-house although this is not on-load or simulated power failure testing. It is recommended that consideration should be given to the benefits of carrying out on-load and simulated power failure testing. Reference should be made to item 6 in the attached Quality Improvement Plan.

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9.0 INSPECTION FINDINGS CONTINUED

9.3 Standard 35 - Safe and healthy working practices continued

- 9.3.8 Mr. Hegarty confirmed that arrangements had been made to review the legionella risk assessment. Any issues identified for attention during this risk assessment review should be addressed and signed off. In addition the 'dead legs' in the plumbing pipework in the kitchen store should be removed and the water tanks should be inspected. Subsequent to this Estates inspection RQIA received confirmation that arrangements had been made to remove the 'dead legs' in the plumbing system the following week. Reference should be made to item 3 in the attached Quality Improvement Plan.
- 9.3.9 The patient lifting equipment was thoroughly examined on 02 July 2014. The next six monthly thorough examinations should now be completed. Separate reports containing all of the information set out in Schedule 2 of the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 should be issued for each item of lifting equipment. Reference should be made to item 5 in the attached Quality Improvement Plan.
- 9.3.10 A survey had been completed in relation to the trees in the grounds of the home. Following this survey remedial works were carried out to the trees. It was noted during this Estates inspection that one of the trees at the front of the home required attention. The trees should be re inspected and any further remedial works carried out as required. Reference should be made to item 5 in the attached Quality Improvement Plan.
- 9.3.11 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 The following issues were identified for attention in relation to this standard :
- 9.4.2 Linen should not be placed close to the small consumer unit in the store adjacent to bathroom two in the dementia unit. Subsequent to this Estates inspection RQIA received confirmation that arrangements had been made to form a casing in this linen store to prevent linen from being stored close to the small consumer unit. The next routine clean of the kitchen extract system should also be completed. Reference should be made to item 8 in the Quality Improvement Plan.
- 9.4.3 Fire drills were carried out on 14 April 2014 and 16 October 2014. Face to face fire safety training was provided on 27 February 2014 and on 25 September 2014. Mrs. McCaughley also confirmed that the 'e' learning completion percentage for fire safety training was 69%. This level of compliance was due to a number of new staff in the home who would be completing the fire safety training as part of their induction training. There should be a continued focus on fire safety training to ensure that all staff attend two fire safety training sessions and at least one fire drill each year. Reference should be made to item 8 in the Quality Improvement Plan.
- 9.4.4 The fire detection and alarm system was inspected and tested on 04 December 2014. The fire extinguishers were also serviced in December 2014. This is to be commended. The issues identified for attention during the most recent inspection and test to the emergency lights should be addressed. Reference should also be made to section 9.1.6 of this report. Reference should be made to item 7 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.4 Standard 36 – Fire Safety continued

- 9.4.5 Two fire alarm break glass units are tested each week. It was not however clear from the record for this activity which specific break glass units are included in each test. Subsequent to this Estates inspection this issue was clarified with Mr. Hegarty.
- 9.4.6 It is good to report that the home is equipped with a comprehensive fire detection and alarm system which covers all relevant areas of the premises. This system was installed at the time when the home was constructed. The system is based on zones rather than individual addresses. The existing system remains acceptable in the context of the current fire safety standard for nursing homes (Northern Ireland Health Technical Memorandum 84). The newer fully addressable fire detection and alarm systems offer an enhance level of fire safety. It is commendable that Four Seasons Health Care have a programme of works in place for the upgrading of the existing zonal fire detection and alarm systems throughout their homes. It would be good if Seapatrick Care Home could be included as one of the homes that are to be upgraded in the current year.
- 9.4.7 The above issues where appropriate are detailed 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 Mrs. Edel McCaughley, 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.

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

Quality Improvement Plan Sign Off Sheet for Estates Inspectors

Name of Home	Seapattrick Care Home RQIA ID 1473
Date of Inspection	13 January 2015
Estates Inspector	Kieran Monaghan

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	–	–	–	–	–
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	–	–	–	–	–
C.	Clarification or follow up required on some items.	√	–	√	K. Monaghan	09 March 2015

Announced Estates Inspection IN021083 – 13 January 2015 – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the quality improvement plan were discussed with Mrs. Edel McCaughley, 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.

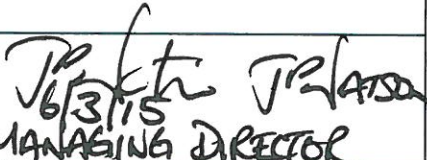
Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

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 completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Edel McCaughley
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 6/3/15 MANAGING DIRECTOR

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The following requirement should be noted for action in relation to Standard 32 – Premises and grounds:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 14(2)(a) 14(2)(c) 27(2)(b)	The external paths should be washed again. The damaged section of paving at the front entrance to the general unit should also be made good. Reference should be made to paragraph 9.1.1 in the Report.	Three months	Ongoing - Addressed every 3-4 months Awaiting costings for improvements to pathway at the Ambulance Bay in the General Nursing Unit.
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2.	Regulations 27(2)(b) 27(2)(c)	The light in toilet 4 should be made good (slow to illuminate). The damage to the walls in the staff room caused by the vending machine should also be made good. Reference should be made to paragraphs 9.2.2 and 9.2.3 in the Report.	One month	Light has been repaired. Work due to start in staff room within the next month.

The following requirement 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)
3.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The outcome for the new legionella risk assessment should be confirmed to RQIA. Any issues identified for attention during this risk assessment review should be addressed and signed off. If the required water circulation temperatures are not maintained, water samples should be tested and the results confirmed to RQIA. In addition the 'dead legs' in the plumbing pipework in the kitchen store should be removed and the water tanks should be inspected. Reference should be made to paragraphs 9.1.5 and 9.3.8 in the Report.	One month and ongoing	Dead legs have been removed from the Kitchen store. Legionella risk assessment has been carried out and works will be costed as part of an ongoing programme for 2015.
4.	Regulations 14(2)(a) 14(2)(c) 27(4)(b)	Completion of the issues identified for attention in relation to the smoking room should be confirmed to RQIA. Reference should be made to paragraph 9.3.3 in the Report.	One month	The smoking area has been deep cleaned and repainted, a new fan has been fitted and additional bins placed conveniently for the resident. The alarm pull cord is to be repositioned within the next week. Fire blankets have been made available in courtyards where patients may also smoke.

The following requirement 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)
5.	Regulations 14(2)(a) 14(2)(c) 27(4)(c)	The next six monthly thorough examinations should now be completed. Separate reports containing all of the information set out in Schedule 2 of the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 should be issued for each item of lifting equipment. The trees should be re inspected and any further remedial works carried out as required. Reference should be made to paragraphs 9.3.9 and 9.3.10 in the Report.	One month	Aquailant have been approached regarding the new format for displaying the LOLER reports - we are awaiting their feedback. Tree survey has been authorised and currently awaiting completion.
Item	Regulation Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
6.	Standard 35.1	It is recommended that consideration should be given to the benefits of carrying out on-load and simulated power failure testing to the generator. Reference should be made to paragraph 9.3.7 in the Report.	Ongoing	Not feasible at this time.

The following requirement 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)
7.	Regulations 27(4)(a) 27(4)(b) 27(2)(c) 27(4)(d)(iv)	The issues identified for attention in the report for the most recent inspection and test to the emergency lighting should be addressed and confirmed to RQIA. The remaining issues in the action plan for the most recent fire risk assessment should also be addressed and signed off by the Registered Manager. Reference should be made to paragraphs 9.1.6, 9.1.7 and 9.4.4 in the Report.	One month and ongoing	All work completed for fire risk assessment 03.03.15. Outstanding issues with the emergency lighting have been referred to MITIE and we are awaiting completion.
8.	Regulations 27(4)(b) 27(4)(e) 27(4)(f)	The next routine clean of the kitchen extract system should also be completed. There should be a continued focus on fire safety training to ensure that all staff attend two fire safety training sessions and at least one fire drill each year. Reference should be made to paragraphs 9.4.2 and 9.4.3 in the Report.	One month and ongoing	Kitchen extraction completed in February 2015. Fire safety training is ongoing with three fire drill sessions completed since the last inspection.