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Announced Estates Inspection

of

Drombane Nursing Home, Dromore

18 August 2015

1. Summary of Inspection

An announced estates inspection took place on 18 August 2015 from 10:25am. to 1:05pm. 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
Total number of requirements and recommendations made at this inspection	7	1

The details of the QIP within this report were discussed with Mr. Wesley Kerr, Regional Manager and Mr. David Stewart, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Responsible Individual: Mrs. Elizabeth Kathleen Mary Lisk	Registered Manager: Mrs. Daizy Samuel
Person in Charge of the Home at the Time of Inspection: Mrs. Daizy Samuel, Registered Manager	Date Manager Registered: 09 January 2015
Categories of Care: RC-I, NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 20
Number of Patients Accommodated on Day of Inspection: 20	Weekly Tariff at Time of Inspection: Nursing - £593.00 Residential - £470.00

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 16 January 2015 were also reviewed during this Estates inspection.

During the inspection, the inspector did not meet with patients, care staff, support staff, visiting professionals or patients' 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 primary care inspection on 06 August 2015. The completed Quality Improvement Plan for this inspection is not due to be returned to RQIA until 15 September 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 16 January 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 27(2)(b) 27(2)(d)	Remedial works and repainting should be carried out as required to the balcony at the front of the home.	Met
	Action taken as confirmed during this inspection: It is good to report that a substantial improvement scheme of works had been carried out to the front of the home. This work included the removal of the balcony, the installation of new windows, new ramped access to the front door and external redecoration. This is to be commended.	
Requirement 2 Ref: Regulations 27(2)(b) 27(2)(d)	A detailed survey for all areas of the home should be carried out to identify the extent of refurbishment works required. The outcome of this survey should be used to draw up a comprehensive refurbishment plan of works for the premises. This should be based on a detailed schedule of works for each room along with firm timescales for completion. A copy of this refurbishment plan of works should be forwarded to RQIA.	Met
	Action taken as confirmed during this inspection: A comprehensive programmed of refurbishment had been drawn up and was almost complete. Some further floor coverings in the bedrooms and the delivery of the new furniture for some of the bedrooms had still to be completed but this was in hand. Completion of the remaining works from this refurbishment programme of works should be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulations 13(7) 27(2)(b) 27(2)(c) 27(2)(d)	<p>The following remedial works should be carried out in the laundry:</p> <ol style="list-style-type: none"> 1. A new light should be fitted 2. The floor covering should be replaced 3. The walls and ceiling should be repainted 4. The area at the back of the machines should be cleared out and cleaned 5. The taps to the sink should be replaced. <p>The marks to the bath in the lower ground floor bathroom should also be removed. If this is not possible, a new bath should be provided. In addition the tiles at the assisted shower in this bathroom should also be deep cleaned to remove the staining.</p>	Met
	<p>Action taken as confirmed during this inspection:</p> <p>It is good to report that the issues in relation to the laundry had been addressed. The bathroom on the lower ground floor had been refurbished. This refurbishment included the installation of new sanitary ware including a new bath.</p>	
Requirement 4 Ref: Regulation 27(2)(a)	<p>The small bolts that have been fitted to a number of the bedroom doors should be removed or blanked off.</p>	Met
	<p>Action taken as confirmed during this inspection:</p> <p>Sample checks carried out to the bedroom doors during this Estates inspection indicated that these bolts had been blanked off.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 5 Ref: Regulation 27(2)(p)	A review of the artificial lighting throughout the premises should be carried out and a programme of upgrading should be implemented. Guidance in relation to lighting can be obtained from the Dementia Services Development Centre for Northern Ireland.	Met
	Action taken as confirmed during this inspection: A review of the artificial lighting throughout the premises had been carried out and a programme of upgrading works had been implemented. A substantial amount of this upgrading had been completed and plans were in hand to complete the remaining works. Completion of the remaining works should be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	
Requirement 6 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c)	The procedure for accessing the Alerts issued by the Northern Ireland Adverse Incidents Centre should be reviewed and amended as required. Reference should be made to the following link in this regard: http://www.dhsspsni.gov.uk/index/hea/niaic.htm	Met
	Action taken as confirmed during this inspection: This issue was not reviewed during this Estates inspection. RQIA had however already received confirmation as part of the follow up to the previous Estates inspection that this issue had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 7 Ref: Regulations 14(2)(a) 14(2)(c) 27(4)(q)	The position in relation to completion of the issues identified for attention in the report for the inspection and test of the fixed wiring installation that was completed on 18 September 2012 should be reviewed. A letter of satisfactory completion from an Electrical Engineer should be obtained in relation to these issues.	Partially Met
	Action taken as confirmed during this inspection: A further inspection and test of the complete fixed wiring installation was completed on 07 July 2015. The report for this work which was presented for review during this Estates inspection indicated that the condition of the installation was unsatisfactory. A list of issues requiring attention was included in the report. Mr. Kerr agreed to review these issues with the engineers and advise RQIA how these issues would be prioritised and addressed. Reference should be made to requirement 2 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 8 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(4)(c) 27(2)(q)	<p>The position in relation to the completion of the issues that were identified for attention in the report for the previous legionella risk assessments should be confirmed to RQIA. The results for any water samples that were tested should be confirmed to RQIA. The procedure in relation to the flushing of the infrequently used water outlets should be reviewed and amended as required to ensure that these outlets are being flushed twice each week. The registered persons should also confirm that the showers are being cleaned and disinfected on a quarterly basis and that a record for this activity is being kept in the home available for review at future inspections. The two 'dead legs' in the plumbing systems in the cylinder store opposite bedroom 14 on the first floor and in the laundry should be reviewed with the legionella risk assessor to confirm what action should be taken re same. The outcome of this review and the action taken should be confirmed to RQIA.</p>	Partially Met
	<p>Action taken as confirmed during this inspection:</p> <p>The most recent risk assessment for the prevention or control of legionella bacteria in the water systems was completed on 31 October 2014 by a specialist company. The water systems were also cleaned and disinfected on 31 October 2014. The report for the risk assessment was presented for review during this Estates inspection. The action plan included a small number of issues, for example; in relation to the management arrangements and labelling the cold water storage tanks. Subsequent to this Estates inspection, Mr. Kerr confirmed to RQIA that the tanks had been labelled. Any remaining issues should be addressed and signed off. The dead legs had been checked and actioned as required. Water samples were not tested. Records should be kept for the descaling, cleaning and disinfection of the showers and the twice weekly flushing of any infrequently used water outlets. Reference should be made to requirement 3 in the attached Quality Improvement Plan. Refer also to item 1 in the areas for improvement.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 9 Ref: Regulations 14(2)(a) 14(2)(c) 27(4)(c)	The issues identified for attention in the reports for the most recent thorough examinations to the passenger lift and the stair lifts should be addressed and confirmed as complete to RQIA.	Partially Met
	Action taken as confirmed during this inspection: The most recent thorough examinations of the passenger lift and the stair lifts were completed on 23 June 2015. The reports for these thorough examinations were presented for review during this Estates inspection. These reports identified one issue in relation to the stair lifts which had been addressed and three issues in relation to the passenger lift (broken isolator switch, the need to fit a suitable maintenance limit switch and the need to mark the lift beam with the safe working load (SWL). These issues should be addressed and confirmed to RQIA. Reference should be made to requirement 4 in the attached Quality Improvement Plan.	
Requirement 10 Ref: Regulations 14(2)(a) 14(2)(c)	The window restrictors in the home should be reviewed in relation to the information contained in the Estates and Facilities Alert that was issued on 10 November 2014 for restrictors of the cable and socket design. Any action required should be taken re same. Reference should be made to the following link in this regard: http://www.dhsspsni.gov.uk/efa-2014-003.pdf	Partially Met
	Action taken as confirmed during this inspection: A review had been carried out in relation to the window controls. A number of new windows had however recently been installed in the home and the restrictors for these windows had not yet been fitted. These restrictors should be fitted and a further check should be carried out to ensure that all window openings are controlled in line with current standards. Reference should be made to requirement 5 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 11 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(p)	The window restrictor in the first floor bathroom should be refixed in position. All wardrobes should be checked and fixed to the walls as required. The lift should be adjusted as required to remove the slight variation between the level of the lift car floor and the corridor floor at the lift landing area on the lower ground floor. The extract fan in the ensuite facility for bedroom 8 should be replaced.	Partially Met
	Action taken as confirmed during this inspection: A new window had been installed in the first floor bathroom. A restrictor should be fitted to this new window. Some of the wardrobes were not fixed to the walls. New wardrobes had been ordered for some of the bedrooms and redecoration works had been carried in some of the bedrooms. The wardrobe fixings had been disconnected to facilities these issues. The new wardrobes should be fixed in position and a check should be carried out to all of the wardrobes to ensure that they are securely fixed to the walls. Reference should be made to requirement 5 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 12 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(4)(c) 27(2)(q)	<p>The wash basins should be reviewed and additional hot water controls should be fitted as required. The records for monthly checks to the sentinel water outlets should be kept separate from the record for the checks to the controlled hot water outlets. Documentation to support the ongoing maintenance to the thermostatic mixing valves should also be developed. The thermostatic mixing valves at the showers should be rechecked and adjusted as required to ensure that the maximum hot water temperatures are not exceeding 41°C.</p>	Partially Met
	<p>Action taken as confirmed during this inspection:</p> <p>New wash basins complete with new thermostatic mixing valves had been installed in the bedrooms where required. A record was being kept for the monthly water temperature checks at the sentinel outlets. Mr. Steward advised that the maintenance requirements for the thermostatic mixing valves had been checked with the plumber and most of the valves in the home were now new. The new thermostatic mixing valves incorporated an override function. If the override function is activated the maximum hot water temperature at the wash basins and showers can exceed the current 41°C maximum standard. The thermostatic mixing valves should be set to the 41°C maximum standard with the override function activated. Reference should be made to requirement 6 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 13 Ref: Regulation 27(4)(b)	The switchgear store beside the manager's office and the door to the second floor stores should be checked on a regular basis. A cover should also be fitted to the consumer unit in this store.	Met
	Action taken as confirmed during this inspection: This switchgear cupboard was locked at the time of this Estates inspection. This switchgear cupboard was also being kept clear. A new cover had been fitted to one of the consumer units. Mr. Kerr confirmed that they had tried to source covers for the other two consumer units in this switchgear cupboard without success. Ongoing checks to this cupboard should continue to ensure that it remains clear and locked.	
Requirement 14 Ref: Regulations 27(4)(b) 27(2)(c) 27(4)(d)(i)	The ceiling in the cylinder store on the lower ground floor at bedroom 3 should be fire stopped where the pipes pass through. The bottom fastening to the final exit door at bedroom 3 should be refixed to the door. The chiropody chair at this final exit door should be removed and all of the oxygen cylinders should be securely chained in position.	Met
	Action taken as confirmed during this inspection: The fire stopping works had been completed. A new final exit door had been provided at bedroom 3 and the oxygen cylinders were fixed in position with chains. The chiropody chair is still required in the home and therefore remains in this location.	

Previous Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 35.1	It is recommended that the method for recording the results for all of the water temperature checks should be changed to a spreadsheet format. This would make it easier to identify trends.	Not Met
	Action taken as confirmed during this inspection: A comprehensive record was being kept for the monthly checks to the water temperatures. This was not however being kept in a spread sheet format. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	

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.

No issues were identified for attention during this Estates inspection.

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.

No issues were identified for attention during this Estates inspection.

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.

One issue was identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The ongoing remedial works in relation to the ensuite shower in bedroom 10 should be completed. Reference should be made to requirement 1 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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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.

One issue was identified for attention during this Estates inspection. This is 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.

No issues were identified for attention during this Estates inspection.

Is Care Compassionate? (Quality of Care)

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

No issues were identified for attention during this Estates inspection.

Areas for Improvement

1. The specification for the new thermostatic mixing valves should be checked to ensure that they comply with the DO8 Type 3 fail-safe standard. The dead-leg pipe in the linen store at bedroom 3 on the lower ground floor should be checked with the legionella risk assessor. Reference should be made to requirement 6 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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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. A fire risk assessment with a satisfactory outcome was completed on 05 March 2015 in accordance with the guidance issued by RQIA in relation to the competency of fire risk assessors. This supports the delivery of safe care.

Two 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.

No issues were identified for attention during this Estates inspection.

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.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

1. The doors to the manager's office, the administration office and the ironing room were wedged open. Fire doors should not be wedged or propped open. Appropriate hold open devices activated by the fire detection and alarm system should be fitted at these doors. In addition the type of fire detector in the ironing room should be reviewed with the fire risk assessor to establish if a smoke detector would be more appropriate. The outcome of this review should be confirmed to RQIA. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
2. The fire detection and alarm system was inspected and serviced on 17 April 2015. The report for this work included a reference to a number of fire safety issues. These issues should be followed up with the fire risk assessor. Reference should be made to requirement 7 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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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 Mr. Wesley Kerr, Regional Manager and Mr. David Stewart, 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 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	
Requirement 1 Ref: Regulations 27(2)(b) 27(2)(d) Stated: First Time To be Completed by: 6 November 2015	<p>Completion of the remaining refurbishment works (décor, floor coverings, artificial lighting, furniture, curtains etc...) should be confirmed to RQIA. The ongoing remedial works in relation to the ensuite shower in bedroom 10 should also be completed.</p> <p>Response by Registered Manager Detailing the Actions Taken: The refurbishment works have been completed; including decor, floor coverings, new artificial lighting, furniture, curtains etc. The ensuite shower in bedroom 10 has also had a new shower trap and flooring installed.</p>
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q) Stated: First Time To be Completed by: 16 October 2015	<p>A programme of action should be implemented to address the issues that were identified for attention in the report for the inspection and test to the fixed wiring installation that was completed on 07 July 2015.</p> <p>Response by Registered Manager Detailing the Actions Taken: All code 1 works to the fixed wire installation are scheduled to be commenced on the week commencing 26/10/2015. This is estimated to take about two weeks to complete.</p>
Requirement 3 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: Second Time To be Completed by: Ongoing	<p>Any remaining issues from the report for the most recent legionella bacteria risk assessment that was completed on 31 October 2014 should be addressed and signed off. Consideration should be given to the need to carry out regular water sample testing. Records should be kept for the descaling, cleaning and disinfection of the showers and the twice weekly flushing of any infrequently used water outlets.</p> <p>Response by Registered Manager Detailing the Actions Taken: All remaining issues from the report for the most recent legionella bacteria risk assessment (completed on 31/10/2014) have been addressed and signed off. The chlorination of water is due on 31/10/2015 and the risk assessor has been asked to have a sample of water tested during this visit. Records are in place, and maintained for the descaling, cleaning and disinfection of the showers and the twice weekly flushing of infrequently used water outlets.</p>

Quality Improvement Plan

Statutory Requirements

<p>Requirement 4</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p>Stated: First Time</p> <p>To be Completed by: 18 September 2015</p>	<p>The issues identified for attention in the report for the thorough examination of the passenger lift on 23 June 2015 should be addressed.</p> <p>Response by Registered Manager Detailing the Actions Taken: This has been addressed. A new isolator switch unit has been fitted in the Lift Gear room.</p>
<p>Requirement 5</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> <p>Stated: Second Time</p> <p>To be Completed by: 16 October 2015</p>	<p>The restrictors should be fitted to the new windows. A further check should also be carried out to ensure that all window openings are controlled in line with current standards. The new wardrobes should be fixed in position and a check should be carried out to all of the wardrobes to ensure that they are securely fixed to the walls.</p> <p>Response by Registered Manager Detailing the Actions Taken: New windows that did not have restrictors have had appropriate restrictors fitted, so that all window openings are controlled in line with current standards. All new wardrobes have been fixed in position and all existing wardrobes securely fixed to the walls.</p>
<p>Requirement 6</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c)</p> <p>Stated: First Time</p> <p>To be Completed by: Ongoing</p>	<p>The thermostatic mixing valves should be set to the 41°C maximum standard with the override function activated. The specification for the new thermostatic mixing valves should be checked to ensure that they comply with the DO8 Type 3 fail-safe standard. The dead-leg pipe in the linen store at bedroom 3 on the lower ground floor should be checked with the legionella risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: All mixing control valves (several of which are new due to the refurbishment plan) are set to the 41°C, with the override function activated. New thermostatic mixing valves comply with the DO8 type 3 fail-safe standard. The dead-leg pipe in the linen store at bedroom 3 on the lower ground floor will be checked with the legionella risk assessor when he comes to carry out Chlorination of the water on 30/10/2015.</p>

Quality Improvement Plan

Statutory Requirements

Requirement 7 Ref: Regulation 27(4)(b) 27(4)(c) 27(4)(d)(i) Stated: First Time To be Completed by: Ongoing and 18 September 2015	<p>Fire doors should not be wedged or propped open. Appropriate hold open devices activated by the fire detection and alarm system should be fitted at the doors to the manager's office, the administration office and the ironing room. In addition the type of fire detector in the ironing room should be reviewed with the fire risk assessor to establish if a smoke detector would be more appropriate. The outcome of this review should be confirmed to RQIA. The issues referred to in the report for the inspection and test to the fire detection and alarm system that was completed on 17 April 2015 should be followed up with the fire risk assessor.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: An appropriate hold open device activated by the fire detection and alarm system has been fitted to the ironing room. Hold open devices are on site for the manager's and administration office, but await custom made brackets, which are on order. These doors will then be fitted with the hold open devices. BS Fire alarms have been tasked with replacing the heat detector with a smoke detector during their visit within the next 2 weeks. They are also to complete some minor works so that any outstanding issues in their report can be signed off.</p>

Recommendations

Recommendation 1 Ref: Standard 47.1 Stated: Second Time To be Completed by: Ongoing	<p>It is recommended that the record for the monthly water temperature checks should be kept in a spread sheet format.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: A new spread sheet has been developed and is in place to record the monthly water temperature checks.</p>

Registered Manager Completing QIP	Daizy Samuel	Date Completed	13/10/2015
Registered Person Approving QIP	Elizabeth Lisk	Date Approved	13/10/2015
RQIA Inspector Assessing Response	Kieran Monaghan	* Date Approved	14/10/2015

* Clarification or follow up required on some items.

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address