



The Regulation and  
Quality Improvement  
Authority

Cranley Lodge  
RQIA ID: 1592  
5 Cranley Avenue  
Bangor  
BT19 7BY

Inspector: Colin Muldoon  
Inspection ID: IN021445

Tel: 02891 471122  
Email: [cranleylodge@hotmail.co.uk](mailto:cranleylodge@hotmail.co.uk)

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**Announced Estates Inspection  
of  
Cranley Lodge**

**11 February 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 11 February 2016 from 10.05 to 13.45. 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 Residential Care Homes Minimum Standards 2011.

### 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>	11	2

The details of the QIP within this report were discussed with Mrs Lisa Harrison (Registered Manager) and Mr Brian Adam (Registered Responsible Person) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Cranley Lodge Mr Brian Adam	<b>Registered Manager:</b> Mrs Lisa Harrison
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Lisa Harrison	<b>Date Manager Registered:</b> 01 April 2005
<b>Categories of Care:</b> RC-DE	<b>Number of Registered Places:</b> 60
<b>Number of Residents Accommodated on Day of Inspection:</b> 60	<b>Weekly Tariff at Time of Inspection:</b> £498 - £505

## 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 27: Premises and Grounds

### Standard 28: Safe and Healthy working Practices

### Standard 29: Fire Safety

## 4. Methods/Process

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

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months and the report on the last care inspection.

Discussion with Mrs Lisa Harrison (Registered Manager) and Mr Brian Adam (Registered Responsible Person).

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.

## 5. The Inspection

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

The previous inspection of the home was an announced finance inspection dated 28 July 2015. The completed QIP was returned and approved by the specialist inspector on 23 September 2015.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 20 August 2012.

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>A suitable and sufficient legionella risk assessment must be carried out. The outcome of the assessment should be a written scheme for the effective control of legionella.</p> <p>The registered person must ensure that the scheme is fully implemented.</p> <p>The scheme of control must be in line with Health and Safety Executive document L8 - <i>The control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i>.</p> <p>Records must be kept of all actions relating to the control of legionella.</p>	Partially Met
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A legionella risk assessment was carried out in December 2011. The records of legionella control and monitoring measures were incomplete. Refer also to section 5.3 item 1 and requirement 1 in quality improvement plan.</p>	
<p><b>Requirement 2</b></p> <p>Ref: Regulation 27.-(2)(c)</p>	<p>The registered person must arrange for the lifts and the patient hoist to be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.</p>	Partially Met
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was confirmed to the inspector that no hoists are used on site.</p> <p>There were service records for the lifts. A service sheet dated January 2016 may relate to a LOLER thorough examination but this couldn't be confirmed on the day of inspection.</p> <p>Refer also to section 5.3 item 2 and requirement 2 in quality improvement plan.</p>	

<p><b>Requirement 3</b></p> <p>Ref: Regulation 27.- (2)(c)</p>	<p>The registered person must have arrangements in place which will verify that portable electrical equipment is being maintained in order to prevent danger.</p> <p>It is recommended that each appliance is uniquely identified in an inventory and records are kept of all tests and inspections.</p> <p>Ref: The Electricity at Work Regulations (NI) 1991.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of randomly selected appliances indicated that appliances in staff areas were tested and inspected in January 2016. This was discussed with Mr Adam who confirmed that arrangements were in hand to test and inspect all other portable electrical appliances in the home.</p> <p>Refer also to section 5.3 item 3 and requirement 3 in quality improvement plan.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 27.- (3)(a)</p>	<p>The necessary adjustments should be made which will ensure that electric leads in the staff building do not create a hazard.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Addressed.</p>	<p><b>Met</b></p>

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 27.-(4)(f)</p>	<p>The registered person must make arrangements for all staff on all shifts to participate in practice fire drills. The registered person must ensure that the drills confirm understanding of the fire training, are a realistic test of the procedures and confirm that the procedures and evacuation strategy can be effectively implemented with the minimum staffing level.</p> <p>The registered person must make arrangements for records to be kept of drills which include details of the time and date, the scenario, participants and outcome. The actions taken to address issues raised during practice drills should also be recorded.</p> <p>It is recommended that the advice of the fire safety advisor be sought.</p> <p>Reference should be made to Northern Ireland Health Technical Memorandum 84.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Adam and Mrs Harrison verified that fire safety training and drills are up to date for all staff.</p>	<p><b>Met</b></p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 27.-(4)(a)</p>	<p>The fire action plan should be reviewed. The review should include verification that the sequence of actions ensures an immediate call to the Northern Ireland Fire and Rescue Service is made when there is an unplanned activation of the fire alarm.</p> <p>The advice of the fire risk assessor should be sought.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The accredited fire risk assessor has drawn up a fire procedure, copies of which are posted around the building.</p>	<p><b>Met</b></p>

<p><b>Requirement 9</b></p> <p>Ref: Regulation 27.-(4)(a)</p>	<p>The registered person must ensure that the fire risk assessment is reviewed as planned and that any issues identified in the review are fully addressed. Ref: Northern Ireland Health Technical Memorandum 84.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The provider confirmed this was completed in September 2012 following the last inspection. An accredited fire risk assessor carried out a fire risk assessment in January 2016. The overall risk was deemed to be moderate. The action plan has been marked up to confirm that several of the issues identified have been addressed. Refer also to section 5.5 item 1 and requirement 4 in quality improvement plan.</p>	<p><b>Met</b></p>
<p><b>Requirement 10</b></p> <p>Ref: Regulation 27.-(4)(d)(v)</p>	<p>The arrangements for testing the emergency lighting system should be revised so that function testing is carried out monthly in accordance with BS 5266-8.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There were no records of the emergency lighting system being tested although Mr Adam, who is an electrical contractor, verified that this is taking place. Refer also to section 5.5 item 2 and requirement 5 in quality improvement plan.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 11</b></p> <p>Ref: Regulation 27.-(4)(d)(i)</p>	<p>The registered person must:</p> <ol style="list-style-type: none"> <li>1. Ensure that the laundry door is not propped open.</li> <li>2. Arrange for all the corridor doors to be surveyed and adjusted so that they provide an effective fire and smoke seal.</li> </ol> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <ol style="list-style-type: none"> <li>1. Addressed</li> <li>2. Not addressed – identified in current fire risk assessment</li> </ol> <p>Refer also to section 5.5 item 1 and requirement 4 in quality improvement plan.</p>	<p><b>Partially Met</b></p>

<b>Requirement 12</b>  <b>Ref:</b> Regulation 27.-(4)(d)(v)	The registered person must arrange for the fire detection and alarm system to be maintained at least every 6 months, and preferably quarterly, in accordance with current good practice. Ref: BS 5839.	<b>Not Met</b>
<b>Action taken as confirmed during the inspection:</b> There were no records relating to the maintenance of the fire detection and alarm system. Refer also to section 5.5 item 3 and requirement 6 in quality improvement plan.		
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 27	The registered person should assess the need for the water feature in the courtyard to be secured.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Mr Adam and Mrs Harrison confirmed that the water feature had been assessed as safe.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 28	The hot water from outlets accessible to residents should be checked for safe temperature monthly.	<b>Partially Met</b>
<b>Action taken as confirmed during the inspection:</b> The temperature of the hot water from sample outlets was recorded in January 2016 only. Refer also to section 5.3 item 4 and requirement 7 in quality improvement plan.		

### 5.3 Standard 27: Premises and Grounds

#### 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. A number of issues were however 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.



## 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.

### Areas for Improvement

1. The legionella risk assessment has not been reviewed since 2011 and the records of legionella control and monitoring measures are incomplete. For example, there were no records of the disinfection of shower heads and hoses. The risk assessment and legionella control measures were discussed with Mr Adam and Mrs Harrison. The inspector explained the current legionella control code of practice technical guidance (HSG274 Part 2) and some of the checklists contained within it.  
Refer to requirement 1 in quality improvement plan.
2. The lift service sheet dated January 2016 doesn't refer to the Lifting Operations and Lifting Equipment Regulations (NI) 1999. It does not confirm that a LOLER thorough examination was carried out or LOLER schedule 1 information.  
Refer to requirement 2 in quality improvement plan.
3. The program to check the safety of portable electrical appliances should be followed through to completion and records maintained.  
Refer to requirement 3 in quality improvement plan.
4. There were no records of the thermostatic mixing valves being regularly maintained and the records of safe hot water temperature checks did not indicate that an established routine was in place.  
Refer to requirement 7 in quality improvement plan.
5. On the day of inspection there were no Gas Safe records available. Mr Adam confirmed that this had been arranged for 17 February 2016.  
Refer to requirement 8 in quality improvement plan.
6. During the walk round it was observed that the wardrobes in some rooms were not secured to the wall, possibly following redecoration of the rooms. Examples were rooms 1, 14a, 51 and 41e.  
Refer to requirement 9 in quality improvement plan.
7. During the walk round it was observed that the side hung window in room 42e has a detachable type of window restrictor.  
Refer to requirement 10 in quality improvement plan.
8. The arrangements for maintaining Estates records should be reviewed.  
Refer to recommendation 2 in quality improvement plan.

<b>Number of Requirements</b>	<b>7</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.4 Standard 28: 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.

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

The nature and needs of the residents 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

No issues were raised during this inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 Standard 29: 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 number of issues were however 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 person 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 residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was undertaken by a fire risk assessor holding recognised professional body certification for fire risk assessment. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

## 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. All the issues in the fire risk assessment action plan should be addressed within timescales acceptable to the fire risk assessor.  
Refer to requirement 4 in quality improvement plan.
2. There were no records relating to the test and maintenance of the emergency lights.  
Refer to requirement 5 in quality improvement plan.
3. The fire alarm and detection system should be maintained and records kept.  
Although there were records of the fire alarm system being tested the tests were, at times, not carried out regularly and the records didn't confirm that all call points are included in the test routine. Notes on the record sheet indicate that checks on the operation of electronically controlled doors are included in the alarm test procedure.  
The inspector suggested that the form for recording the alarm test be amended so that the check of the correct operation of electronically locked doors is formally recorded.  
Refer to requirement 6 in quality improvement plan.
4. During the walk round it was observed that the automatic closer on the doors to room 8 and the kitchen required adjustment to ensure the doors closed correctly.  
Refer to requirement 11 in quality improvement plan.
5. A fire drill was carried out on 27 January 2016. This was discussed and the inspector recommended that the records of drills be made more comprehensive.  
Refer to recommendation 1 in quality improvement plan.

<b>Number of Requirements</b>	<b>4</b>	<b>Number Recommendations:</b>	<b>1</b>
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### 5.6 Additional Areas Examined

No additional areas were examined

## Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Lisa Harrison (Registered Manager) and Mr Brian Adam (Registered Responsible Person) 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.

### 5.7 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, The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.8 Recommendations

This section outlines the recommended actions based on research, recognised sources and Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 5.9 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 person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed 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 person/manager 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 person/manager 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>Ref: Regulation 13.-(7)</p> <p>Stated: third time</p> <p>To be Completed by: 11 March 2016</p>	<p>The legionella risk assessment should be reviewed. From the risk assessment a scheme for the effective control of legionella should be drawn up and fully implemented. Reference should be made to the code of practice document L8 - <i>Legionnaires' disease. The control of legionella bacteria in water systems</i> and the supporting technical guidance <i>HSG274 Part 2</i>. Both these documents are freely available on the HSE website. Records should be maintained of all actions taken relating to the control of legionella.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The legionella risk assessment has now been reviewed and the updated assessment is in place. Hot water storage temperatures have been checked and recorded and this is incorporated onto the maintenance schedule to do this monthly. Hot/cold water checks at basins and thermostatic mixing valves are incorporated onto the maintenance schedule to ensure they are maintained on a quarterly basis, to cover the whole Home annually. All shower heads and hoses have been checked, disinfected and replaced where necessary. This is incorporated into the maintenance schedule to ensure this process is repeated on a quarterly basis. A weekly check has been put in place for flushing of infrequently used outlets and this is listed in the maintenance schedule as a weekly task.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: Second time</p> <p>To be Completed by: 11 March 2016</p>	<p>Valid LOLER thorough examination reports should be obtained for the two lifts. The reports should contain the information required by LOLER Schedule 1.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> On checking through paperwork it was discovered that we do have a current LOLER assessment in place and can show LOLER assessments dated: 8.1.16, 28.7.15 and 9.1.15. A more comprehensive filing system has now been put in place for the lift maintenance and all documents are present and available for inspection.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: Third time</p> <p>To be Completed by: 11 March 2016</p>	<p>The program to check the safety of portable electrical appliances should be followed through to completion and records maintained.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> All portable electrical appliances have now been PAT tested. There is now a maintenance schedule in place for annual PAT testing and this schedule can be viewed for inspection. There is also now a separate PAT folder showing all testing done, the date and the date the next PAT is due, which can also be viewed for inspection.</p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27.-(4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>Within timescales acceptable to the fire risk assessor</b></p>	<p>The issues in the fire risk assessment action plan which remain outstanding should be addressed within timescales acceptable to the fire risk assessor.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> A list of the outstanding issues and the actions taken are as follows:</p> <ol style="list-style-type: none"> <li>1) Self closing devices on bedroom doors: As from 29.2.16 all bedroom doors have a closing device fitted.</li> <li>2) The cooking fume extraction filters and duct work should be regularly deep cleaned and degreased: this is ongoing and arrangements are being made to complete this task.</li> <li>3) Some cross corridor doors have a gap at the meeting edge of the double doors: the Registered Provider has now fixed this.</li> <li>4) Smoke detector in bedroom 2 has the head removed: We continue to wait for DMG to visit to fix this ongoing problem, whereby this alarm cannot be added to the fire system. As an interim measure we have put an independent smoke detector in place on 29.2.16.</li> </ol>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 27.-(4)(d)(iv) and (v)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> <b>11 March 2016</b></p>	<p>Records should be maintained to verify that the emergency lights are being tested and maintained in accordance with good practice. Reference should be made to BS5266.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Emergency lighting has been included on the maintenance schedule. This requires a quarter of all lights be tested and maintained quarterly, meaning that every light will be tested and maintained over a 12 month period. As part of our initial work all emergency lights have been checked with a 1/2hr discharge and throughout the rest of the year, as per the maintenance schedule, all will receive the required 3hr discharge.</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 27.-(4)(d)(iv) and (v)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> <b>11 March 2016</b></p>	<p>The fire detection and alarm system should be tested and maintained in accordance with BS5839. It is recommended that the alarm system is maintained at least quarterly. Records should be maintained of all test and maintenance activity.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> An Inspection and Servicing report has been completed on 25.2.16. This is incorporated into the maintenance schedule to ensure this is re-done every 6 months. There is now a fire sensor testing table in place also. A number of these sensors have already been tested at a variety of locations around the Home and this can be supported in the paperwork. The maintenance schedule includes quarterly testing of fire sensors, meaning that every fire sensor in the Home will be tested over a 12 month period as required in standards.</p>

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulations 13.-(7) 27.-(2)(q) 14.-(2)(a) and(c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> <b>11 March 2016</b></p>	<p>As part of the legionella controls and for the delivery of safe hot water the thermostatic mixing valves should be maintained.</p> <p>Robust arrangements should be made to verify the satisfactory ongoing performance of the thermostatic mixing valves through regular checks of hot water temperatures at all outlets accessible to residents.</p> <p>Records should be maintained of all servicing and safety checks. Reference should be made to HSG274 Part 2 regarding the maintenance of thermostatic mixing valves.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> All thermostatic mixing valves have now been serviced and the temperature has been checked for a large number of taps. This process is ongoing. Hot/cold water checks at basins and thermostatic mixing valves are incorporated onto the maintenance schedule to ensure they are maintained on a quarterly basis, to cover the whole Home annually.</p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulations 27.-(2)(c) 27.-(2)(q)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>11 March 2016</b></p>	<p>Gas Safe certificates should be obtained which verify that all the gas appliances and associated installations are in a safe and satisfactory condition.</p> <p>The gas barbecue should be checked for safety by a competent person before its next use.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> As discussed at the Inspection, the Gas Safety Inspection took place on 17.2.16 and the relevant paperwork is available for inspection. The gas barbeque is no longer in use and has been removed from the premises.</p>
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 14.-(2)(a) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>11 March 2016</b></p>	<p>It should be ensured that all tall furniture is secured against toppling.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> All tall furniture has been checked and it can be confirmed that all such items are now secured to the wall as appropriate.</p>
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 14.-(2)(a) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>11 March 2016</b></p>	<p>The safety of the side hung window in room 42e should be reviewed in accordance with relevant safety alerts such as EFA/2013/002, EFA/2012/001,EFA/2014/003 issued by the Northern Ireland Adverse Incident Centre and the necessary action taken.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The Registered Provider has reviewed this window and the appropriate restrictor is now in place.</p>

<b>Requirement 11</b>  <b>Ref:</b> Regulation 27.-(4)(c) and (d)(i)  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>11 March 2016</b>	<p>The automatic closers on the doors to room 8 and the kitchen should be adjusted so that they close the door correctly to provide an effective fire seal.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  The Registered Provider has reviewed these closers and has repaired them accordingly.</p>		
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>11 March 2016</b>	<p>It is recommended that the records of fire drills be amended to include those participating, the circumstances of the drill, and the outcome of a post drill debrief.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  A seperate form has now been created for evacuation drills and this will be completed for each evacuation and this includes information such as: Residents involved, Staff members involved.  In addition, a copy of the lesson plan for the 6 monthly Fire Training has now been received from the training provider and clearly sets out what is involved in the training sessions.</p>		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>11 March 2016</b>	<p>The arrangements for maintaining estates records should be reviewed. Records should be kept of all maintenance and servicing work undertaken, and all required certificates and documents kept available for inspection.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  This review has been conducted and a more accessible and transparent system is now in place. A maintenance system has been put in place and all documents are available for inspection.</p>		
<b>Registered Manager Completing QIP</b>	Lisa Harrison	<b>Date Completed</b>	2.3.16
<b>Registered Person Approving QIP</b>	Lisa Harrison	<b>Date Approved</b>	2.3.16
<b>RQIA Inspector Assessing Response</b>	<b>C Muldoon</b>	<b>Date Approved</b>	<b>18/04/16</b>

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**