

**Announced Estates Inspection
of
Fairhaven**

12 November 2015

1. Summary of Inspection

An announced estates inspection took place on 12 November 2015 from 10.35am to 2.00pm. 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
Total number of requirements and recommendations made at this inspection	7	3

The details of the QIP within this report were discussed with the Mrs. Orr, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: FAIRHAVEN RESIDENTIAL HOMES LIMITED / Mr. James McElroy	Registered Manager: Mrs. Elizabeth Sweetlove Orr
Person in Charge of the Home at the Time of Inspection: Mrs. Elizabeth Sweetlove Orr, Registered Manager	Date Manager Registered: 01 April 2005
Categories of Care: RC-PH, RC-LD, RC-LD(E), RC-MP	Number of Registered Places: 36
Number of Residents Accommodated on Day of Inspection: 36	Weekly Tariff at Time of Inspection: £470.00 - £680.00

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 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 included the following:

Prior to the inspection the following records were analysed: The previous estates inspection report and the statutory notifications over the past 12 months.

Discussions with Mrs. Orr, Registered Manager.

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 18 August 2015. The completed QIP for this inspection was returned to RQIA on 08 October 2015 and approved by the care inspector on 09 October 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 29 November 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(2)(b)	The joints between the floor coverings and the toilets should be reviewed and resealed as required.	Partially Met
	Action taken as confirmed during the inspection: Mrs. Orr advised that new floor coverings were fitted in the toilets and this issue had been addressed following the last estates inspection. Further attention was however required in relation to this issue to ensure that all of the joints between the floor coverings and the toilets are satisfactory. A programme of floor covering replacement for the sanitary facilities should be implemented. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 2 Ref: Regulations 27(2)(c) 27(2)(q)	<p>The general electrical installation was inspected and tested on 18 October 2010 and the report for this work was available in the home. This is to be commended. The small number of issues identified for attention in the report for this inspection and test should be followed up. The details for the most recent inspection and test for the electrical equipment should also be clarified.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The fixed wiring installation was inspected and tested on 26 August 2015. In addition to the inspection and testing, the fixed wiring installation had been upgraded with the installation of new switchgear. The most recent inspection and test to the electrical equipment was also carried out in November 2015.</p>	
Requirement 3 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	<p>The report for the recent legionella risk assessment should be followed up, actioned as required and signed off. The results for the recent water samples that have been sent for testing should also be followed up and confirmed to RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The report for the legionella risk assessment was not presented for review during this estates inspection. Subsequent to this estates inspection RQIA received confirmation from Mrs. Orr that a water risk assessment was completed by a specialist company on 17 November 2015 with no major risk issues identified for attention. Mrs. Orr also confirmed that the results for the water sample tested on 22 November 2012 were satisfactory. A copy of the legionella risk assessment report should be forwarded to RQIA when available.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c)	<p>A risk assessment should be carried out in relation to the need for safety edge protection to the door of the passenger lift. Reference should be made to the reports for the thorough examinations of the lift. Reference should also be made to the guidance available from the Health and Safety Executive in relation to risk assessment methodology (five steps to risk assessment).</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>It is good to report that a new safety edge system had been installed for the doors of the passenger lift.</p>	
Requirement 5 Ref: Regulations 14(2)(a) 14(2)(c)	<p>The method of restricting the window openings and the width of the window openings should be reviewed and altered as required to ensure that all window openings are controlled to a safe point of opening with a maximum clear opening of 100mm. Restrictors should not be easy to disconnect without the use of a key or a specialist tool. Reference should be made to the recent correspondence from RQIA in relation to this issue.</p>	Not Met
	<p>Action taken as confirmed during the inspection:</p> <p>Further action was required to ensure that all window openings throughout the premises are controlled to a safe point of opening with a maximum clear opening of 100mm and that restrictors are not easy to disconnect without the use of a key or a specialist tool. This would apply to any roof windows in the home. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 6 Ref: Regulations 14(2)(a) 14(2)(c)	A procedure should be established for accessing the Northern Ireland Adverse Incidents Centre's website each week to review and action as required the Safety Action Bulletins. Reference should be made to the correspondence from RQIA in relation to this issue.	Partially Met
	Action taken as confirmed during the inspection: Mrs. Orr confirmed that there was a procedure in place for accessing the Northern Ireland Adverse Incidents Centre's website to check the alert notices. The details in relation to this issue were not however presented for review during this estates inspection. Subsequent to this estates inspection the details in relation to how this issue should be managed were confirmed to Mrs. Orr by RQIA. This issue should be reviewed and action should be taken as required to ensure compliance with the guidance provided by RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.	
Requirement 7 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(b) 27(2)(q)	A 'Gas Safe' certificate should be issued for the inspection and test to the gas cooker that was completed on 19 November 2012. The floor covering in toilet 26 should be refitted at the door threshold.	Met
	Action taken as confirmed during the inspection: The most recent gas safety inspection to the cooker was carried out on 05 October 2015. The floor covering in toilet 26 had been refitted at the door threshold.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 8 Ref: Regulation 27(4)(b)	The furniture in the smoking room should comply with ignition sources 0 and 5 fire retardant standard. The amount of furniture in this room should also be kept to a minimum. Multi-way electrical adaptors or reel type electrical extension leads should not be used in the home.	Met
	Action taken as confirmed during the inspection: The furniture in the smoking room was not marked to indicate compliance with the ignition sources 0 and 5. Subsequent to this estates inspection RQIA received confirmation from Mrs. Orr that this issue had been addressed. No multi-way electrical adaptors were observed in the home during this estates inspection.	
Requirement 9 Ref: Regulations 27(4)(d)(i) 27(4)(d)(iv)	The most recent inspection and test report for the fire detection and alarm installation should be reviewed with the Inspecting Engineer and the Fire Risk Assessor to establish what action is required in relation to the issues noted in the report. The outcome of this review should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: It is good to report that Mrs. Orr confirmed that a new fully addressable fire detection and alarm system had been installed in the home since the last estates inspection. This system was inspected and serviced on 09 September 2015.	

Previous Inspection Statutory Requirements	Validation of Compliance
<p>Requirement 10</p> <p>Ref: Regulation 27(4)(a)</p>	<div data-bbox="459 255 1214 1144"> <p>The fire risk assessment for the home should be reviewed, updated and actioned as required. In this regard specific attention should be given to addressing the following fire safety issues:</p> <ul style="list-style-type: none"> • A programme of work for the installation of cold smoke seals to the fire doors should be developed • Upgrading the switchgear enclosure at the original front door (not half hour fire resistant or fitted with a fire detector) • A zone plan for the fire detection and alarm system should be provided at the control panel. • The wall in the lift plan room should be fire stopped at the service perforation. • The corridor door at bedroom 5 should be adjusted to reduce the closing speed. <p>The most recent version of Health Technical Memorandum 84 is available by registering on the 'space for health' website at: http://www.spaceforhealth.nhs.uk/ and can be found on the Northern Ireland section of the site.</p> </div> <div data-bbox="459 1144 1214 1852"> <p>Action taken as confirmed during the inspection:</p> <p>The most recent fire risk assessment for the home was carried out on 02 September 2015 in line with the guidance from RQIA in relation to the competency of fire risk assessors. Mrs. Orr also confirmed that the issues identified for attention in the report for this fire risk assessment had been addressed. Smoke seals had been fitted to the fire doors and the switchgear enclosure at the original front door had been improved although this enclosure was still not up to full half hour fire and smoke standard. It is recommended that this issue should be reviewed again with the fire risk assessor for the home. Reference should be made to recommendation 3 in the attached Quality Improvement Plan. A zone plan had been provided</p> </div> <div data-bbox="1305 1104 1369 1137">Met</div>

	<p>Continued</p> <p>for the fire alarm system. This plan should however be revised to ensure that the rooms are easily identified. Reference should be made to requirement 4 in the attached Quality Improvement Plan. Fire stopping had been carried out in the lift plan room and the corridor door at bedroom 5 had been adjusted.</p>	
<p>Requirement 11</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(iv) 27(4)(e)</p>	<p>The arrangements for providing the fire safety training for the staff should be reviewed and updated as required (currently provided in house by the manager). The Fire Safety Advisor for the home should be consulted for advice in relation to this issue. The fire safety management recording system should also be reviewed and updated to make it more accessible and more user friendly. In this regard particular attention should be given to the inspection and test reports for the fire alarm and the emergency lights.</p> <p>Action taken as confirmed during the inspection: Fire safety training was provided by the Fire Risk Assessor on 08 October 2015. The reports for the most recent inspection and service to the fire detection and alarm system and the most recent inspection and test to the emergency lights were available in the home.</p>	<p>Met</p>

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 12 Ref: Regulation 27(4)(d)(iv)	<p>The fire detection and alarm installation should be inspected and tested on a quarterly basis in accordance with the standards set out in BS 5839. The monthly checks to the emergency lights should include a function check in accordance with the standards set out in BS 5266.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The fire detection and alarm system was inspected and serviced on 24 February 2015 and again on 09 September 2015. A new system had however been installed in the home since the last estates inspection. The inspection and service frequency should be checked with the installation engineers to confirm that six monthly inspections and services are adequate. Reference should be made to requirement 5 in the attached Quality Improvement Plan. Key switches had been provided for the emergency lights and these were being tested weekly.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 28.1	It is recommended that the existing colour coding system for cleaning equipment should be reviewed in relation to the new system recently introduced in the NHS.	Not Met
	Action taken as confirmed during the inspection: A colour coding system was in place for the home but this was not fully in line with the NHS system. It is recommended that the existing colour coding system for cleaning equipment should be updated to comply fully with the NHS system. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	
Recommendation 2 Ref: Standard 28.1	Written risk assessments should be carried out in relation to hot surfaces. Reference should be made to the information available from the Health and Safety Executive on risk assessment methodology (fire steps to risk assessment) and the advice contained in the Health Guidance Note: Safe Hot Water and Surface Temperatures issued by NHS Estates.	Partially Met
	Action taken as confirmed during the inspection: Mrs. Orr confirmed that one bed had previously been located adjacent to a radiator. The resident in this room no longer lived in the home and at present no residents were considered to be at risk from hot surfaces. This should be kept under review and it is recommended that a written risk assessment should be drawn up in relation to hot surfaces hazards. Reference should be made to recommendation 2 in the attached 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. This supports the delivery of safe care.

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

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

Is Care Compassionate? (Quality of Care)

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

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

Areas for Improvement

1. A programme of refurbishment should be drawn up for the home. This should include new floor coverings, redecoration, refurbishment of the sanitary facilities, etc. Details for this programme of refurbishment should be provided to RQIA. Reference should be made to requirement 8 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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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.

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 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.

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)

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

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

Areas for Improvement

1. The thermostatic mixing valves should be serviced on a regular basis in line with the guidance from the manufacturers and the legionella risk assessor. The thermostatic mixing valves should also be checked to ensure that they are DO8 Type 3 fail-safe at all outlets accessible to residents. The water temperatures should be reviewed and adjusted to ensure compliance with the following standards ;

- | | |
|--|---------------|
| a. Unblended hot water in the plumbing system | 55° C minimum |
| b. Blended hot water at standard baths | 44° C maximum |
| c. Blended hot water at medic baths, showers and wash basins | 41° C maximum |
| d. Cold water outlets | 20° C maximum |

A record for the cold water temperate checks should also be kept in the home. In addition the showers should be descaled, cleaned and disinfected on a quarterly basis. A check in relation to 'dead legs' in the system should be carried out so that these can be removed. For example; dead leg pipework was noted in bedroom 35/36, bedroom 37/38 and the toilet beside the cleaner's store on the first floor. There was also no water at the sink outlets in store 46 on the second floor. Guidance should be sought from the legionella risk assessor for the home in relation to these issues. Reference should be made to requirement 4 in the attached Quality Improvement Plan.

2. The wardrobes were not fixed to the walls. This issue should be reviewed and the wardrobes should be fixed in position. Reference should be made to requirement 5 in the attached Quality Improvement Plan.
3. The doors to bedroom 7/8 and the doors to the stairs on the second floor should be adjusted to ensure that they do not close too fast. The carpets in bedrooms 11, 13/14 and 17/18 and 44/45 should be replaced. Reference should be made to requirement 5 in the attached Quality Improvement Plan.
4. The toilet bowl in the ensuite facility for bedroom 35/36 should be replaced (cracked). The extract fan in toilet 43 on the second floor should be checked and repaired or replaced as required. The need for an extract fan in the cleaner's store on the first floor should also be reviewed. Reference should be made to requirement 5 in the attached Quality Improvement Plan.
5. A cover should be fitted to the conduit box in the lift plant room. The appropriateness of storing the chair in the lift plant room should also be reviewed. Reference should be made to requirement 5 in the attached Quality Improvement Plan.

Number of Requirements	2	Number Recommendations:	0
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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. This supports the delivery of safe care.

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. This supports the delivery of effective care.

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.

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

Areas for Improvement

1. Mrs. Orr confirmed that the fire drills were carried out along with the weekly tests to the fire detection and alarm system. This practice should be reviewed with the fire risk assessor to confirm if this is satisfactory. In addition a template should be drawn up to record the details for the fire drills. This should include sections to detail the scenario covered, how staff responded, action points for learning and a list of everyone who attends. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
2. The door to the stairs on the first floor at the staff toilet should be adjusted to seat fully into the frame when closed. Reference should be made to requirement 6 in the attached Quality Improvement Plan.

Areas for Improvement Continued

3. The fire doors in San Remo and Martinez bungalows should be fitted with smoke seals. Although the door to bedroom 25 on the first floor was not wedged open at the time of this estates inspection, there was a wedge in this room. If there is a need to hold open this door, an appropriate hold open device linked to the fire detection and alarm system should be provided. Reference should be made to requirement 7 in the attached Quality Improvement Plan.

Number of Requirements	2	Number Recommendations:	0
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5.6 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 Mrs. Orr, Registered Manager, 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, The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 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.

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 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 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 persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulations 27(2)(b) 27(2)(d)</p> <p>Stated: First time</p> <p>To be Completed by: 15 January 2016</p>	<p>A programme of refurbishment should be drawn up for the home. This should include new floor coverings, redecoration, refurbishment of the sanitary facilities, etc. Details for this programme of refurbishment should be provided to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: As the home is up for sale this has been discussed with the potential buyers and will be addressed by them</p>
<p>Requirement 2</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> <p>Stated: Second time</p> <p>To be Completed by: 18 December 2015</p>	<p>Further action should be taken to ensure that all window openings throughout the premises are controlled to a safe point of opening with a maximum clear opening of 100mm and that restrictors are not easy to disconnect without the use of a key or a specialist tool. This would apply to any roof windows in the home.</p> <p>Response by Registered Manager Detailing the Actions Taken: All windows have been adjusted to 4 inches and fitted with safety screws that can not be tampered with or any device tool used</p>
<p>Requirement 3</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> <p>Stated: Second time</p> <p>To be Completed by: 18 December 2015</p>	<p>The procedure for accessing the Northern Ireland Adverse Incidents Centre's website to check the alert notices issue should be reviewed and action should be taken as required to ensure compliance with the guidance provided by RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: At the time of the inspection this could not be found on the computer but has been recently accessed and updated</p>

Quality Improvement Plan

Statutory Requirements

Requirement 4
Ref: Regulations

13(7)

14(2)(a)

14(2)(c)

27(2)(q)

Stated: First time

**To be Completed by:
18 December 2015
and ongoing**

The thermostatic mixing valves should be serviced on a regular basis in line with the guidance from the manufacturers and the legionella risk assessor. The thermostatic mixing valves should also be checked to ensure that they are DO8 Type 3 fail-safe at all outlets accessible to residents. The water temperatures should be reviewed and adjusted to ensure compliance with the following standards ;

Unblended hot water in the plumbing system 55° C minimum

Blended hot water at standard baths 44° C maximum

Blended hot water at medic baths & showers 41° C maximum

Blended hot water at wash basins 41° C maximum

Cold water outlets 20° C maximum

A record for the cold water temperate checks should also be kept in the home. In addition the showers should be descaled, cleaned and disinfected on a quarterly basis. A check in relation to 'dead legs' in the system should be carried out so that these can be removed. Guidance should be sought from the legionella risk assessor for the home in relation to these issues.

Response by Registered Manager Detailing the Actions Taken:

All recommendations have been done in accordance with the risk assessors all dead legs have been sorted and a file for tempetures recorded

Quality Improvement Plan	
Statutory Requirements	
Requirement 5 Ref: Regulations 27(2)(d) 14(2)(a) 14(2)(b) Stated: First time To be Completed by: 15 January 2016	<p>The wardrobes should be reviewed and fixed in position. The doors to bedroom 7/8 and the doors to the stairs on the second floor should be adjusted to ensure that they do not close too fast. The carpets in bedrooms 11, 13/14 and 17/18 and 44/45 should be replaced. The toilet bowl in the ensuite facility for bedroom 35/36 should be replaced (cracked). The extract fan in toilet 43 on the second floor should be checked and repaired or replaced as required. The need for an extract fan in the cleaner's store on the first floor should also be reviewed. A cover should be fitted to the conduit box in the lift plant room. The appropriateness of storing the chair in the lift plant room should also be reviewed.</p> <p>Response by Registered Manager Detailing the Actions Taken: Toilet bowl has been replaced new fan in bathroom 43 cover fitted to conduit box in plant room bedroom door slowed down no fan has been put in cleaning store due to no outside wall to insert same carpets have been addressed in the refurbishment program as per new owners</p>
Requirement 6 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv) Stated: First time To be Completed by: 18 December 2015	<p>The current fire drill practice should be reviewed with the fire risk assessor to confirm if it is satisfactory. In addition a template should be drawn up to record the details for the fire drills. This should include sections to detail the scenario covered, how staff responded, action points for learning and a list of everyone who attends. The door to the stairs on the first floor at the staff toilet should be adjusted to seat fully into the frame when closed.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire drills are carried out on a weekly basis and recorded this has been added to the exsisting documents as per fire risk assessor and a copy of the letter from the fire authority who passed all documents in 2015 a copy if required can be sent to the rqia</p>
Requirement 7 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	<p>The fire doors in San Remo and Martinez bungalows should be fitted with some seals. If there is a need to hold open the door to bedroom 25, an appropriate hold open device linked to the fire detection and alarm system should be provided.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p>

Stated: First time To be Completed by: 05 February 2016 and ongoing	Sanremo and Martinez bungalows have been fitted with new smoke seals room 25 stopper has been removed as this was a temporary situation to give access to the resident to exit the room while he was rehabbing after a fall peep plan has been updated as full mobility has returned
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Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 28.1 Stated: Third time To be Completed by: Ongoing	It is recommended that the existing colour coding system for cleaning equipment should be updated to comply fully with the NHS system. Response by Registered Manager Detailing the Actions Taken: This has been addressed as there had been some confusion with inspectors this complys fully with nhs system		
Recommendation 2 Ref: Standard 28.1 Stated: Second time To be Completed by: 15 January 2016	It is recommended that the risks associated with hot surfaces should be kept under review and that a written risk assessment should be drawn up in relation to this issue. Response by Registered Manager Detailing the Actions Taken: Hsne has been down loaded and advice is required by the estates officer on this matter		
Recommendation 3 Ref: Standard 29.2 Stated: First time To be Completed by: 15 January 2016	It is recommended that the fire and smoke protection requirement for the switchgear cupboard at the original front door should be reviewed again with the fire risk assessor for the home. Response by Registered Manager Detailing the Actions Taken: This was addressed with both the fire authority and fire risk assessor and no recomdations were required this will be addressed again at the next fire risk assessments		
Registered Manager Completing QIP	Elizabeth sweetlove orr	Date Completed	17/01/16
Registered Person Approving QIP	James mcelroy	Date Approved	17/01/16
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	*19/01/16

* 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