



The Regulation and  
Quality Improvement  
Authority

Glenowen Court  
RQIA ID: 1612  
177a Andersonstown Road  
Belfast  
BT11 9EA

Inspector: Kieran Monaghan  
Inspection ID: IN021625

Tel: 028 9060 2898  
Email: [siobhan.savage@foldgroup.co.uk](mailto:siobhan.savage@foldgroup.co.uk)

---

**Announced Estates Inspection**  
  
**of**  
  
**Glenowen Court Residential Care Home**  
  
**on**  
  
**11 March 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 March 2016 from 10:55am. to 1.25pm. 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> | 5            | 0               |

The details of the QIP within this report were discussed with Mrs. Siobhan Savage, Registered Manager and Mr. Christopher McClelland, Maintenance Officer with Fold Housing Association, 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><br>Fold Housing Association /Mrs. Fiona McAnespie | <b>Registered Manager:</b><br>Mrs. Siobhan Savage                      |
| <b>Person in Charge of the Home at the Time of Inspection:</b><br>Mrs. Siobhan Savage               | <b>Date Manager Registered:</b><br>02 November 2015                    |
| <b>Categories of Care:</b><br>RC-DE, RC-LD, RC-LD(E), RC-SI, RC-MP, RC-MP(E), RC-I, RC-PH(E)        | <b>Number of Registered Places:</b><br>44                              |
| <b>Number of Residents Accommodated on Day of Inspection:</b><br>40                                 | <b>Weekly Tariff at Time of Inspection:</b><br>£470.00 plus £15 Top up |

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

Discussions with Mrs. Siobhan Savage, Registered Manager and Mr. Christopher McClelland, Maintenance Officer with Fold Housing Association.

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 07 January 2016. The completed QIP for this inspection was returned to RQIA on 23 February 2016 and approved by the care inspector on 24 February 2016.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 09 July 2012

| Previous Inspection Statutory Requirements  |  | Validation of Compliance |
|---|--|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulation 27)(2)(d)                          | The ground floor sluice room should be repainted. A new handle should be fitted to the boiler room door lock.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>These issues had been addressed.  |                          |
| <b>Requirement 2</b><br><br><b>Ref:</b> Regulations 14(2)(a)<br>14(2)(c)<br>27)(2)(q) | The general electrical installation was inspected and tested on 15 December 2009 and the report for this work was available in the home. This is to be commended. A check should be carried out to ensure that all of the issues identified for attention in the report for this work have been addressed.   | <b>Partially Met</b>     |
|   | <b>Action taken as confirmed during the inspection:</b><br>A further inspection and test of the fixed wiring installation was carried out on 17 February 2015. Mr. McClelland agreed to check the position in relation to the issues identified for attention in the report for this inspection and test and to confirm same to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.  |                          |
| <b>Requirement 3</b><br><br><b>Ref:</b> Regulations 14(2)(a)<br>14(2)(c)<br>27)(2)(q) | The issues identified for attention in the report for the servicing of the thermostatic mixers that was carried out on 23 May 2012 should be addressed.  | <b>Partially Met</b>     |
|   | <b>Action taken as confirmed during the inspection:</b><br>The completed Quality Improvement Plan for the previous estates inspection confirmed that a new contract was being put in place which would address the remedial works to the thermostatic mixing valves. The report for the most recent service of the thermostatic mixing valves was not however presented for review during this estates inspection. A copy of the report for the most recent service of the thermostatic mixing valves should be forwarded to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan. |                          |



| Previous Inspection Statutory Requirements  |   | Validation of Compliance |
|---|---|--------------------------|
| <b>Requirement 4</b><br><br><b>Ref:</b> Regulations<br>14(2)(a)<br>14(2)(c)             | The window openings in the ground floor dining room should be controlled to a safe point of opening with a maximum clear opening of 100mm. The restrictors should not be easy to disengage without the use of a key or a specialist tool. The switchgear stores and domestic stores should be kept locked shut to prevent unauthorised access.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Controls had been fitted to the windows in the ground floor dining room. Sample checks to the stores indicated that they were being kept locked.   |                          |
| <b>Requirement 5</b><br><br><b>Ref:</b> Regulations<br>14(2)(a)<br>14(2)(c)<br>27(2)(q) | The certificate for the most recent gas safety check to the gas pipework for the dryer should be available in the home.   | <b>Partially Met</b>     |
|   | <b>Action taken as confirmed during the inspection:</b><br>The completed Quality Improvement Plan for the previous estates inspection confirmed that this gas safety check was completed on 30 July 2012. The documentation in relation to the most recent gas safety inspections was not however presented for review during this estates inspection. A copy of the report for the most recent gas safety inspections should be forwarded to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan. |                          |

| Previous Inspection Statutory Requirements  |  | Validation of Compliance    |
|---|--|-----------------------------|
| <p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulations<br/>13(7)<br/>14(2)(a)<br/>14(2)(c)<br/>27(2)(q)</p> | <p>The issues included in the action plan in the report for the risk assessment for the prevention or control of legionella bacteria in the water systems should be reviewed and signed off. The date for the most recent cleaning and disinfection of the plumbing system should be confirmed. A procedure should be implemented for the quarterly descaling, cleaning and disinfection of the showers in the flatlets. A check should be carried out to ensure that the portable air conditioning unit in the kitchen was included in the risk assessment and control measures for legionella bacteria in the water systems. The results for the most recent water sample testing should be followed up and a procedure should be implemented for the twice weekly flushing of any water outlets in the flatlets that are not in frequent use.</p>   |                             |
|   | <p><b>Action taken as confirmed during the inspection:</b></p> <p>The report for the most recent risk assessment for legionella bacteria in the water systems was not presented for review during this estates inspection. The portable air conditioning unit was no longer being used in the kitchen. The monthly legionella monitoring is carried out by a specialist company. The report for the most recent monitoring visit that was completed on 25 February 2016 confirmed that the showers were cleaned and that the hot and cold water temperatures at the sentinel outlets were checked. One of the return temperatures was noted below 55°C. This should be corrected. The water storage tanks were inspected during this monitoring visit with the condition noted as 'poor'. Remedial works should be carried out to address this matter. The results for the most recent water sample testing should be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan. Mrs. Savage confirmed that there was a procedure in place for flushing infrequently used water outlets.</p> | <p><b>Partially Met</b></p> |



| Previous Inspection Statutory Requirements                               |   | Validation of Compliance |
|--|---|--------------------------|
| <b>Requirement 7</b><br><br><b>Ref:</b> Regulation 27(4)(b)              | Fire detectors should be installed in the stores, under the stairs, in the lounge at the kitchen and in the stores on the upper floors that were converted from toilets (It was noted that an order had been placed for this work). | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Fire detectors had been installed in these stores.   |                          |
| <b>Requirement 8</b><br><br><b>Ref:</b> Regulations 27(4)(c) 27(4)(d)(i) | The fire stopping above the door to the switchgear store on the first floor should be checked and made good as required.  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>This issue had been addressed.   |                          |
| <b>Requirement 9</b><br><br><b>Ref:</b> Regulations 27(4)(b) 27(4)(f)    | The details for the ongoing fire drills should be added to the fire safety training overview matrix to facilitate the monitoring of staff attendance at the six monthly fire training sessions and at the fire drill exercises.     | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Fire safety training and fire drill attendance was being monitored by the registered manager using matrix spread sheets.   |                          |

| Previous Inspection Statutory Requirements   |  | Validation of Compliance    |
|--|--|-----------------------------|
| <p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 27(4)(d)(iv)</p>              | <p>A check should be carried out to ensure that the two emergency lights identified for attention during the inspection and test on 3 February 2012 have been replaced as recommended. The arrangements for the new monthly function checks to the emergency lights should also be completed and implemented. As part of these arrangements all of the emergency lights should be numbered on a schedule which is referenced to the switching arrangements.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The most recent inspection and test to the emergency lights was completed on 01 January 2016. Mrs. Savage confirmed that the issues identified for attention by this inspection and test had been addressed. Monthly function checks were also being carried out with the most recent having been completed on 07 March 2016. A list for the emergency lights was also in place.</p> | <p><b>Met</b></p>           |
| <p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulations 27(4)(b) and 27(4)(d)(i)</p> | <p>A check should be carried out to ensure that the addresses in the fire alarm system are correct and reflect the current layout and room designations in the home. The fire alarm drawings should also be updated to clearly indicate the number of each room.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr. McClelland confirmed that these issues had been addressed following the last estates inspection. A new fire alarm drawing had however been provided at the control panel. The individual addresses were not clearly marked on this drawing. This drawing should be replaced with a drawing which clearly indicates the individual addresses. Subsequent to this estates inspection, RQIA received confirmation from the registered manager that this new fire alarm drawing was being ordered.</p>  | <p><b>Partially Met</b></p> |

| Previous Inspection Statutory Requirements   |   | Validation of Compliance |
|--|---|--------------------------|
| <p><b>Requirement 12</b></p> <p>Ref: Regulations<br/>27(4)(b)<br/>27(4)(c)<br/>27(4)(d)(i)</p> | <p>Since the previous Estates inspection to the premises a programme of fire door replacement works was completed. Some of the new fire doors had not been fitted with latches. It was not clear if the self-closing devices on these doors have been designed to hold these doors closed in the event of a fire. The specification for these self-closing devices should be checked to ensure that they have been designed to hold these doors closed in a fire situation. A cold smoke seal should be fitted to the door to the stairs from the ground floor lounge. The smoke vent unit on the door to the ground floor switch gear store should also be reconnected to the fire detection and alarm system.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>Mr. McClelland confirmed that the issue in relation to the self-closing devices had been checked following the last estates inspection but he would double check this again to make sure. The other issues included in this item had been addressed.</p> | <p><b>Met</b></p>        |
| <p><b>Requirement 13</b></p> <p>Ref: Regulation<br/>27(4)(b)</p>                               | <p>The twin and earth electrical cable above the door to the switchgear store on the first floor should be reinstalled in accordance with current best electrical practice (connected to distribution board 'BD LP2 B').</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>This issue had been addressed.</p>  | <p><b>Met</b></p>        |

| Previous Inspection Statutory Requirements                             |   | Validation of Compliance |
|--|---|--------------------------|
| <b>Requirement 14</b><br><br><b>Ref:</b> Regulation 27(4)(b)           | <p>The open plan day/reception area at the front of the home on the ground floor should be reviewed in relation to the updated fire protection standards contained in the most recent edition of Health Technical Memorandum 84. Proposals to provide ½ hour fire and smoke separation for these facilities should be forwarded to RQIA.</p>  | <b>Met</b>               |
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>           The most recent fire risk assessment for the home was completed on 23 June 2015 in accordance with the guidance from RQIA in relation to the competency of fire risk assessors. A reference was made to this issue in the report for this fire risk assessment but no issues were identified for attention in the action plan. This issue should be kept under review to ensure that it continues to be managed safely.</p> |                          |
| <b>Requirement 15</b><br><br><b>Ref:</b> Regulations 27(4)(a) 27(4)(b) | <p>The action plan in the report for the fire risk assessment that was carried out on 1 June 2012 should be reviewed and updated to include the signing off for any issues that have already been addressed and the allocation of firm timescales for any remaining issues that still need to be addressed. A copy of this updated action plan should be forwarded to RQIA. The date for the fire risk assessment report should also be checked.</p>  | <b>Met</b>               |
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>           The action plan included in the report for the most recent fire risk assessment that was completed on 23 June 2015 had been signed off.</p>   |                          |

| Previous Inspection Statutory Requirements                              |   | Validation of Compliance |
|---|---|--------------------------|
| <b>Requirement 16</b><br><br><b>Ref:</b> Regulations 27 (4)(a) 27(4)(b) | The interim arrangements for dealing with the smoking in the flatlets issue should be reviewed and further developed as required. This should include reviewing and updating the smoking policy, the supervision arrangements for each resident who smokes and the risk assessments in consultation with care management. A report on the interim arrangements and action plan for dealing with the smoking issue and the transition to the new policy should be forwarded to RQIA. | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection: inspection:</b><br>A new communal smoking facility had been provided for the home. Mrs. Savage advised that at present approximately five or six residents smoke and risk assessments had been completed for these residents. Smoking in the flatlets is no longer permitted. A fire blanket had been provided in close proximity to the new smoking facility.  |                          |

### 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.

No issues were identified for attention during this Estates inspection in relation to this standard.

#### 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 in relation to this standard.

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

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. A programme of redecoration had commenced in the home and arrangement had been made to install a new heating boiler. This supports the delivery of compassionate care.

No issues were identified for attention during this Estates inspection in relation to this standard.

#### Areas for Improvement

|                        |   |                         |   |
|------------------------|---|-------------------------|---|
| Number of Requirements | 0 | Number Recommendations: | 0 |
|------------------------|---|-------------------------|---|

## 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 extract fan in the ground floor toilet opposite the kitchen was not working. Mr. McClelland agreed to replace this fan.

2. The dead leg pipework in the vegetable preparation room and in ceiling void in the wheel chair store in the main entrance foyer should be removed. The external tap should also be flushed twice each week with the other infrequently used water outlets in the premises. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
3. The support documentation in relation to the servicing and thorough examinations of the passenger lift and the hoists was not presented for review during this estates inspection. Copies of the reports for the most recent services and thorough examinations of the passenger lift and the hoists should be forwarded to RQIA. Reference should be made to requirement 4 in the attached Quality Improvement Plan.
4. Following this estates inspection details in relation to how to access and manage the alerts issued through the Northern Ireland Adverse Incident Centre, Safety Alert Broadcast System, were emailed to Mrs. Savage to action as appropriate. Subsequent to this email, Mrs. Savage confirmed to RQIA that the alerts are checked by head office they are filtered through the care service team and fed back to Glenowen Court.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>2</b> | <b>Number Recommendations:</b> | <b>0</b> |
|-------------------------------|----------|--------------------------------|----------|

## 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. The resident's call system should be extended to the new smoking facility. The emergency light above the final exit door in the ground floor sluice should also be made good. Reference should be made to requirement 5 in the attached Quality Improvement Plan.
2. A new system of electro-magnetic fastenings had been installed recently to the doors to the stairs. Green break glass units had been provided to the stair side of the doors. Green break glass units should also be provided on the corridor side of these stair doors. Advice should be sought from the fire risk assessor for the home in relation to this issue. Access to the stairs should also be reviewed in relation to the installation of green break glass units on the corridor side of these doors to ensure that adequate safety arrangements remain in place. Reference should be made to requirement 5 in the attached Quality Improvement Plan.
3. The support documentation in relation to the most recent inspection and service of the fire detection and alarm system was not presented for review during this estates inspection. A copy of this report should be forwarded to RQIA. Reference should be made to requirement 5 in the attached Quality Improvement Plan.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>1</b> | <b>Number Recommendations:</b> | <b>0</b> |
|-------------------------------|----------|--------------------------------|----------|

### 5.6 Additional Areas Examined

Not applicable.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Siobhan Savage, Registered Manager and Mr. Christopher McClelland, Maintenance Officer with Fold Housing Association 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](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 persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

|   |  |
|---|--|
| <p><b>Requirement 1</b></p> <p>Ref: Regulations<br/>14(2)(a)<br/>14(2)(c)<br/>27(2)(q)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b><br/><b>06 May 2016</b></p>                       | <p>The position in relation to addressing the issues identified for attention in the report for the inspection and test of the fixed wiring installation that was carried out on 17 February 2015 should be confirmed to RQIA. A copy of the report for the most recent service of the thermostatic mixing valves should be forwarded to RQIA. A copy of the report for the most recent gas safety inspections should also be forwarded to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/>All issues identified in the fixed wiring test have been attended to. A copy of all works orders and dates the work was completed has been sent to RQIA. The thermostatic mixing valves were serviced on 8 February 2016. A copy of the servicing certificate has been forwarded to RQIA. In addition a copy of the last gas service records have been forwarded to RQIA.</p> |
| <p><b>Requirement 2</b></p> <p>Ref: Regulations<br/>13(7)<br/>14(2)(a)<br/>14(2)(c)<br/>27(2)(q)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b><br/><b>06 May 2016 and Ongoing</b></p> | <p>The position in relation to completing any remedial works required to the water storage tanks should be confirmed to RQIA. The results for the most recent water sample testing should also be confirmed to RQIA. The temperature of the unblended hot water in the plumbing system should be maintained above 55°C.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/>Remedial works to the water storage tanks has been completed and all points have been actioned. Records to confirm have been forwarded to RQIA.</p>  |
| <p><b>Requirement 3</b></p> <p>Ref: Regulations<br/>13(7)<br/>14(2)(a)<br/>14(2)(c)<br/>27(2)(q)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/><b>06 May 2016 and Ongoing</b></p>  | <p>The dead leg pipework in the vegetable preparation room and in ceiling void in the wheel chair store in the main entrance foyer should be removed. The external tap should also be flushed twice each week with the other infrequently used water outlets in the premises.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/>Works orders have been logged and work will be completed as required.</p>  |

## Quality Improvement Plan

### Statutory Requirements

|  |  |
|--|--|
| <b>Requirement 4</b><br><br><b>Ref:</b> Regulations<br>14(2)(a)<br>14(2)(c)<br>27(2)(c)<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b><br><b>06 May 2016</b> | <p>Copies of the reports for the most recent services and thorough examinations of the passenger lift and the hoists should be forwarded to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/> This has been actioned.</p> |
|--|--|

|   |   |
|---|---|
| <b>Requirement 5</b><br><br><b>Ref:</b> Regulations<br>13(7)<br>14(2)(a)<br>14(2)(c)<br>27(2)(q)<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b><br><b>06 May 2016</b> | <p>The resident's call system should be extended to the new smoking facility. The emergency light above the final exit door in the ground floor sluice should also be made good. Green break glass units should be provided on the corridor side of the stair doors. Advice should be sought from the fire risk assessor for the home in relation to this issue. Access to the stairs should also be reviewed in relation to the installation of green break glass units on the corridor side of these doors to ensure that adequate safety arrangements remain in place. A copy of the report for the most recent inspection and test to the fire detection and alarm system should be forwarded to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/> Action has been taken to address each of these points and scope and schedule of works agreed.</p> |
|---|---|

|  |                |                       |            |
|--|----------------|-----------------------|------------|
| <b>Registered Manager Completing QIP</b> | Siobhan Savage | <b>Date Completed</b> | 04/05/16   |
| <b>Registered Person Approving QIP</b>   | Hilary Irwin   | <b>Date Approved</b>  | 04/05/16   |
| <b>RQIA Inspector Assessing Response</b> | K. Monaghan    | <b>Date Approved</b>  | * 03/06/16 |

\* Clarification or follow up required on some items.

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