



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	18679
<b>Establishment ID No:</b>	1642
<b>Name of Establishment:</b>	Owenvale Court Residential Care Home, Belfast
<b>Date of Inspection:</b>	09 June 2014
<b>Inspector's Name:</b>	K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Owenvale Court Residential Care Home
<b>Address:</b>	607 Springfield Road Belfast BT12 7FN
<b>Telephone Number:</b>	028 90 412 030
<b>Registered Responsible Person:</b>	Mr. Ciaran Sheehan, Care Circle Limited
<b>Registered Manager:</b>	Mrs. Paula Marie Kennedy
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs Paula Marie Kennedy, Registered Manager
<b>Other person(s) present during inspection:</b>	Mr. Ciaran Sheehan, Registered Responsible Person Mrs. Nuala Green, Director, Care Circle Limited Mr. Paul Isherwood, Property Director, Helm Housing Ms. Leanne Vincent, Property Manager, Helm Housing Ms. Kim Lynch, Receptionist/ Administrator
<b>Type of establishment:</b>	Residential Care Home
<b>Categories of Care:</b>	RC-I, RC-SI, RC-A, RC-DE, RC-PH
<b>Conditions of Registration:</b>	On 25 June 2012, RQIA deregistered St John of God Association (SJOGA) as care provider at Owenvale Court. Care Circle has taken over management of the home. Inspections and enforcement prior to this date relate to its management under SJOGA.
<b>Number of Residents:</b>	47
<b>Date and time of inspection:</b>	09 June 2014 (2:00pm – 5:00pm.)
<b>Date of previous Estates inspection:</b>	17 April 2014
<b>Name of Inspector:</b>	K. Monaghan

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS/PROCESS**

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

- Discussions with Mrs. Paula Marie Kennedy, Registered Manager, Mr. Ciaran Sheehan, Registered Responsible Person, Mrs. Nuala Green, Director, Care Circle Limited, Mr. Paul Isherwood, Property Director, Helm Housing, Ms. Leanne Vincent, Property Manager, Helm Housing and Ms. Kim Lynch, Receptionist/ Administrator. Ms. Kim Lynch, Receptionist/ Administrator was only present for a short period towards the end of the inspection visit.
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing this inspection report.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection the Inspector spoke to Mrs. Paula Marie Kennedy, Registered Manager, Mr. Ciaran Sheehan, Registered Responsible Person, Mrs. Nuala Green, Director, Care Circle Limited, Mr. Paul Isherwood, Property Director, Helm Housing, Ms. Leanne Vincent, Property Manager, Helm Housing and Ms. Kim Lynch, Receptionist/ Administrator.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous Estates inspection:

### **Standards inspected:**

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This Estates inspection focused specifically on the issues included in the Quality Improvement Plan for the previous Estates inspection to the home that was carried out on 17 April 2014.

## **7.0 PROFILE OF SERVICE**

Owenvale Court is a purpose built home located on the Upper Springfield Road in Belfast. The home accommodates 47 residents.

The facility is a two storey building with private car parking facilities. Each flat-let has an ensuite toilet/shower and mini kitchen facilities. The communal areas include assisted bathrooms, sitting rooms, dining rooms, kitchenettes, a hairdressing salon and therapy/activity rooms.

Mr. Ciaran Sheehan, CARE CIRCLE LIMITED is the registered Responsible Person and Mrs. Paula Marie Kennedy is the Registered Manager.

## **8.0 SUMMARY**

Overall there had been a significant improvement in relation to the premises being used for the purposes of Owenvale Residential Care Home. Many of the issues identified for attention during the previous Estates inspection that was carried out on 17 April 2014 had been addressed and action was on going in relation to completing the remaining issues.

There were still however some important issues to be fully resolved in relation to these premises. This included issues with regard to, for example; controlling the window openings, addressing the remaining issues identified for attention in the most recent fire risk assessments, resolving the resident's call system issues and legionella controls.

In addition to addressing the issues identified for attention in this report and in the report for the previous Estates inspection that was carried out on 17 April 2014 there was recognition on the part of the Registered Persons that a fundamental review of the joint management agreement between Care Circle Limited and Helm Housing was required. In this regard some changes were already being implemented in relation to, for example; the sharing of information for the ongoing inspections and tests to the engineering services and risk controls for issues such as fire safety and legionella bacteria in the water systems. It is planned to move to an electronic system for sharing information for the premises. The Registered Persons will have ongoing access to a portal containing all of the relevant information and documentation.

As well as the new information sharing arrangements, a meeting has been arranged on Thursday 12 June 2014 between Mr. Ciaran Sheehan, Registered Responsible Person and the Chief Executive of Helm Housing. It is understood that the overall effectiveness of the current joint management agreement will be reviewed at this meeting. The importance of ensuring that the joint management agreement enables the Registered Persons to fully discharge their regulation responsibilities in relation to the premises that are being used for the purposes of Owenvale Residential Care Home was stressed during this Estates inspection. Performance standards should be clear with robust arrangements for redress where appropriate.

## **8.0 SUMMARY CONTINUED**

Following this Estates Inspection of Owenvale Court Residential Care Home in Belfast on 09 June 2014, improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in nine requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would acknowledge the assistance of Mrs. Paula Marie Kennedy, Registered Manager, Mr. Ciaran Sheehan, Registered Responsible Person, Mrs. Nuala Green, Director, Care Circle Limited, Mr. Paul Isherwood, Property Director, Helm Housing, Ms. Leanne Vincent, Property Manager, Helm Housing and Ms. Kim Lynch, Receptionist/ Administrator, throughout the inspection.

## **9.0 INSPECTION FINDINGS**

### **9.1 Recommendations and requirements from the previous Estates inspection on 17 April 2014:**

9.1.1 The previous Estates inspection to this home was carried out on 17 April 2014. It is good to report that action had been taken to address the issues included in the Quality Improvement Plan for this previous Estates inspection. Further action was however still required in relation to a number of issues. The following should be noted in relation to the items included in the Quality Improvement Plan for the previous Estates inspection on 17 April 2014:

9.1.2 A new floor covering and PVC skirting had been fitted in the ensuite facility for the guest bedroom. The narrow strip of wall surface along the top of the new PVC skirting should be repainted. Reference should be made to item 1 in the Quality Improvement Plan.

9.1.3 The three toilet cubicles on the ground floor had been reviewed and an assessment of need had been completed by Mrs. Kennedy. The outcome of this assessment identified that two toilets (one male and one female) are required in this location. The details in relation to the design of these two new toilets was discussed and the following points were highlighted:

- The toilets should be completely separate and enclosed including separate extract ventilation
- The painting and fit out should be dementia friendly
- The wash basin should be provided inside the toilet cubicles
- The type and layout for the sanitary ware should meet the needs for the residents
- The need for wash basin that may be larger than the small standard hand rinse basins should be considered
- The doors to the new toilets should be out-opening if possible although if the toilet cubicles are large enough it may be acceptable (subject to risk assessment) for the doors to be in-opening
- The toilets should be a minimum of 3m<sup>2</sup>

A proposal drawing for the new toilets should be prepared and forwarded to RQIA for consideration. The Registered Persons should also contact the RQIA Registrations Team in relation to the need for a variation application for the proposed changes to these toilets. In the meantime the existing toilets should be closely monitored to ensure that they are adequately maintained. Reference should be made to item 2 in the Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.1 Recommendations and requirements from the previous Estates inspection on 17 April 2014:**

- 9.1.4 The floor coverings in the ensuite for flatlet 45 and in the bathroom opposite flatlet 31 and been replaced. A new light switch had also been fitted for the ensuite facility for flatlet 38.
- 9.1.5 The kitchen including the floor covering had been deep cleaned since the previous Estates inspection. The kitchen facilities were reviewed during this Estates inspection and the need to replace the existing floor covering was discussed. As an alternative to replacing this entire floor covering it may be possible to complete a partial replacement (veg prep room, corridor and a section in the kitchen adjacent to veg prep room), repair any open joints and reseal the areas around the door frames. This would be less disruptive as the kitchen could remain in operation. The proposals in relation to this floor covering should be confirmed to RQIA. In the meantime further deep cleaning should be carried out with a stronger focus on the less accessible areas and the areas at the bottom of the door frames. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.1.6 The floor coverings in flatlets 5 and 9 had been replaced. Mrs. Green also confirmed that the floor covering in flatlet 45 had been replaced and there were plans in place to renew the floor coverings in a further seven flatlets. The joint between the sink and the splash back in the treatment room had been resealed and the area at the back of the dryers had been improved. The dryers are now included in the cleaning schedule for the laundry. Flatlet 15 was not reviewed during this Estates inspection. Mrs. Kennedy however confirmed that the area under the wash basin in flatlet 15 had been improved.
- 9.1.7 A new floor covering and a new extract fan had been fitted in the toilet at the dining room on the ground floor. This work should be followed up with the repainting to this toilet and making good the ceiling where the old extract fan was removed. Reference should be made to item 1 in the Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.1 Recommendations and requirements from the previous Estates inspection on 17 April 2014 continued:**

- 9.1.8 The issues in relation to the window openings were discussed in detail with reference to the information provided by RQIA in a letter dated 2 December 2010 to Registered Persons of all regulated establishments and the information available from the Health and Safety Executive in relation to this matter. A risk assessment in relation to the window openings was carried out by Mrs. Kennedy on 03 June 2014. This identified a number of windows where, for example; the existing restrictors were too loose or the restrictors were not engaged. The restrictor to one of these window openings was reconnected during this Estates inspection. In addition Mr. Ciaran Sheehan gave an undertaking that all of the window openings would be checked and any remedial works required to ensure that all of the window openings are made safe would be completed the following day (10 June 2014). Subsequent to this Estates inspection RQIA received confirmation from Mrs. Green that all the windows that had no restrictors upstairs and downstairs that were identified during the Estates inspection had been made safe. In addition Mrs. Green also confirmed that Mr. Isherwood would be back in the home on Thursday 12 June 2014 to look at all of the windows. Reference should be made to item 4 in the Quality Improvement Plan
- 9.1.9 In addition to the urgent remedial works, the adequacy of the existing window controls was reviewed. Proposals to replace the existing window restrictors with a more robust type of restrictor should be finalised and confirmed to RQIA. Reference should be made to item 4 in the Quality Improvement Plan.
- 9.1.10 The kitchen extract ventilation system was cleaned on 23 April 2014 and a certificate in relation to same was forwarded to RQIA. This system is also being monitored to ensure that it is maintained in a clean condition. The electrical conduit box in the service duct at Flatlet 7 was not reviewed during this Estates inspection. RQIA however received confirmation that this electrical conduit box was repaired on 28 May 2014.
- 9.1.11 The cleaning equipment for the kitchen had been replaced with green coloured equipment in line with the National Health Service colour coding system.
- 9.1.12 The 'dead leg' to the plumbing pipework in the three toilet cubicles on the ground floor had not been removed. It was the intention to remove this during the works to provide the new toilets. This should however be reviewed with the legionella risk assessor to establish if this is an acceptable course of action. The outcome of this review should be confirmed to RQIA. Reference should be made to item 5 in the Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.1 Recommendations and requirements from the previous Estates inspection on 17 April 2014 continued:**

- 9.1.13 The control measures in relation to legionella bacteria in the water systems were being monitored by a specialist company each month. Reports for these monitoring visits for the last three months were presented for review during this Estates inspection. The record for the twice weekly flushing of the water outlets that are not in frequent use was not reviewed during this Estates inspection. Mrs. Kennedy however confirmed that this twice weekly flushing was now being carried out and recorded. In addition to the monitoring visits by the specialist company, the legionella risk assessments should be reviewed and signed off by the Registered Manager. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.1.14 A gas safety report for the laundry and kitchen equipment was received by RQIA on 29 May 2014. Mrs. Green also confirmed that the remedial works to the fixed wiring installation would be fully complete by 11 June 2014. This should be confirmed to RQIA. In addition Mrs. Green confirmed that the issues identified for attention in the report for the most recent thorough examination of the passenger lift would be complete by 01 July 2014 (parts on order). Completion should be confirmed to RQIA. Reference should be made to item 6 in the Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.1 Recommendations and requirements from the previous Estates inspection on 17 April 2014 continued:**

9.1.15 The resident's call system was discussed in detail during this Estates inspection. Three specific issues were identified from these discussions in relation to the system. The delays in calls being registered on the system, the range limit in some locations and call back-up during busy periods. The outcome of these discussions was as follows:

- A function check of all call points will be carried out on 10 June 2014
- The service company will carry out an engineering check of the complete system to confirm if it is operating as designed
- The system will be reviewed from a care point of view to establish if it is still suitable to meet the current needs of the home which would now be more in line with a traditional residential care home model than the previous housing with care model
- Hourly checks on the bedrooms are being carried out until the current issues with the call system are resolved.

It was agreed that a report in relation the above issues should be forwarded to RQIA by Friday 13 June 2014.

Subsequent to this Estates inspection RQIA received confirmation from Mrs. Green that the function check to the system had been carried out on 10 June 2014. This check identified that all pull-cords were working. There was however at least a ten second delay before the alarm sounded and if more than four pull-cords were pulled the system backed up and the fifth alarm did not sound. In addition no further alarms would sound until the first four calls were cleared from the system. This call back up also affected the telephone system preventing the connections for incoming and outgoing calls.

Mrs. Green also confirmed that the staff have been made aware of these issues and that at least two fully charged mobile telephones are available in the home at all times. A further update on the call system situation is to be provided to RQIA by Friday 13 June 2014.

It is important that the issues in relation to the call system are resolved without delay. If it is not possible to resolve the issues that have been identified with the existing system, a new traditional residential care home call system should be installed throughout the premises. RQIA should be kept fully updated in relation to this matter. In the meantime the additional control measures such as the ongoing hourly checks to the bedrooms should be maintained. Reference should be made to item 7 in the Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.1 Recommendations and requirements from the previous Estates inspection on 17 April 2014 continued:**

- 9.1.16 The earth wire in the kitchen was repaired on 17 April 2014. A new floor covering had been provided in the sluice at the prayer room on the first floor and this sluice was being kept locked.
- 9.1.17 The importance of maintaining robust arrangements for the management of external contractors was emphasised. This should include signing in and a final check at the end of each day to ensure that all areas have been left in a safe condition.
- 9.1.18 The smoking room was reviewed during this Estates inspection. All of the chairs that were previously in this room had been removed. Mrs. Kennedy confirmed that new chairs were on order. In the meantime temporary chairs without upholstery had been provided in this room.
- 9.1.19 Fire risk assessments had been completed on 05 November 2013 and on 03 March 2014. The reports for these risk assessments were presented for review during this Estates inspection. Although some of the issues included in the action plans for these fire risk assessments had been addressed, they had not been signed off by the Registered Manager. The action plans in each of these risk assessments should be reviewed and signed off where the issues identified for attention have been addressed. A list of the issues that have still to be addressed from both fire risk assessments along with the proposals to address same should be confirmed to RQIA by Friday 13 June 2014. Reference should be made to item 8 in the Quality Improvement Plan.
- 9.1.20 The door to the housekeeper's store on the first floor was not wedged open. The items of storage had been removed from the boiler room and the boiler room had been brushed out. Helm currently carry out quarterly inspections and tests to the emergency lights. Mrs. Kennedy however confirmed that monthly function checks will now also be carried out and these will be done in-house. Arrangements were being made for an engineer from the service company to provide guidance in relation to how to complete these checks. Confirmation in relation to the monthly function checks should be provided to RQIA as soon as these have commenced. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.1.21 Prior to this Estates inspection RQIA had received confirmed that the remedial works to the fire doors had been completed. Sample checks to the fire doors carried out during this Estates inspection indicated that a smoke seal had been fitted to meeting edges of the double doors to the main lounge at the front door and the corridor doors had been adjusted.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.1 Recommendations and requirements from the previous Estates inspection on 17 April 2014 continued:**

- 9.1.22 A fire blanket had been provided in an easily accessible location for the designated smoking area at the front of the home. Arrangements had also been made to install appropriate hold open devices linked to the fire detection and alarm system to the doors of flatlets 5 and 15 within the next two weeks. Confirmation of completion in relation to this issue should be confirmed to RQIA. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.1.23 Mrs. Kennedy confirmed that arrangements had been made for fire training to be provided on 19 June 2014. The method of recording the fire drills will also be reviewed with the Fire Safety Advisor during this fire safety training. Completion of this training and the development of the new format for recording the fire drill details should be confirmed to RQIA. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.1.24 The amount of storage in the chair store on the ground floor had been reduced. The cabin hook had been removed from the door to the treatment room.
- 9.1.25 The above issues are restated as appropriate in the relevant sections of the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 This Estates inspection focused on the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 17 April 2014. No additional issues were identified for attention in relation to this standard during this Estates inspection.

### 9.3 **Standard 28 – Safe and healthy working practices** – *The home is maintained in a safe manner*

- 9.3.1 This Estates inspection focused on the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 17 April 2014. No additional issues were identified for attention in relation to this standard during this Estates inspection.

### 9.4 **Standard 29: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

- 9.4.1 This Estates inspection focused on the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 17 April 2014. No additional issues were identified for attention in relation to this standard during this Estates inspection.

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mrs. Paula Marie Kennedy, Registered Manager, Mr. Ciaran Sheehan, Registered Responsible Person, Mrs. Nuala Green, Director, Care Circle Limited, Mr. Paul Isherwood, Property Director, Helm Housing and Ms. Leanne Vincent, Property Manager, Helm Housing, as part of the inspection process.

The timescales commence from the date of inspection.

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

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

## **11.0 ENQUIRIES**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**BELFAST**  
**BT1 3BT**

## Quality Improvement Plan

### Announced Estates Inspection

**Owenvale Court Residential Care Home, Belfast RQIA ID 1642**

**09 June 2014**

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	√	–	√	K. Monaghan	20 August 2014

## **NOTES:**

The details of the quality improvement plan were discussed with Mrs. Paula Marie Kennedy, Registered Manager, as part of the inspection process. Mrs. Paula Marie Kennedy, Registered Manager, Mr. Ciaran Sheehan, Registered Responsible Person, Mrs. Nuala Green, Director, Care Circle Limited, Mr. Paul Isherwood, Property Director, Helm Housing and Ms. Leanne Vincent, Property Manager, Helm Housing.

The timescales commence from the date of inspection. Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be signed below by the registered provider and registered manager and returned to:

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Paula Kennedy
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Ciaran Sheehan

## Standard 27 – Premises and grounds

The following requirements should be noted for action in relation to Standard 27 – Premises and Grounds

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulation 27(2)(b) 27(2)(d)	The narrow strip of wall surface along the top of the new PVC skirting in the ensuite facility for the guest bedroom should be repainted. The toilet at the dining room on the ground floor should be repainted. The ceiling in this toilet where the old extract fan was removed should also be made good. Reference should be made to paragraphs 9.1.2 and 9.1.7 in the Report.	1 Month	<b>Painting was completed on Monday 23<sup>rd</sup> June 2014 to include the narrow strip of wall and the ensuite in the guest room, assisted bathroom opposite flat 31, flat 45, the ground floor toilet, and the laundry room. The extractor fan ceiling tile has also been replaced.</b>
2.	Regulations 13(7) 27(2)(a) 27(2)(b)	A proposal drawing for the new toilets should be prepared and forwarded to RQIA for consideration. The Registered Persons should also contact the RQIA Registrations Team in relation to the need for a variation application for the proposed changes to these toilets. In the meantime the existing toilets should be closely monitored to ensure that they are adequately maintained. Reference should be made to paragraph 9.1.3 in the Report.	1 Month & Ongoing	<b>Architects drawings are currently being developed and will be forwarded immediately when available.</b>

## Standard 27 – Premises and grounds

The following requirements should be noted for action in relation to Standard 27 – Premises and Grounds

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3.	Regulations 13(7) 27(2)(b) 27(2)(d)	The proposals in relation to the kitchen floor covering should be confirmed to RQIA. In the meantime further deep cleaning should be carried out with a stronger focus on the less accessible areas and the areas at the bottom of the door frames. Reference should be made to paragraph 9.1.5 in the Report.	1 Month & Ongoing	<b>A further deep clean of the kitchen inclusive of dry goods store, vegetable preparation room and outer corridor was completed on the 20<sup>th</sup> June 2014. A date for partial/total reflooring has yet to be confirmed.</b>

## Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 14(2)(a) 14(2)(c)	Proposals to replace the existing window restrictors with a more robust type of restrictor should be finalised and confirmed to RQIA. In the meantime the windows should be closely monitored to ensure that any further remedial works are identified and completed. Reference should be made to paragraphs 9.1.8 and 9.1.9 in the Report.	1 Month & Ongoing	<b>Windows have all been repaired. Manager Mrs Kennedy has risk assessed each resident within the Home. Staff check windows on a daily basis to ensure that further remedial works are identified and completed. Helm Housing are in process and are looking at alternative options.</b>
5.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The 'dead leg' to the plumbing pipework in the three toilet cubicles on the ground floor should be reviewed with the legionella risk assessor to establish if it is acceptable to remove this as part of the upgrading works to the toilets. The outcome of this review should be confirmed to RQIA. In addition to the monitoring visits by the specialist company, the legionella risk assessments should be reviewed and signed off by the Registered Manager. Reference should be made to paragraphs 9.1.12 and 9.1.13 in the Report.	1 Month	<b>Legionella risk assessor has been contacted. The Manager now reviews and signs off Legionella risk assessments</b>

## **Standard 28 - Safe and healthy working practices**

**The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Restated Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
6.	Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	Completion of the remedial works to the fixed wiring installation should be confirmed to RQIA. In addition completion of the issues identified for attention in the report for the most recent thorough examination of the passenger lift should also be confirmed to RQIA. Reference should be made to paragraph 9.1.14 in the Report.	1 Month	All remedial works to the fixed wiring installation have been completed including the completion of the issues identified in the report. The works to the lift have been completed on the 03/07/14.
7.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	A further report in relation the resident's call system should be forwarded to RQIA by Friday 13 June 2014. RQIA should be kept up to date with progress in relation to resolving the call system issues. Reference should be made to paragraph 9.1.15 in the Report.	1 Week & Ongoing	In the absence of a final decision to replace a call bell system by Helm Housing we have structured the call bell system to meet the needs of all our residents. A risk assessment is in place for each individual resident. Pull cords are now tested every Saturday at 3pm. In addition to this as advised by Mr Kieran Monaghan and Mr Ciaran Sheehan, Mrs Kennedy has produced the following

				call bell procedure (please see attached).
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## Standard 29 – Fire safety

The following requirement s should be noted for action in relation to Standard 28 – Fire Safety:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8.	Regulations 27(4)(a) 27(4)(b)	The action plans in each of the fire risk assessments should be reviewed and signed off where the issues identified for attention have been addressed. A list of the issues that have still to be addressed from both fire risk assessments should also be confirmed to RQIA along with the proposals to address same. Reference should be made to paragraph 9.1.19 in the Report.	1 Week	<b>The action plans in each of the fire risk assessments have been reviewed and signed off by Manager Mrs Kennedy. Issues outstanding were the vents in the doors which have now been replaced. Pyroguard glass panels have now been fitted to the panels in the stair well.</b>
9.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv) 27(4)(e) 27(4)(f)	Confirmation in relation to the monthly function checks to the emergency lights should be provided to RQIA as soon as these have commenced. The hold open devices linked to the fire detection and alarm system for the doors to flatlets 5 and 15 should be installed. Completion of the fire safety training and the	1 Month	An initial check was carried out by BPS on the 16 <sup>th</sup> June 2014 with Manager Mrs Kennedy. Mrs Nuala Green (Director) has nominated maintenance man Mr Pat Hesketh to carry out monthly checks on the emergency lights going forward.

		development of the new format for recording the fire drill details should be confirmed to RQIA. Reference should be made to paragraphs 9.1.20, 9.1.22 and 9.1.23 in the Report.		Helm Housing will arrange for an engineer from BPS to call out and discuss location points of all the emergency lights a date has still to be confirmed. Completion of the fire safety training and the development of the new format for recording the fire drills is attached. Going forward when possible more than two staff will investigate the source during fire alarm drills as advised by Mr Kieran Monaghan.
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