



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	18040
Establishment ID No:	1642
Name of Establishment:	Owenvale Court Residential Care Home, Belfast
Date of Inspection:	17 April 2014
Inspector's Name:	K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	Owenvale Court Residential Care Home
Address:	607 Springfield Road Belfast BT12 7FN
Telephone Number:	028 90 412 030
Registered Responsible Person:	Mr. Ciaran Sheehan, CARE CIRCLE LIMITED
Registered Manager:	Mrs. Paula Marie Kennedy
Person in Charge of the Home at the time of Inspection:	Mrs. Paula Marie Kennedy, Registered Manager
Other person(s) present during inspection:	Ms. Kim Lynch, Receptionist/ Administrator
Type of establishment:	Residential Care Home
Categories of Care:	RC-I, RC-SI, RC-A, RC-DE, RC-PH
Conditions of Registration:	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.
Number of Residents:	47
Date and time of inspection:	17 April 2014 (10:30am – 1:40pm.)
Date of previous Estates inspection:	26 May 2011
Name of Inspector:	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 and Ms. Kim Lynch, Receptionist/ Administrator
- 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 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

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

Following this Estates Inspection of Owenvale Court Residential Care Home in Belfast on 17 April 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 nineteen 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 and Ms. Kim Lynch, Receptionist/ Administrator, throughout the inspection.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements from the previous Estates inspection on 26 May 2011:

- 9.1.1 A previous Estates inspection to this home was carried out on 26 May 2011. Many of the issues included in the Quality Improvement Plan for this previous Estates inspection had been addressed. Action was however still required in relation to a number of issues as follows:
- 9.1.2 The PVC skirting in the ensuite facility for the guest bedroom was not fixed to the wall. This floor covering and skirting was in a poor condition and should be replaced. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.1.3 Improvements had not been made in relation to the three toilet cubicles on the ground floor. This situation should be reviewed and a programme of improvement, based on a care needs assessment, should be implemented. 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 26 May 2011 continued:

- 9.1.4 One of the window restrictors in flatlet 45 was not securely fixed in position. The method of restricting the window openings generally did not appear to be very robust. The fixing screws were not tamper proof and they were located close to the rebated edges of the window frames. This provided limited resistance to the application of outward force to the opening casement. The method of controlling the window openings should be reviewed. The outcome of this review should inform a programme of improvement in relation to the window controls. 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 should be taken into account in this review. The outcome of the review and the details in relation to the programme of improvement should be confirmed to RQIA. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.1.5 A cover lid had not been fitted to the electrical conduit box in the service duct at Flatlet 7. This issue should be addressed. Reference should be made to item 6 in the Quality Improvement Plan.
- 9.1.6 The filters for the kitchen extract ventilation unit were not in place at the time of this Estates inspection. These had been taken out for cleaning by a specialist company. This cleaning had been arranged for the evening of the Estates inspection (17 April 2014). There was a significant build-up of material on these filters. A certificate of cleaning should be forwarded to RQIA on completion of this work. The frequency for the cleaning of the kitchen extract system should be reviewed and increased as required to ensure that this system is kept clean. Reference should be made to item 6 in the Quality Improvement Plan.
- 9.1.7 Various community initiatives in relation to the antisocial behavior had been taken forward. At present this issue was not impacting on the safety and quality of life for the residents. This issue should be kept under review.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 26 May 2011 continued:

- 9.1.8 The standard of cleanliness in the kitchen facilities including the small kitchen corridor required attention particularly at low level around the doors and door frames. A blue mop and mop bucket which was in a poor condition was located in the small kitchen corridor. Arrangements had been made for a specialist company to carry out a deep clean of the kitchen facilities on the evening of the Estates inspection (17 April 2014). In addition to this deep cleaning, the arrangements for ensuring the ongoing maintenance of a good standard of cleanliness in the kitchen facilities should be reviewed and improved as required. The existing blue cleaning equipment should be replaced with green equipment in accordance with the National Health Service colour coding system for cleaning equipment in health care premises. Reference should be made to item 7 in the Quality Improvement Plan.
- 9.1.9 The 'dead leg' in the plumbing pipework in the three toilet cubicles had not been removed. Risk assessments in relation to legionella bacteria in the water systems had been carried out in February 2008, December 2009 and October 2013. The action plans in the reports for these risk assessments had not been signed off by the Registered Manager. The twice weekly flushing of the infrequently used water outlets was not being documented. These issues should be addressed. Reference should be made to item 8 in the Quality Improvement Plan.
- 9.1.10 A current inspection and test report for the fixed wiring installation and the gas safety reports for the laundry and kitchen equipment were not presented for review during this Estates inspection. The report for the current thorough examination of the passenger lift in accordance with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 was also not presented for review during this Estates inspection. Copies of these reports should be forwarded to RQIA. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.1.11 The chairs in the smoking room were not all marked with the ignition sources 0 and 5 labels. These chairs were generally in a poor condition with some having burn marks. These chairs should be replaced with new chairs that are clearly labelled to indicate compliance with the ignition sources 0 and 5 fire retardant standard. Reference should be made to the guidance contained in Northern Ireland Health Technical Memorandum 84. Reference should be made to item 13 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 26 May 2011 continued:

- 9.1.12 The master key did not open the cleaner's store on the first floor. The action plan in the report for the most recent review of the fire risk assessment that was carried out on 05 November 2013 had not been signed off. These issues should be addressed. Reference should be made to item 14 in the Quality Improvement Plan.
- 9.1.13 The door to the housekeeper's store on the first floor was wedged open. Fire doors should not be wedged open. This wedge was removed immediately this issue was identified. The record for the ongoing monthly function checks to the emergency lighting was not presented for review during this Estates inspection. This record should be followed up so that it is available for review during future inspections. There were items of storage located in the boiler room. These should be removed and the boiler room should be brushed clean. Reference should be made to item 15 in the Quality Improvement Plan.
- 9.1.14 Sample checks to the corridor fire doors indicated that some of these doors were not closing fully with the self-closing devices. There were also gaps between the edges of the doors and frames to the service ducts. Remedial works should be carried out to address these issues. Reference should be made to item 16 in the Quality Improvement Plan.
- 9.1.15 The above issues are restated as appropriate in the relevant sections of the attached Quality Improvement Plan.

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 It is good to report that refurbishment work had been completed in the home. Redecoration works were also ongoing at the time of this Estates inspection. This is to be commended.
- 9.2.2 A number of issues were identified for attention in relation to this standard during this Estates inspection as follows:
- 9.2.3 The floor covering in the kitchen was not in good condition. Arrangements should be made to replace this floor covering. These arrangements should be confirmed to RQIA. Reference should be made to item 3 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.2 Standard 27 - Premises and grounds continued

- 9.2.4 The floor coverings in the ensuite facility for flatlet 45 and in the bathroom opposite flatlet 31 should be replaced. The light switch for the ensuite facility for flatlet 38 should be replaced (neon cover missing). Reference should be made to item 3 in the Quality Improvement Plan.
- 9.2.5 Sample checks to the carpets in the flatlets indicated that the carpets in flatlets 5 and 9 were in a poor condition and should be replaced. The carpets in the flatlets should be reviewed and replaced as required. The toilet adjacent to the main dining room on the ground floor should be refurbished including the installation of a new extract fan. The area under the wash basin in flatlet 15 should be improved. The joint between the sink and the splash back in the treatment room should be resealed. The area at the back of the dryers in the laundry should be cleaned. Reference should be made to item 4 in the Quality Improvement Plan.
- 9.2.6 The above issues are detailed in the section of the Quality Improvement entitled 'Standard 27 – Premises and Grounds.'

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

- 9.3.1 Records for the most recent service of the resident's call system and the thermostatic mixing valves were not presented for review during this Estates inspection. This information should be followed up and retained in the home available for review at future inspections. Reference should be made to item 10 in the Quality Improvement Plan.
- 9.3.3 An electrical earth wire under one of the benches in the kitchen was not connected. This should be connected. The sluice at the first floor prayer room should be kept locked. The floor covering in this sluice should also be replaced. Reference should be made to item 11 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.3 Standard 28 – Safe and healthy working practices continued

- 9.3.4 At the time of this Estates inspection redecoration work was ongoing. The activity room was being used for the temporary storage of redecoration materials. It was not locked. This room was subsequently locked during the Estates inspection. The arrangements for external contractors to carry out works in the home should be reviewed and amended to ensure that secure temporary storage facilities are provided and that there are adequate controls in place. This should include a final check at the end of each day to ensure that all areas have been left in a safe condition. Reference should be made to item 12 in the Quality Improvement Plan.
- 9.3.5 The above issues are detailed in the section of the attached quality improvement plan entitled 'Standard 28 - Safe and healthy working practices'.

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 A number of issues were identified for attention during this Estates inspection in relation to this standard as follows:
- 9.4.2 An assessment had been carried out in relation to the need to install appropriate hold open devices linked to the fire detection and alarm system on bedroom doors. This had identified the need to install an appropriate hold open device linked to the fire detection and alarm system to one bedroom door. This work should be completed. Reference should be made to item 17 in the Quality Improvement Plan Quality Improvement Plan.
- 9.4.3 Mrs. Kennedy confirmed that there were nine residents in the home who smoke and risk assessments had been completed for these residents. The smoking materials are controlled by staff and no lighters are issued to residents. A designated smoking room is provided on the first floor. Some of the nine residents however smoke outside in a designed area at the front of the home. A fire blanket should be provided in an easily accessible location for this designated area. Reference should be made to item 17 in the Quality Improvement Plan Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.4 Standard 29: Fire safety continued

- 9.4.4 Fire training and a fire drill were carried out on 03 March 2014. Not all of the staff had attended this training and drill. A separate record detailing the aspects of the emergency fire plan that were covered in the drill, the staff who attended and the learning/ outcomes/follow up action required was not presented for review during this Estates inspection. The Registered Manager should continue to focus on fire training and fire drills to ensure that all staff attend at least two fire training sessions and one fire drill each year. A separate record for the fire drills should be kept in the home available for review at future inspections. Reference should be made to item 18 in the Quality Improvement Plan Quality Improvement Plan.
- 9.4.5 The meeting edges of the double doors to the large lounge on the ground floor were not fitted with a smoke seal. A smoke seal should be fitted to these doors. Reference should be made to item 18 in the Quality Improvement Plan.
- 9.4.6 There was an extensive amount of storage in the chair store on the ground floor following the recent refurbishment works. This should be reduced to only items that are currently still required for the operation of the home. The storage in the first floor activity room should also be removed. There was a cabin hook fitted for the door to the treatment room. Although this was not being used at the time of this Estates inspection, this is an unacceptable method of holding open a fire door and should therefore be removed. Reference should be made to item 19 in the Quality Improvement Plan.
- 9.4.7 The above issues are detailed in the section of the attached quality improvement plan entitled 'Standard 29 – Fire Safety'.

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, 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

17 April 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	11 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.

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Paula Kennedy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	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.	Regulations 27(2)(b)	The floor covering and skirting in the ensuite facility for the guest bedroom should be replaced. Reference should be made to paragraph 9.1.2 in the Report.	1 Month	Helm plumbers will be on site to uplift sanitary ware on Tuesday 3/06/14. Flooring contractors will uplift and screed on Wednesday 04/06/14 and fit the floor on Thursday 05/06/14. Helm plumbers will re-plumb sanitary ware on Friday 06/06/14. A refurbishment plan has been commenced to address any outstanding flatlets. This has been confirmed in writing to Ms Maire Marley 28/05/14. We plan 7 rooms to be upgraded and we plan to do this at a rate of 3 rooms per month. Completion will be August 2014.
2.	Regulations 13(7) 27(2)(a) 27(2)(b)	The three toilet cubicles on the ground floor should be reviewed and a programme of improvement based on a care needs assessment should be implemented. Reference should be made to paragraph 9.1.3 in the	3 Months	On the 27/05/14 a meeting was held with Mrs Nuala Green (Director) and Leanne Vincent from Helm Housing to discuss outstanding ongoing environmental issues, Ms Maire

		Report.	<p>Marley was present for part of the meeting. Helm housing was contacted on the 29/05/14 by the Manager Mrs Kennedy and the urgency of the three toilet cubicles was discussed in detail, Helm are due to meet next week Wednesday 04/06/14 to discuss changing the layout of the toilet cubicles. They are planning to put in a privacy wall and to change the toilets from three to two, they plan to carry out the dead leg work when the commencement of the work starts. In the interim the toilets will be flushed regularly for legionella purposes. Mrs Paula Kennedy is signing off all legionella records. It was explained that this has been a repeated request ongoing for 2 1/2 years and that it is no longer acceptable in the interest of health, safety and hygiene.</p>
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Standard 27 – Premises and grounds

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3.	Regulations 13(7) 27(2)(b)	Arrangements should be made to replace the floor covering in the kitchen. These arrangements should be confirmed to RQIA. The floor coverings in the ensuite facility for flatlet 45 and in the bathroom opposite flatlet 31 should be replaced. The light switch for the ensuite facility for flatlet 38 should be replaced (neon cover missing).Reference should be made to paragraphs 9.2.3 and 9.2.4 in the Report.	1 Month	We have forwarded a previous email confirming that we are trying to source a mobile kitchen before we can commence the flooring in this area. We hope to have a decision in the middle of next week. Floor covering in flatlet 45 is now complete 29/05/14. The ensuite in flatlet 45 and the assisted bathroom opposite flatlet 31 will be completed Friday 06/06/14. Light switch in flatlet 38 was replaced on the 21/04/14.

Standard 27 – Premises and grounds

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 13(7) 27(2)(b)	The carpets in the flatlets should be reviewed and replaced as required. The carpets in flatlets 5 and 9 and any other carpets in a similar condition should be given priority in this regard. The toilet adjacent to the main dining room on the ground floor should be refurbished including the installation of a new extract fan. The area under the wash basin in flatlet 15 should be improved. The joint between the sink and the splash back in the treatment room should be resealed. The area at the back of the dryers in the laundry should be cleaned. Reference should be made to paragraph 9.2.5 in the Report.	1 Month & Ongoing	The carpets in the flatlets 5 and 9 were completed on the 27/05/14 and 45 has been completed on the 29/05/14. We have 7 further rooms to upgrade and we will be rolling these out at 3 rooms per month with completion August 2014. Helm housing have been notified of the replacement extractor fan in the toilet at reception and are due to complete this work on Tuesday 03/06/14. The joint between the sink and splash back in the treatment was completed 29/05/14. Dryers are now included in the cleaning schedule and signed off by the Manager. Under the wash basin in flatlet 15 has been thoroughly cleaned.

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)
5.	Regulations 14(2)(a) 14(2)(c)	The method of controlling the window openings should be reviewed. The outcome of this review should inform a programme of improvement in relation to the window controls. 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 should be taken into account in this review. The outcome of the review and the details in relation to the programme of improvement should be confirmed to RQIA. Reference should be made to paragraph 9.1.4 in the Report.	1 Month	An order has been placed for checks to be carried out on the window openings, it was confirmed by Helm housing 29/05/14 that this will be carried out before the 13/06/14.

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)
6.	Regulations 13(7) 27(2)(b) 27(2)(d)	A cover lid should be fitted to the electrical conduit box in the service duct at Flatlet 7. A certificate of cleaning in relation to the kitchen extract ventilation system should be forwarded to RQIA. The frequency for cleaning of the kitchen extract system should be reviewed and increased as required to ensure that this system is kept clean. Reference should be made to paragraphs 9.1.5 and 9.1.6 in the Report.	1 Month & Ongoing	The cover lid to the electrical conduit box has been repaired 28/05/14. The 'Enviro' certificate will be attached, the review date will be April 2015. The kitchen cleaning schedule has since been reviewed.
7.	Regulations 13(7) 27(2)(d)	The arrangements for ensuring the ongoing maintenance of a good standard of cleanliness in the kitchen facilities should be reviewed and improved as required. The existing blue cleaning equipment should be replaced with green equipment in accordance with the National Health Service colour coding system for cleaning equipment in health care premises. Reference should be made to paragraph 9.1.8 in the Report.	1 Month & Ongoing	The existing blue cleaning equipment has been replaced with green equipment in accordance with the National Health Service colour coding system. The kitchen to date has been repainted including dry goods stores and kitchen office. The floor has also been deep cleaned.

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)
8.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c)	The 'dead leg 'in the plumbing pipework in the three toilet cubicles on the ground floor should be removed. The action plans in the reports for the legionella risk assessments should be signed off by the Registered Manager. The twice weekly flushing of the infrequently used water outlets should be documented. Reference should be made to paragraph 9.1.9 in the Report.	1 Month & Ongoing	Helm was contacted regarding the issue of the dead leg in the plumbing pipework in the three toilet cubicles. As item 2 this will be addressed when the commencement to the toilet area starts. We will hopefully confirm a date after the 04/06/14. All action plans have been signed and will be ongoing. The twice weekly flushing of the infrequently used water outlets are now documented and signed off by the Manager.
9.	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	Copies of the reports for the current inspection and test for the fixed wiring installation, the gas safety inspections for the laundry and kitchen equipment and the current thorough examination of the passenger lift in accordance with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 should be forwarded to RQIA. Reference should be made to paragraph 9.1.10 in the Report.	1 Month	The fixed wiring installation was carried out in 2012. C1 and C2 issues are to be addressed, Helm will confirm a date before close of business on 30/05/14 when this work can commence. Gas safety inspection for kitchen and laundry are currently up to date, certificates attached. We received a further service document dated May 2014 for the lift. We are just in receipt of the LOLER report for the lift and it will

be attached.

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	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
10.	Regulations 27(2)(c)	The records for the most recent service of the resident's call system and the thermostatic mixing valves should be followed up and retained in the home available for review at future inspections. Reference should be made to paragraph 9.3.1 in the Report.	Ongoing	The call system has been assessed and will be replaced by Helm housing, date still to be confirmed. In the interim all faulty residents call systems will be repaired as and when required. The thermostatic mixing valves have been reported to Helm housing, still awaiting response.
11.	Regulations 14(2)(a) 14(2)(c) 27(2)(b)	The disconnected electrical earth wire under one of the benches in the kitchen should be reconnected. The sluice at the first floor prayer room should be kept locked. The floor covering in this sluice should also be replaced. Reference should be made to paragraph 9.3.3 in the Report.	Ongoing & 1 Month	The electrical earthen wire was repaired on the 17/04/14. Sluice door has now been replaced and is kept locked. Plumbers from Helm will be on-site on Tuesday 03/06/14 and flooring will be finished on Thursday 05/06/14. Plumbers will reinstall sanitary ware on Friday 06/06/14.

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	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
12.	Regulations 14(2)(a) 14(2)(c)	The arrangements for external contractors to carry out works in the home should be reviewed and amended to ensure that secure temporary storage facilities are provided and that there are adequate controls in place. This should include a final check at the end of each day to ensure that all areas have been left in a safe condition. Reference should be made to paragraph 9.3.4 in the Report.	1 Month & Ongoing	All contractors will be made aware of temporary storage facilities which will be provided in the store room of the Manager's office, this will be kept locked at the end of each day.

Standard 29 – Fire safety

The following requirements 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)
13.	Regulations 27(4)(b)	The chairs in the smoking room should be replaced with new chairs that are clearly labelled to indicate compliance with the ignition sources 0 and 5 fire retardant standard. Reference should be made to the guidance contained in Northern Ireland Health Technical Memorandum 84. Reference should be made to paragraph 9.1.11 in the Report.	1 Month	The chairs in the smoking room that were not clearly labelled have now been removed and have been replaced with newly recovered fire retardant chairs. A further couple of chairs have been ordered today delivery expected before the end of June 2014.
14.	Regulations 27(4)(a) 27(4)(b)	The lock on the door to the cleaner's store on the first floor should be changed so that it can be opened with the master key. The action plan in the report for the most recent review of the fire risk assessment that was carried out on 05 November 2013 should be signed off by the Registered Manager. Reference should be made to paragraph 9.1.12 in the Report.	1 Month	The action plan for the fire risk assessment has now been signed off by the Registered Manager. The key has been ordered through Helm Housing today we await delivery which we assume will be next week..

Standard 29 – Fire safety

The following requirements 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)
15.	Regulations 27(4)(b) 27(4)(d)(iv)	The door to the housekeeper's store on the first floor should not be wedged open. The record for the ongoing monthly function checks to the emergency lighting should be retained in the home available for review during future inspections. The items of storage located in the boiler room should be removed and the boiler room should be brushed clean. Reference should be made to paragraph 9.1.13 in the Report.	Ongoing	Wedges are no longer used. At present quarterly emergency lighting checks are completed. Records of these will be kept in the home moving forward. Items in the boiler room have now been cleared and brushed clean, this is now incorporated in the cleaning schedule and signed by the Manager.
16.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv)	Remedial works should be carried out to the fire doors to ensure that they all close effectively with the self-closing devices and that they provide fully effective smoke sealing. Reference should be made to paragraph 9.1.14 in the Report.	1 Month	All faults with fire doors highlighted are completed 29/05/14.

Standard 29 – Fire safety

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
17.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	The hold open device linked to the fire detection and alarm system for the bedroom door as identified by the needs assessment should be installed. A fire blanket should be provided in an easily accessible location for the designated area for smoking at the front of the home. Reference should be made to paragraphs 9.4.2 and 9.4.3 in the Report.	1 Month	Helm representative was on site today 29/05/14 and has carried out his initial assessment on bedroom doors 5 and 15. We are waiting for a final date of completion for procuring the parts. We hope that this will be next week. None of these bedroom doors will be wedged open in the interim. The fire blanket has been provided in an easily accessible location for the designated area for the smoking at the front of the home.
18.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv) 27(4)(e) 27(4)(f)	The Registered Manager should continue to focus on fire training and fire drills to ensure full attendance throughout each year. A separate record for the fire drills should be kept in the home available for review at future inspections. This should detail the aspects of the emergency fire plan that were covered in the drill, the staff who attended and the learning/ outcomes/ follow up action required. A smoke seal should be fitted to the meeting edges of the double doors to the large lounge on the ground floor seal.	Ongoing	A fire training date has been scheduled for 19/06/14, Manager Mrs Kennedy has addressed record keeping with Hayley Burgess (Health and Safety professional) on the 28/05/14 in order to clarify the relevant regulations, a separate record of the fire drills will be kept in the home inclusive of learning/outcomes. Double doors leading to the large lounge have been fitted with a smoke seal

		Reference should be made to paragraphs 9.4.4 and 9.4.5 in the Report.		28/05/14.
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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	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
19.	Regulations 27(4)(b)	The storage in the chair store on the ground floor should be reduced to only items that are currently still required for the operation of the home. The storage in the first floor activity room should also be removed. The cabin hook fitted for the door to the treatment room should be removed. Reference should be made to paragraph 9.4.6 in the Report.	Ongoing	Going forward the chair store will only be used for storage items that are required within the home, this also applies to the activity room and will be incorporated in the cleaning schedule and signed off by the Manager. The cabin hook in the treatment room was removed 27/05/14.