



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	18063
Establishment ID No:	1643
Name of Establishment:	Palmerton Residential Care Home, Belfast
Date of Inspection:	09 June 2014
Inspector's Name:	K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	Palmerston Residential Care Home
Address:	9-17 Palmerston Road Belfast BT4 1QA
Telephone Number:	028 90 65 61 66
Registered Responsible Person:	Mrs. Geraldine Gilpin, Abbeyfield and Wesley Housing Association Limited
Registered Manager:	Ms. Linda Hendry (Registration Pending)
Person in Charge of the Home at the time of Inspection:	Ms. Linda Hendry, Manager
Other person(s) present during inspection:	Ms. Beverley Surgenor, Property and Development Manager, Abbeyfield and Wesley Housing Association Limited
Type of establishment:	Residential Care Home
Categories of Care:	RC-I, RC-PH(E), RC-SI, RC-DE
Conditions of Registration:	N/A
Number of Residents:	38 (Maximum number of 20 residents in category RC-DE. Maximum of 2 residents in category RC-SI)
Date and time of inspection:	09 June 2014 (10:30am – 1:00pm.)
Date of previous Estates inspection:	3 August 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 Ms. Beverley Surgenor, Property and Development Manager, Abbeyfield and Wesley Housing Association Limited
- 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 Ms. Beverley Surgenor, Property and Development Manager, Abbeyfield and Wesley Housing Association Limited.

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

The premises being used for the purposes of Palmerston Residential Care Home are relatively new and purpose built. The home was officially opened in April 2010.

Accommodation is provided for eighteen persons in the residential part of the Home and twenty persons diagnosed with Dementia, in the E M I wing.

The premises provide a very high standard of accommodation and facilities for the residents. Each resident has a single bedroom with en suite facilities. A range of day facilities and other support services facilities are also provided in the premises.

8.0 SUMMARY

Following this Estates Inspection of Palmerston 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 ten requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would acknowledge the assistance of Ms. Beverley Surgenor, Property and Development Manager, Abbeyfield and Wesley Housing Association Limited, throughout the inspection.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements for the previous Estates inspection on 3 August 2011:

- 9.1.1 The previous Estates inspection to this home was carried out on 3 August 2011. This inspection identified two issues for attention. The position in relation to these two issues was as follows:
- 9.1.2 A risk assessment for the prevention or control of legionella bacteria in the water systems was completed on 11 July 2011. In addition to this risk assessment, monthly monitoring visits to the premises are now carried out by a specialist company and the water temperatures are checked each month. The showers were also disinfected in March 2014. This is to be commended. The previous legionella risk assessment should now be reviewed, updated and actioned as required. The action plan from the previous risk assessment should also be reviewed and signed off. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.1.3 Drawings were provided adjacent to each of the fire alarm panels. These drawings however only identified the fire alarm zones and the bedrooms. The need to update these drawings to include individual room identifications should be reviewed with the Fire Risk Assessor and the Fire Alarm Engineer for the home. It would also be prudent to consult the Northern Ireland Fire and Rescue Service in relation to this matter. Reference should be made to item 7 in the 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 the premises were in good order, clean and odour free. The home was well presented and offered very comfortable accommodation for the residents. This is to be commended. A small number of issues were identified for attention in relation to this standard during this Estates inspection as follows:
- 9.2.2 Although the outside of the home was in very good order the gutters were in need of a routine clean following the winter. Ms. Surgenor confirmed that repainting work was due to commence in the very near future and the gutters would be cleaned as part of this contract. Reference should be made to item 1 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.2 Standard 27 - Premises and grounds continued

- 9.2.3 Ms. Surgenor advised that there was an ongoing issue in relation to the glazing to the roof windows in the dementia units. Some of the glazing to these windows had shattered into small fragments and fallen onto the floors. Temporary remedial measures have been put in place to mitigate the risks associated with this issue in the interim until a permanent solution is found. Ms. Surgenor confirmed that they were working with their consultants to resolve this issue. RQIA should be kept up to date with progress in relation to this issue. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.2.4 Some of the joints in the floor coverings required attention to ensure that they are fully sealed. There is a response maintenance procedure in place to deal with this type of premises issue. The remedial works to address this issue in relation to the flooring should be completed within this response maintenance procedure. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.2.5 The above issues are detailed in the section of the Quality Improvement Plan 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 It is good to report that the air conditioning units were serviced on 27 November 2013 and again on 14 May 2014. A service and a gas safety check to the heating boilers were carried out on 05 October 2013. The assisted bath was serviced on 09 January 2014 and the resident's call system was serviced on 21 and 22 October 2013 with more recent remedial works being completed to the system in May 2014. This is to be commended.
- 9.3.2 The electrical equipment was inspected and tested on 03 July 2013 and the fixed wiring installation was inspected and tested the week before this Estates inspection. The report for this inspection and test to the fixed wiring installation was still pending. Subsequent to this Estates inspection RQIA received a copy of this report which indicated that there were no items adversely affecting electrical safety. This is to be commended.
- 9.3.3 It is good to report that the premises are equipped with a permanent standby electricity generator which automatically takes over the power loading in the event of a failure of the mains electrical supply. The service details for this generator were not presented for review during this Estates inspection. The service arrangements for the generator should be confirmed to RQIA. Reference should be made to item 4 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.3 Standard 28 – Safe and healthy working practices continued

- 9.3.4 A procedure should be introduced for checking the Safety Alert Broadcasts each week. The Registered Manager should ensure that a suitably competent member of staff is nominated to log onto the Northern Ireland Adverse Incidents website ([NIAIC website](#)) once each week to check the Safety Alert Broadcasts. A log should be kept in relation to the Safety Alert Broadcasts reviewed and the action taken re same on each visit to this website. Reference should be made to the information and guidance available on the 'Registration and Inspection/Medical Device Equipment Alerts (MDEA's)' section on the RQIA website in relation to this issue. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.3.5 The gas safety inspection to the kitchen equipment was completed on 06 June 2014. This inspection identified the need to refit some of the flexible hoses. Ms. Surgenor confirmed that arrangements had been made to complete this work and an order had been placed for same. The completion date for this work is 03 July 2014.
- 9.3.6 The thermostatic mixers were serviced in August 2013. The report for this work identified one issue for attention in relation to the shower for room 23. It was not clear if this issue had been addressed. Confirmation in relation to this issue should be provided to RQIA. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.3.7 The hot water temperatures at the controlled outlets in the ensuite facilities for the bedrooms were checked in January and February 2014. The record for these checks did not however identify the results for the showers and wash basins separately. The separate results for the showers and wash basins should be clearly identified in the records for the ongoing water temperature checks. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.3.8 A thorough examination of the hot water heating boiler was completed in April 2013. The next thorough examination should be completed. Reference should be made to item 6 in the Quality Improvement Plan.
- 9.3.9 The extract fan in in the bathroom opposite bedrooms 7 and 8 should be checked and repaired or replaced as required. Reference should be made to item 6 in the Quality Improvement Plan.
- 9.3.10 The above issues are detailed as appropriate in the section of the attached quality improvement plan entitled 'Standard 28 - Safe and healthy working practices'.

9.0 INSPECTION FINDINGS CONTINUED

- 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 Ms. Surgenor confirmed that the fire suppression system is serviced twice each year with the most recent service being completed on 09 May 2014. The report for this service was presented for review during this Estates inspection. This report included a recommendation to change the additive. Ms. Surgenor however confirmed that this recommendation had been implemented. The smoke vent system had also been serviced on 07 January 2014. This is to be commended.
- 9.4.2 A number of issues were identified for attention during this Estates inspection in relation to this standard as follows:
- 9.4.3 The first aid fire-fighting equipment was serviced on 12 September 2013. The fire detection and alarm system was inspected and tested on 22 May 2014 and the emergency lights were inspected and tested on 05 June 2014. Ms. Surgenor also confirmed that the inspection and test to the fire detection and alarm system on 22 May 2014 included a check to the interface between this system and the fire suppression system. The inspection and test to the emergency lights identified that a number of new emergency lights needed to be installed. Ms. Surgenor confirmed that an order had been placed for this work to be completed. Completion should be confirmed to RQIA when achieved. The monthly function checks to the emergency lights should also be reinstated. Reference should be made to item 8 in the Quality Improvement Plan.
- 9.4.4 The fire risk assessment was reviewed and updated in August 2013 with a satisfactory outcome. The report for this review which did not identify any issues for attention was presented for review during this Estates inspection. Ms. Surgenor confirmed that personal emergency evacuation plans were in place for all residents. Fire safety training was provided for staff on 25 and 30 March 2014. Further fire safety training in the use of first aid fire-fighting equipment had also been arranged for September 2014. Fire drills were carried out on 29 May 2014 and 28 May 2014. A record was being kept for the fire drills. This record should however be revised to include some detail in relation to the scenario covered during the drill and a section to record any points of learning and follow up action. Reference should be made to item 8 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.4 Standard 29: Fire safety continued

- 9.4.5 Ms. Surgenor confirmed that two residents smoke and individual risk assessments had been completed in relation to these residents. The need for a fire blanket in an easily accessible location in close proximity to the area used for smoking should be reviewed with the fire safety advisor for the home. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.4.6 The door to the store opposite bedroom 7 on the ground floor of the general residential care unit should not be propped open. The door to the kitchenette in the dementia unit should not be wedged open. There was also a mattress and linen stored in the electrical switchgear store in the dementia unit. This practice should be reviewed with the fire safety advisor for the home. Reference should be made to item 10 in the Quality Improvement Plan.
- 9.4.7 One leaf of the double corridor doors to the ground floor dementia unit required attention to ensure that it latched fully with the self-closer. One of the glazed panels was also loose. These issues should be addressed. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.4.8 The above issues are detailed as appropriate 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 Ms. Beverley Surgenor, Property and Development Manager, Abbeyfield and Wesley Housing Association Limited, 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 Sign Off Sheet for Estates Inspectors

Name of Home	Palmerston Residential Care Home, Belfast RQIA ID 1643
Date of Inspection	09 June 2014
Estates Inspector	Kieran Monaghan

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	28 August 2014

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the quality improvement plan were discussed with Ms. Beverley Surgenor, Property and Development Manager, Abbeyfield and Wesley Housing Association Limited, 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	Linda Hendry, Acting Home Manager
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Geraldine Gilpin, Chief Executive

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)
1.	Regulations 27(2)(b)	The gutters should be cleaned. The remedial works to address the issue in relation to the flooring should be completed within the response maintenance procedure. Reference should be made to paragraphs 9.2.2 and 9.2.4 in the Report.	1 Month	<p>a) Gutters - As discussed with the inspector at the time of the inspection, gutter cleaning is undertaken on a regular basis as a part of the association's cyclical maintenance programme and was already included in the internal and external redecoration programme. As planned, work commenced on 18th August with "cleaning of rainwater goods and drainage gullies or similar" included as part of the works.</p> <p>b) Floor Coverings - As discussed with the inspector at the time of inspection, the issue with some floor coverings not being fully sealed had already been identified. Through the response maintenance service which is in place, the contractor had carried out remedial work to prevent possible tripping hazards and discussions were ongoing to plan</p>

				installation of the replacement flooring. This work, which has required careful planning as the residents will still be utilizing the area, is programmed for mid-September
2.	Regulations 27(2)(b)	RQIA should be kept up to date with progress in relation to the roof window issue in the dementia units. Reference should be made to paragraph 9.2.3 in the Report.	Ongoing	The inspector was informed of the up to date position of the glazing latent defect at the time of the inspection. Should significant changes arise, the RQIA will be kept updated.

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)
3.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c)	The previous legionella risk assessment should be reviewed, updated and actioned as required. The action plan from the previous risk assessment should also be reviewed and signed off. Confirmation in relation to the issue identified for attention (shower in room 23) in the service report for the thermostatic mixers should be provided to RQIA. The separate results for the water temperature checks to the showers and wash basins should be clearly identified in the records. Reference should be made to paragraphs 9.1.2, 9.3.6 and 9.3.7 in the Report.	1 Month & Ongoing	<p>a) A specialist contractor is retained to carry out legionella risk assessments and has signed off the action plan for the previous assessment, and in August carried out a new risk assessment.</p> <p>b) A works order was raised on 12th August to carry out remedial work on the TMV in Room 23.</p> <p>c) The record log for water temperature checks does identify separate results for showers and wash basins (S Temp indicates 'shower' , B Temp indicates 'basin').</p> <p>The specialist contractor reviewed the log records on 15th August and confirmed that the records being kept were correct.</p>

4.	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	The service arrangements for the generator should also be confirmed to RQIA. Reference should be made to paragraph 9.3.3 in the Report.	1 Month	Generator - the association will put service arrangements in place for the generator via their Maintenance Agent - September 2014.
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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)
5.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	A procedure should be introduced for checking the Safety Alert Broadcasts each week. The Registered Manager should ensure that a suitably competent member of staff is nominated to log onto the Northern Ireland Adverse Incidents website (NIAIC website) once each week to check the Safety Alert Broadcasts. A log should be kept in relation to the Safety Alert Broadcasts reviewed and the action taken re same on each visit to this website. Reference should be made to the information and guidance available on the 'Registration and Inspection/Medical Device Equipment Alerts (MDEA's)' section on the RQIA website in relation to this issue. Reference should be made	1 Week	Safety Alerts were checked each week and any relevant alerts printed off. The home now records the alerts. The home's Administrator etc. The home's Administrator is the nominated person who logs on to the NIAIC website once per week to check safety alert broadcasts. A log is kept which records <ul style="list-style-type: none"> - date logged in - description of safety alert - action taken - signature of person logging in

		to paragraph 9.3.4 in the Report.		- signature of home manager MDEA guidance notes are printed and kept in the log, where applicable to the home
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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)
6.	Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The next thorough examination of the hot water heating boiler should be completed. The extract fan in in the bathroom opposite bedrooms 7 and 8 should be checked and repaired or replaced as required. Reference should be made to paragraphs 9.3.8 and 9.3.9 in the Report.	1 Month	<p>a) Servicing of the hot water heating boiler, commercial boiler and all boiler house control pumps and valves is included in the overall servicing programme and was last carried out in October 2013. A further examination will be carried out as part of the current year's servicing schedule.</p> <p>b) A works order to repair the extrator fans was raised on 1st August</p>

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)
7.	Regulations 27(4)(b)	The need to update the drawings for the fire alarm control panels to include individual room identifications should be reviewed with the Fire Risk Assessor and the Fire Alarm Engineer for the home. It would also be prudent to consult the Northern Ireland Fire and Rescue Service in relation to this matter. Reference should be made to paragraph 9.1.3 in the Report.	2 Months	<p>An annual fire risk assessment is carried out by a competent fire risk assessor under the Fire and Rescue Services (NI) order 2006 incorporating NI HTM 84.</p> <p>The recommendations to update the drawings for the fire alarm control panels to include room identification in addition to zones and bedrooms will be addressed at the next review of the fire risk assessment to be carried out by the assessor, which is programmed for September 2014</p>
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv) 27(4)(e)	Completion in relation to the installation of the new emergency lights should be confirmed to RQIA when achieved. The monthly function checks to the emergency lights should also be reinstated. The record for the fire drills should be revised to include some detail in relation to the scenario covered during the drill and a section to	1 Month & Ongoing	<p>This was not a new installation, rather a replacement of faulty ballasts/lamps which were replaced on 18th June 2014.</p> <p>Emergency lights - monthly functions checks will be reinstated with the recruitment of</p>

		record any points of learning and follow up action. Reference should be made to paragraphs 9.4.3 and 9.4.4 in the Report.		<p>new Caretaker/Handyman in the home - August 2014.</p> <p>Fire drills - record keeping has been updated to note scenarios and any learning outcomes.</p>
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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)
9.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	The need for a fire blanket in an easily accessible location in close proximity to the area used for smoking should be reviewed with the fire safety advisor for the home. One leaf of the double corridor doors to the ground floor dementia unit should be adjusted to ensure that it latches fully with the self-closer. The loose glazed panel in one of these doors should also be refitted. Reference should be made to paragraphs 9.4.5 and 9.4.7 in the Report.	1 Month	<p>A fire blanket was fitted in close proximity to the area used for smoking on 18th June 2014.</p> <p>The double doors were adjusted on 1st August 2014.</p> <p>The loose glazing panel was made good on 30th June 2014</p>

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)
10.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	The door to the store opposite bedroom 7 on the ground floor of the general residential care unit should not be propped open. The door to the kitchenette in the dementia unit should not be wedged open. The practice in relation to the storage of a mattress and linen in the electrical switchgear store in the dementia unit should also be reviewed with the fire safety advisor for the home. Reference should be made to paragraph 9.4.6 in the Report.	Ongoing	<p>Staff will be reminded not to prop open doors (training).</p> <p>A notice to remind staff not to wedge open the door in the kitchenette has been put up. The kitchenette door is key operated and a control box for the key will be fitted in order to give staff easier access.</p> <p>The mattress which was temporarily put in the store in the dementia unit was an isolated incident, not the general practice of the home. This was removed in June 2014.</p>