



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN018072
Establishment ID No: 1644
Name of Establishment: The Pines Residential Care Home, Belfast
Date of Inspection: 22 July 2014
Inspector's Name: K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	The Pines Residential Care Home
Address:	23 Upper Lisburn Road Belfast BT10 0GW
Telephone Number:	028 90 60 23 43
Registered Responsible Person:	Mr. Kevin McKinney
Registered Manager:	Mrs. Julie-Ann Russell
Person in Charge of the Home at the time of Inspection:	Mrs. Julie-Ann Russell, Registered Manager
Other person(s) present during inspection:	N/A
Type of establishment:	Residential Care Home
Categories of Care:	RC-DE (10), RC-I (31) & RC-PH (3)
Conditions of Registration:	Maximum of 3 residents in category of care RC-PH and a maximum of 10 residents in category of care RC-DE
Number of Residents:	31
Date and time of inspection:	22 July 2014 (10:25am – 1:05pm.)
Date of previous Estates inspection:	23 September 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. Julie-Ann Russell, Registered Manager and Mr. Kevin McKinney, Registered Responsible Person
- 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. Julie-Ann Russell, Registered Manager and Mr. Kevin McKinney, Registered Responsible Person.

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 Pines Private Residential Home is situated on a major thoroughfare in the south of Belfast. It is a large detached property set in its own grounds with gardens to the rear of the home and car parking spaces to the front.

The ground floor has two large sitting rooms, a dining room, a kitchen and laundry facilities. The first floor has a large sitting room to the rear of the building and a small office. The bedrooms are located on the ground and first floors. There is a total of thirteen single bedrooms, ten of which are en-suite and nine double bedrooms, seven of which are en-suite.

All floors have a variety of bath and shower facilities and a number of toilets.

There are residential properties to either side of the building and there are local shops within walking distance.

8.0 SUMMARY

Following this Estates Inspection of The Pines Residential Care Home in Belfast on 22 July 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 fourteen requirements and one recommendation. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would acknowledge the assistance of Mrs. Julie-Ann Russell, Registered Manager and Mr. Kevin McKinney, Registered Responsible Person, throughout the inspection.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements for the previous Estates inspection on 23 September 2011:

- 9.1.1 The previous Estates inspection to this home was carried out on 23 September 2011. The following issues should be noted with regard to the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 23 September 2011:
- 9.1.2 The risk assessments in relation to hot surfaces should be reviewed, updated and actioned as required. Particular attention should be given to situations where beds may be located adjacent to radiators, for example: as in bedroom 14. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.1.3 A risk assessment for the prevention or control of legionella bacteria in the water systems was carried out in February 2011. This was reviewed on 07 January 2013. In addition to this review the action plan in the report for the original legionella risk assessment that was completed in February 2011 should be reviewed and signed off by the Registered Manager. Reference should be made to item 4 in the Quality Improvement Plan.
- 9.1.4 The individual temperatures at baths should be noted in the record for the monthly checks to the water temperatures. Reference should be made to item 4 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 23 September 2011 continued:

- 9.1.5 There was a procedure in place for flushing infrequently used water outlets. A record was also being kept for this activity. This procedure should be reviewed and revised to include all of the infrequently used water outlets, for example; the water outlets in the toilet located in the second floor store and the sink in the store off the staff room on the second floor were not being flushed. The frequency of flushing should also be increased to twice each week. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.1.6 No information was presented in relation to the ongoing maintenance of the thermostatic mixers. A review of the arrangements in place for the ongoing maintenance of the thermostatic mixers should be carried out. The outcome of this review should be confirmed to RQIA. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.1.7 Additional restrictors had been fitted to a number of window openings since the previous Estates inspection. There were however a number of windows, such as the windows in bedroom 34 that were not robustly controlled. A review of the window openings throughout the premises should be carried out and additional restrictors should be fitted as required. Reference should be made to item 6 in the Quality Improvement Plan.
- 9.1.8 The fixed wiring installation was inspected and tested in 01 December 2011. The report for this inspection and test was presented for review during this Estates inspection. This report confirmed that overall the installation was in a safe condition. This report also identified a number of issues for attention. The current position in relation to these issues was not clear. This should be reviewed. The outcome of this review should be confirmed to RQIA. Reference should be made to item 7 in the Quality Improvement Plan.
- 9.1.9 A colour coded drawing of the premises clearly indicating the fire alarm zones should be provided adjacent to the fire alarm control panel and in a central location on each floor. Reference should be made to item 12 in the Quality Improvement Plan.
- 9.1.10 It is recommended that a list for all of the first aid firefighting equipment should be drawn up to facilitate the monthly checks to this equipment. Reference should be made to item 13 in the Quality Improvement Plan.
- 9.1.11 The above issues where appropriate are detailed in the relevant sections of the 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 It is good to report that a number of rooms had been refurbished recently. This work had been completed to a very high standard. This is to be commended. Further refurbishment/redecoration work was however required to ensure that all areas of the premises are maintained in good condition. A comprehensive programme of refurbishment with firm timescales should be drawn up and confirmed to RQIA. Areas such as the medication room and the sluice on the first floor should be given priority in this programme. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.2.2 At the time of this Estates inspection grounds maintenance works were ongoing. In addition to completing the grounds maintenance works the patio furniture at the side and at the rear of the premises should be repaired and repainted as required. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.2.3 The shower chair in shower room 22 was not in good condition. This should be replaced. In addition an infection control audit with a specific focus on the environment should be carried out. The outcome of this audit should be confirmed to RQIA. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.2.4 The home was very warm at the time of this Estates inspection. There were some issues to be resolved in relation to the heating system to improve the level of control and comfort. Mr. McKinney confirmed that arrangements were being made to install two new gas boilers which should improve the level of control and comfort. In the interim until this work has been completed a review of the existing heating should be completed and where possible radiators that are not required should be turned off. In addition temperature control valves should be fitted to the radiators where these are not already in place and the temperatures throughout the premises should be closely monitored to ensure that they are comfortable for the residents. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.2.5 The above issues where appropriate are detailed in the section of the Quality Improvement Plan entitled 'Standard 27 – Premises and Grounds.

9.0 INSPECTION FINDINGS CONTINUED

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

- 9.3.1 New connection pipework had been fitted to the gas installation on 29 May 2014. A report for the annual gas safety inspection and test was not however presented for review during this Estates inspection. The gas installation and gas equipment should be inspected and tested and the report for this should be retained in the home available for review during future inspections. Reference should be made to item 8 in the Quality Improvement Plan.
- 9.3.2 Thorough examinations of the passenger lift and the stair lift were completed on 11 February 2014. The reports for these thorough examinations identified a number issues for attention. The issue in relation to the stair lift had been addressed. The position in relation to the issues identified for attention for the passenger lift should be reviewed and confirmed to RQIA. The hoist should also be thoroughly examined every six months. Reference should be made to item 8 in the Quality Improvement Plan.
- 9.3.3 As noted in section 9.1.3 the legionella risk assessment was reviewed on 07 January 2013. A report for this risk assessment was not presented for review during this Estates inspection. This should be followed up and retained in the home available for review during future inspections. The water system was cleaned and disinfected on 09 April 2014. The record for the most recent monthly temperature checks indicated that the cold water temperature was 22°C. This temperature would be above the maximum temperature of 20°C for the cold water recommended for the prevention or control of legionella bacteria in water systems. Remedial action should be taken to address this issue. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.3.4 The carpet in the first floor corridor at bedroom 6 required refitting. There was also a temporary cable under the carpet at the entrance to the lift on the first floor. Mr. McKinney advised that this cable will be removed as soon as the planned upgrading works to the fire detection and alarm system is completed. In the meantime the corridor carpets should be closely monitored with ongoing risk assessments. Reference should be made to item 10 in the Quality Improvement Plan.
- 9.3.5 The existing colour coding system in place for cleaning equipment should be reviewed and updated to comply with the National Health Service standardised system. Reference should be made to the information available on the RQIA's website in relation to this issue. Reference should be made to item 10 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.3 Standard 28 – Safe and healthy working practices

- 9.3.6 The extract fan in the laundry should be repaired or replaced. The wash basin unit in the kitchen should also be replaced. Reference should be made to item 11 in the Quality Improvement Plan.
- 9.3.7 The double swing corridor door at the staff toilet on the first floor should be adjusted to reduce the closing speed. Reference should be made to item 11 in the Quality Improvement Plan.
- 9.3.8 The above issues are detailed as appropriate in the section of the attached Quality Improvement Plan entitled 'Standard 28 - Safe and healthy working practices'.

9.4 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 The fire detection and alarm system was inspected and tested on 26 May 2014. The report for this inspection and test was presented for review during this Estates inspection. This report identified a number of issues for attention. Mr. McKinney confirmed that arrangements had been made to complete the work to address these issues along with the installation of self-closing devices coupled with appropriate hold open devices linked to the fire detection and alarm system for the bedroom doors within the next six weeks. Confirmation of completion in relation to these issues should be confirmed to RQIA. Reference should be made to item 14 in the Quality Improvement Plan.
- 9.4.3 The arrangements for residents who wish to smoke had been reviewed. A new external smoking facility had been provided to the rear of the premises. The need for a fire blanket in an easily accessible location in close proximity to this facility should be reviewed with the fire risk assessor for the home. Reference should be made to item 15 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.4 Standard 29: Fire safety

- 9.4.4 The emergency lights are checked each month and a record for this activity was presented for review during this Estates inspection. The record for the most recent check indicated that two of the light fittings were not accessible for checking purposes. Arrangements had been made to address this issue. The records for the ongoing inspections and tests of the emergency lights by the electrician were not presented for review during this Estates inspection. The date for the most recent inspection and test should be confirmed to RQIA and these records should be available for review during future inspections. Reference should be made to item 14 in the Quality Improvement Plan.
- 9.4.5 The next fire training session and fire drill should be completed. The fire training session should include the action to be taken in the event of a fire involving a person. Reference should be made to item 15 in the Quality Improvement Plan.
- 9.4.6 There was a multi way electrical adaptor being used in the kitchen. Multi way electrical adaptors should not be used in the premises. Reference should be made to item 15 in the Quality Improvement Plan.
- 9.4.7 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 Mrs. Julie-Ann Russell, Registered Manager and Mr. Kevin McKinney, Registered Responsible Person, 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

The Pines Residential Care Home, Belfast RQIA ID 1644

22 July 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	17 October 2014

NOTES:

The details of the quality improvement plan were discussed with Mrs. Julie-Ann Russell, Registered Manager and Mr. Kevin McKinney, Registered Responsible Person, 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	J-A RUSSELL
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	K McKINNEY

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) 27(2)(c) 27(2)(d)	A comprehensive programme of refurbishment with firm timescales should be drawn up and confirmed to RQIA. Areas such as the medication room and the sluice on the first floor should be given priority in this programme. In addition to completing the grounds maintenance works the patio furniture at the side and at the rear of the premises should be repaired and repainted as required. The shower chair in shower room 22 should be replaced. In addition an infection control audit with a specific focus on the environment should be carried out. The outcome of this audit should be confirmed to RQIA. Reference should be made to paragraphs 9.2.1, 9.2.2 and 9.2.3 in the Report.	1 Month	A programme of painting is scheduled to commence week beginning 15th September 2014, this will commence with the medication room, sluice, upstairs lounge and other areas of the home as identified during an audit of the premises. Refurbishment of bedrooms continues as they become vacant. Patio furniture repainted. 2 replacement shower chairs on order.

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)
2.	Regulation 27(2)(p)	The improvement works to the heating system should be completed. In the interim until this work has been completed a review of the existing heating should be completed and where possible radiators that are not required should be turned off. In addition temperature control valves should be fitted to the radiators where these are not already in place and the temperatures throughout the premises should be closely monitored to ensure that they are comfortable for the residents. Reference should be made to paragraph 9.2.4 in the Report.	6 Weeks & Ongoing	TRV's scheduled to be replaced week beginning 22nd September 2014. In the interim thermostats can be turned off to compensate until work completed.

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)
3.	Regulations 14(2)(a) 14(2)(c)	The risk assessments in relation to hot surfaces should be reviewed, updated and actioned as required. Particular attention should be given to situations where beds may be located adjacent to radiators, for example: as in bedroom 14. Reference should be made to paragraph 9.1.2 in the Report.	1 Month	Review of rooms carried out and remains ongoing to ensure beds located in safe vicinity to radiators.
4.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The action plan in the report for the original legionella risk assessment that was completed in February 2011 should be reviewed and signed off by the Registered Manager. The individual temperatures at baths should be noted in the record for the monthly checks to the water temperatures. Reference should be made to paragraphs 9.1.3 and 9.1.4 in the Report.	1 Month & Ongoing	Action plan reviewed and all works actioned. Maintenance person to include the individual temperatures for baths in the monthly records.

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 13(7) 14(2)(a) 14(2)(c) 27(2)(c)	The procedure in place for flushing infrequently used water outlets should be reviewed and revised to include all of the infrequently used water outlets. The frequency of flushing should also be increased to twice each week. A review of the arrangements in place for the ongoing maintenance of the thermostatic mixers should be carried out. The outcome of this review should be confirmed to RQIA. Reference should be made to paragraphs 9.1.5 and 9.1.6 in the Report.	Ongoing & 1 Month	The frequency of flushing now increased to twice weekly. Maintenance carried out by the Plumber who has shown the maintenance person the ongoing procedure to be followed.
6.	Regulations 14(2)(a) 14(2)(c)	A review of the window openings throughout the premises should be carried out and additional restrictors should be fitted as required. Reference should be made to paragraph 9.1.7 in the Report.	1 Month	Actioned - Restrictors fitted to identified windows.

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)
7.	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	The current position in relation to the issues identified for attention in the report for the inspection and test to the fixed wiring installation that was completed on 01 December 2011 should be reviewed. The outcome of this review should be confirmed to RQIA. Reference should be made to paragraph 9.1.8 in the Report.	1 Month	Electrician to attend to review and confirm works completed.

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)
8.	Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The gas installation and gas equipment should be inspected and tested and the report for this should be retained in the home available for review during future inspections. The position in relation to the issues identified for attention in the report for the thorough examination of the passenger lift on 11 February 2014 should be reviewed and confirmed to RQIA. The hoist should also be thoroughly examined every six months. Reference should be made to paragraphs 9.3.1 and 9.3.2 in the Report	1 Month & Ongoing	Gas installation and safety inspection certificates in maintenance file. Reviewed LOLER report and all outstanding works will be completed week beginning 15th September 2014. Service of the hoist has been arranged.
9.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The report for the review of the legionella risk assessment that was completed on 07 January 2013 should be followed up and retained in the home available for review during future inspections. Remedial action should be taken to address the issue in relation to the temperature of the cold water. Reference should be made to paragraph 9.3.3 in the Report.	1 Month	Reviewed report and all recommendations have been actioned. Maintenance person to ensure any temperatures outside the appropriate range are immediately actioned.

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 13(7) 14(2)(a) 14(2)(c)	The corridor carpets should be closely monitored with ongoing risk assessments. The existing colour coding system in place for cleaning equipment should be reviewed and updated to comply with the National Health Service standardised system. Reference should be made to the information available from the RQIA's website in relation to this issue. Reference should be made to paragraphs 9.3.4 and 9.3.5 in the Report.	Ongoing & 1 Month	Corridor carpets will be replaced during ongoing refurbishment work. New cleaning materials have been ordered in accordance with the standardised system.
11.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c)	The extract fan in the laundry should be repaired or replaced. The wash basin unit in the kitchen should also be replaced. The double swing corridor door at the staff toilet on the first floor should be adjusted to reduce the closing speed. Reference should be made to paragraphs 9.3.6 and 9.3.7 in the Report.	1 Month	Fan to be replaced week beginning 15th September 2014. Sink in kitchen ordered. Door adjusted.

Standard 29 – Fire safety

The following requirements should be noted for action in relation to Standard 29 – Fire Safety:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
12.	Regulations 27(4)(b) 27(4)(d)(i)	A colour coded drawing of the premises clearly indicating the fire alarm zones should be provided adjacent to the fire alarm control panel and in a central location on each floor. Reference should be made to paragraph 9.1.9 in the Report.	1 Month	Architect completing new detailed drawings and these will be placed in appropriate locations.
Item	Regulation Reference	Restated Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
13.	Standard 29.1	It is recommended that a list for all of the first aid firefighting equipment should be drawn up to facilitate the monthly checks to this equipment. Reference should be made to paragraph 9.1.10 in the Report.	1 Month	List drawn up to facilitate monthly checks.

Standard 29 – Fire safety

The following requirements should be noted for action in relation to Standard 29 – Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
14.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	Completion of the work to address the issues in relation to the fire detection and alarm system and the installation of the self-closing devices coupled with appropriate hold open devices linked to the fire detection and alarm system for the bedroom doors should be confirmed to RQIA. The works to facilitate the ongoing monthly function checks to the inaccessible emergency light fittings should be completed. The date for the most recent inspection and test to the emergency lights should be confirmed to RQIA. The reports for the ongoing inspections and tests to the emergency lights should be available for review during future inspections Reference should be made to paragraphs 9.4.2 and 9.4.4 in the Report.	6 Weeks & Ongoing	Works scheduled to commence week beginning 15th September 2014.

Standard 29 – Fire safety

The following requirements should be noted for action in relation to Standard 29 – Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
15.	Regulations 27(4)(b) 27(4)(d)(i) 27(4)(e)	The need for a fire blanket in an easily accessible location in close proximity to the smoking facility should be reviewed with the fire risk assessor for the home. The next fire training session and fire drill should be completed. The fire training session should include the action to be taken in the event of a fire involving a person. Multi way electrical adaptors should not be used in the premises Reference should be made to paragraphs 9.4.3, 9.4.5 and 9.4.6 in the Report.	1 Month & Ongoing	Fire blanket to be delivered 11 th September 2014. Fire training dates to be confirmed by training provider and will include the action to be taken in the event of a fire involving a person. Multi-way adaptors removed.