Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Corrandulla Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Hayden Healthcare Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Corrandulla, Galway</td>
</tr>
</tbody>
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| Type of inspection:       | Unannounced              |
| Date of inspection:       | 24 September 2019        |
| Centre ID:                | OSV-0000332              |
| Fieldwork ID:             | MON-0027771              |
The following information has been submitted by the registered provider and describes the service they provide.

The centre is located in the village of Corrandulla and is approximately 18 kilometres from Galway city. It is located next to an ancient Franciscan church that dates from the 1850s. The building is part of a complex of independent living units and an activity centre. It is organised into two units over two floors and there is lift and stairway access to the upper floor. Bedroom accommodation consists of 26 single rooms, four double rooms and one room that accommodate three residents. Corrandulla Nursing Home provides health and social care to 37 male or female residents over the age of 18. Care is provided to residents who require convalescence, respite, palliative or long-term care.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 24 |
This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (hereafter referred to as inspectors) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. **Capacity and capability of the service:**

   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service:**

   This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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</thead>
<tbody>
<tr>
<td>24 September 2019</td>
<td>09:30hrs to 17:00hrs</td>
<td>Paul McDermott</td>
<td>Lead</td>
</tr>
<tr>
<td>24 September 2019</td>
<td>09:30hrs to 17:00hrs</td>
<td>Brid McGoldrick</td>
<td>Support</td>
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</tbody>
</table>
## What residents told us and what inspectors observed

Residents were observed in the sitting room on the day of inspection watching television. One resident spoken to was sitting in the smoking room, this resident stated that she enjoyed the peace and quiet, and a good book to read. She expressed dissatisfaction with the provision of hard seating. When brought to the attention of senior management, they agree to provide a suitable cushion.

## Capacity and capability

Improvements were required to ensure that the systems of governance and management in relation to fire safety and building maintenance were effective and ensured that the service provided is safe.

The last inspection of this centre was on 10 September 2019 during which concerns regarding fire safety in the centre were identified. Following that inspection a request for an urgent action plan to address the identified fire safety concerns was issued to the provider. The responses received from the provider failed to assure the Chief Inspector that the provider had adequate systems and structures in place to ensure residents living in the centre were protected from the risk of fire and this inspection of the premises was arranged. A cautionary meeting was held with representatives from Hayden Healthcare limited on 23 September 2019.

This was an unannounced risk inspection of the premises by two Inspectors of Social services, one of whom is a specialist estates and fire safety inspector.

Due to the combined fire safety risks arising from the design and layout of escape routes, the dependency levels of the residents, the lack of assurance on the likely fire performance of fire doors, the absence of a combined fire detection and alarm system, the lack of adequate emergency lighting and the lack of assurances that residents can be evacuated in a timely manner, the inspectors had significant concerns regarding the safety of residents in the centre.

It was of concern to the inspectors that the governance and management systems in place had not identified the issues relating to fire safety that were identified during the course of this inspection.

Following a review of the premises, the documentation available for inspection including training records, maintenance records, various fire safety provisions and fire drill records, the inspectors were not assured that appropriate management systems were in place to ensure the service provided was safe.
### Regulation 15: Staffing

Not all aspects of the regulation were reviewed. It was noted that there were two staff on duty at night time.

Due to the physical size and layout of the centre the Inspectors were not assured that the number of staff on night duty would be able to conduct a safe and effective phased evacuation of the building.

Following this inspection, the provider agreed to increase the night time staffing level to three staff.

**Judgment:** Not compliant

### Regulation 16: Training and staff development

Not all aspects of the regulation were reviewed. A review of training records confirmed that all staff had attended fire safety training.

The provider was unable to produce a breakdown of the content of the fire safety training provided.

**Judgment:** Substantially compliant

### Regulation 23: Governance and management

In consideration of the fire safety matters identified during inspection, the inspectors were not assured that appropriate management systems were in place to ensure that the service provided was safe, appropriate to the needs of the residents and effectively monitored by the provider.

- There was no documented process for identifying and mitigating fire risks in the centre, observed fire risks were not being identified, documented or mitigated by the provider.
- Deficiencies in the maintenance and fire performance of doors throughout the premises had not been identified.
- Fire drills did not prepare staff for the scenarios that are likely to be encountered by them in the event of a fire in the centre.
Quality and safety

In view of the fire safety concerns identified during this inspection, Inspectors were not assured that fire safety arrangements adequately protected residents from the risk of fire in the centre and ensured their safe and effective evacuation in the event of a fire.

Due to the combination of sub-standard doors, undivided corridors, extensive ceiling mounted services and attic access hatches the inspectors were not assured that effective fire containment was provided throughout the building that may result in uncontrolled fire and smoke spread throughout the premises.

The centre was provided with two separate fire detection and alarm systems, neither of which provided adequate coverage of all parts of the centre. The alarm panels and alarm bells were not interconnected with each other, with the result that the fire alarm could be activating in one part of the centre, while the alarm was not being raised on the other part.

A fire detection and alarm zoning floor plan of the building was not displayed next to the fire alarm panel.

The inspectors were concerned at the lack of proactive responses to the fire safety concerns raised since the last inspection. Inspectors observed that there was still a lack of awareness about fire safety in the centre.

Staff spoken with had participated in a number of individual room fire drills, however, they had only participated in one full compartment evacuation drill which took an unacceptably long time to complete.

Fire extinguisher servicing was up to date and was certified to be in accordance with the current Irish Standard.

Regulation 17: Premises

Not all aspects of the regulation were reviewed, however, it was clear that some aspects of the premises required improvement to conform with Schedule 6 of this regulation with particular regard to:

- Maintenance and repair checks failed to identify significant deficiencies in the likely performance and operation of doors throughout the premises.
## Regulation 26: Risk management

Improvements were required to risk management to ensure that all risks were identified, assessed and measures put in place to control the risks identified.

The inspectors were particularly concerned about the level of fire safety risks that had not been identified and proactively managed and particularly the risks regarding:

- The inadequacy of the plans for the safe and effective evacuation of the centre.
  Defective doors and inadequate fire containment measures throughout the centre.

## Regulation 28: Fire precautions

At the time of inspection the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire or to make sure that adequate systems were in place to ensure the safe and effective evacuation of residents. Significant improvements were required to comply with the requirements of the regulations and to ensure that residents and staff were protected from the risk of fire.

The service was non-compliant with the regulations in the following areas:

Inspectors were not assured that adequate precautions were being taken against the risk of fire. For example:

- There was no coordinated fire safety risk assessment, or similar risk identification system, in place to effectively identify, record and plan the management of fire hazards and risks in the centre.
- The risks associated with running two separate, and unconnected, fire detection and alarm systems were not being adequately managed.
- Electrical distribution boards were located along escape corridors in non fire rated enclosures.

Inspectors were not assured that an adequate means of escape was provided throughout the centre. For example:

- The travel distances for escape from some bedrooms at first floor level and
between cross corridor doors along escape corridors appeared to be excessive with no apparent mitigating measures in place.

- Non-fire protected, storage presses were located along some escape corridors.
- The compartment boundaries used for phased evacuation were not clearly defined.
- Escape routes were very narrow in some locations such as the entrance door to the chapel.

Inspectors were not assured that the emergency escape lighting, and emergency exit signage provided throughout the centre was adequate. For example:

- Adequate emergency lighting had not been installed along escape corridors to clearly illuminate the route to be followed to the nearest final exit or to indicate a final exit door.

Adequate arrangements had not been made for maintaining the means of escape and maintenance checks did not identify observed issues. For example:

- Inspections of the escape routes were not identifying problems that were observed by inspectors such as some door closers fitted to bedroom doors and cross corridor doors were very strong and required adjustment to prevent them causing injury, while in other cases the doors were not opening or closing fully.

Inspectors were not assured that adequate arrangements had not been made for reviewing fire precautions.

- While the fire precautions were being periodically reviewed, they were not identifying fire safety risks in the centre.
- Learning outcomes or recommendations for future learning or training were not recorded on most fire drill reports thereby reducing the opportunity to maximise learning from drills and the review of fire precautions.

Adequate arrangements had not been made for testing fire equipment.

- Daily checks or weekly testing of the fire detection and alarm system, emergency lighting or other fire equipment were not being documented.

Inspectors were not assured that adequate fire training had been provided.

- While all staff had received some fire safety training, the provider could not give a clear breakdown of the content of the fire safety training provided so as to confirm that all training described by the regulations had been provided.

Inspectors were not assured that persons working in the centre were adequately prepared for the procedure to be followed in the case of fire and for the safe and timely evacuation of residents.

- Fire Drill reports did not include enough information to provide assurance that
staff were adequately prepared for the evacuation of the premises or to identify the need for additional fire training or revisions to the fire precautions or procedures.

- While a number of single room evacuation drills had been completed, compartment evacuation drills were not conducted on a regular basis.

Adequate arrangements had not been made for detecting fires.

- It was observed that fire detection was not provided in all areas of the centre, including in a first floor level sitting room.

Adequate arrangements had not been made for containing fires.

- Inspectors were not assured of the likely fire performance of all door sets (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery). It was observed that some doors along escape routes were not closing and catching properly. In other cases there were large gaps between doors and frames and the doors and floors.
- A considerable number of attic access hatches, extract fans and other services were mounted in the ceilings, documentation was not available to confirm that they had been adequately fire sealed.
- There was uncertainty regarding the locations or fire containing integrity of fire compartment boundaries.

Adequate arrangements had not been made for giving warning of fires.

- The centre was provided with two separate, unlinked, fire detection and alarm systems, neither of which provided adequate coverage of their respective parts of the centre.
- The alarm panels and alarm bells were not interconnected with each other, with the result that the fire alarm could be activating in one part of the centre, while the alarm was not being raised on the other part.
- Despite the size and complex layout of the centre, repeater panels had not been provided for the fire detection and alarm system thereby delaying the response to a fire.

Following a review of the fire drill reports Inspectors were not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available.

- Some of the building compartments were very large and complex in terms of their physical size, layout, evacuation requirements and the number of residents accommodated within them. Fire drills did not prepare staff for the scenarios that are likely to be encountered by them in the event of a fire in the centre.
- The inspectors were not assured that the evacuation times recorded in drill reports, if replicated during an actual evacuation, would ensure the safety of residents or staff assisting with their evacuation.

While it was observed that the fire procedures are prominently displayed a zone plan
<table>
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<th>had not been displayed next to the fire alarm panel.</th>
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<td>Judgment: Not compliant</td>
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Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Capacity and capability</td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Not compliant</td>
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<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Not compliant</td>
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<tr>
<td>Quality and safety</td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 26: Risk management</td>
<td>Not compliant</td>
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<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
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Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action within a reasonable timeframe to come into compliance.
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time bound**. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Not Compliant</td>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 15: Staffing: Due to the size and layout of the building, night staffing levels have been increased to 3 nursing/healthcare staff since 24/09/2019 with open communication to each other through the use of walkie talkies, to reduce risk and escalate a safe and effective phased evacuation of residents.</td>
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<tr>
<td>Regulation 16: Training and staff development</td>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff of Corrandulla Nursing Home are required to complete 2 sets of Fire training throughout a year, 1- online BAC accredited social care Fire training and 2 - onsite fire warden training. The training components include: • Legal responsibilities, • What is fire, • Fire triangle • Smoke, • Practical Fire prevention, • What to do if you discover a fire • Contacting emergency services, prepare for and deal with the emergency services on arrival. • Dealing with a burning person, • Controlling a fire, • Fire hazards &amp; Identification, • Fire precautions,</td>
<td></td>
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</tbody>
</table>
• Smoking,
• Housekeeping,
• Electrical Dangers,
• Gas,
• Kitchens,
• Storage areas,
• Arson,
• Client needs,
• Break glass points,
• Detectors,
• Fire Doors,
• Emergency Lighting,
• Fire extinguishers,
• Use of various types of Fire Extinguishers
• Tackling a fire,
• Fire signs,
• Places of safety,
• Means of escape, evacuation procedures, evacuation equipment.
• Handling regulations and Fire,
• Fire Drills

The online training requires the person to complete examine questions in order to pass the fire training. The onsite trainer will pass or fail staff based on an exam questionnaire given at the end of training, continuous assessment throughout the course and Fire drill execution. The training staff receive covers the components outlined in regulation 28.1.(d).

Fire Drills directed by a member of management or the health & safety officer, based on night time staffing levels to evacuate compartments started on the 25/09/2019 and will continue to ensure all present and future staff are effective in performing compartment phased evacuations in 2.5mins or under. Drills and escape routes are now based on the engineers recommendations – established plans showing fire compartments.

Present Staff have been informed/reminded about the Health Act, regulations and standards where it is kept/access to it and to refamiliarize themselves with it. Future staff will have these documents incorporated into their orientation/induction process.

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<tr>
<th>Regulation 23: Governance and management</th>
<th>Not Compliant</th>
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

_The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations._
• Fire Drills directed by a member of management or the health & safety officer, based on night time staffing levels to evacuate compartments started on the 25/09/2019 and will continue to ensure all present and future staff are effective in performing compartment phased evacuations in 2.5mins or under. Drills and escape routes are now based on the engineers recommendations - established plans showing fire compartments. Onsite Fire trainer will also reinforce, and drill staff based on night staffing levels.

• Fire safety consultant engineer engaged to perform full assessment and audit of fire safety on the nursing home. (report previously sent 18/10/2019) included was recommendations on identified deficiencies in the maintenance and performance with fire doors within the home – given immediate and phased actions to implement. Immediate actions for maintenance performed i.e. door hinges cleaned and greased. Door closers & receptors adjusted to ensure full closer of fire doors. Maintenance required to document and inform manager on the day of any deficiencies found in regards to fire doors. Increased maintenance checks on Fire doors.

• Going forward fire risk assessments will provide more comprehensive detail for identifying risks and action plans put into place to implement the changes/works required within a specific timeframe. Maintenance checks increased, as checks have been completed maintenance is to inform manager of any identified risks/problems associated for prompt resolution.

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<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 17: Premises:

*The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.*

Fire safety consultant engineer engaged to perform full assessment and audit of fire safety on the nursing home. (report previously sent 18/10/2019) included was recommendations on identified deficiencies in the maintenance and performance with fire doors within the home – given immediate and phased actions to implement. Immediate actions for maintenance performed i.e. door hinges cleaned and greased. Door closers & receptors adjusted to ensure full closer of fire doors. Maintenance required to document and inform manager on the day of any deficiencies found in regards to fire doors. Increased maintenance checks on Fire doors.

As per report phased changes will be made to any Fire doors that are no longer fully compliant, including replacement of doors, hinge/ironmonger works, drop seals, closers, etc. Three FD60 doors for compartment areas already commissioned and measured 7/11/19, awaiting production and fitting approximately 4 weeks.
### Regulation 26: Risk management

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<th>Not Compliant</th>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 26: Risk management: <em>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</em></td>
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</tbody>
</table>
| • Some Evacuation Plans have been completed and others are in the process of being upgraded to provide a clearer route of escape, shortest route, alternative route from each room and corridor. Plans based on the fire engineers plans for safe compartments.  
• Increased staffing levels at night to reduce the risk involved should an evacuation be required.  
• Fire Drills directed by a member of management or the health & safety officer, based on night time staffing levels to evacuate compartments started on the 25/09/2019 and will continue to ensure all present and future staff are effective in performing compartment phased evacuations in 2.5mins or under. Drills and escape routes are now based on the engineer’s recommendations – established plans showing fire compartments.  
• Fire safety consultant engineer engaged to perform full assessment and audit of fire safety on the nursing home. (report previously sent 18/10/2019) included was recommendations on identified deficiencies in the maintenance and performance with fire doors within the home – given immediate and phased actions to implement. Immediate actions for maintenance performed i.e. door hinges cleaned and greased. Door closers & receptors adjusted to ensure full closer of fire doors. Maintenance required to document and inform manager on the day of any deficiencies found in regards to fire doors. Increased maintenance checks on Fire doors.  
As per engineers report phased changes will be made to any Fire doors that are no longer fully compliant, including replacement of doors, hinge/ironmonger works, drop seals, closers, etc. Three FD60 doors for compartment areas already commissioned and measured 7/11/19, awaiting production and fitting approximately 4 weeks. |

### Regulation 28: Fire precautions

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<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: <em>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</em></td>
</tr>
</tbody>
</table>
| • Fire safety consultant engineer engaged to perform full risk assessment and audit of fire safety on the nursing home. (report previously sent 18/10/2019) included was recommendations and plans of action with deadline dates for completed works.  
• Distribution boards (ESB meters & fuse board) are enclosed in metal containment boards - questioned electrical contractor on ratings and was told that these were the standard containment units used for safety. I have sent emails to the ESB and EG to get verification if this is so (only emails returned to state they will get back to me @ present) |
and if it is, could they send information to prove this. Suitable boards/fire proofing to be done as required.

- Fire safety consultant engineer examined travel distances from each bedroom – recommendations for fire proofing compartmentalization and action plan for implementation, 1 room on first floor level now discontinued for use as bedroom due to distance from fire escape.
- Storage press removed.
- Fire safety consultant engineer has now defined compartments on floor plans to which all drills and upgrading will be based on.
- As the church main entrance door is narrow due to the original structure of the church, the secondary exit church doors are now permanently open giving an opening of 4 foot.
- Lux test performed by electrical company engaged to perform upgrades as per fire regulations – mapping and recommendations for lighting reported, to be included with the upgrading works that are currently underway.
- Fire safety consultant engineer engaged to perform full assessment and audit of fire safety on the nursing home. (report previously sent 18/10/2019) included was recommendations on identified deficiencies in the maintenance and performance with fire doors within the home – given immediate and phased actions to implement. Immediate actions for maintenance performed i.e. door hinges cleaned and greased. Door closers & receptors adjusted to ensure full closer of fire doors. Maintenance required to document and inform manager on the day of any deficiencies found in regards to fire doors. Increased maintenance checks on Fire doors.

As per engineers report phased changes will be made to any Fire doors that are no longer fully compliant, including replacement of doors, hinge/ironmonger works, drop seals, closers, etc. Three FD60 doors for compartment areas already commissioned and measured 7/11/19, awaiting production and fitting approximately 4 weeks.
- Fire risk assessments/precautions will be modified to clearly identify the risks and plans of actions/timeframes for implementation completion.
- Fire drill records updated to include recommendations of improvement for the individual staff member and signatures required by the individuals that they are aware of required improvements. These will be used to identify staff development during each drill performed and further training requirements for the individuals.
- Emergency Lighting, Door checks, Fire fighting equipment and Fire alarm system is and has been checked weekly and all documentation is present within the maintenance folder.

All staff of Corrandulla Nursing Home are required to complete 2 sets of Fire training throughout a year, 1- online BAC accredited social care Fire training and 2 - onsite fire warden training. The training components include:
- Legal responsibilities,
- What is fire,
- Fire triangle
- Smoke,
- Practical Fire prevention,
- What to do if you discover a fire
- Contacting emergency services, prepare for and deal with the emergency services on arrival.
- Dealing with a burning person,
- Controlling a fire,
• Fire hazards & Identification,
• Fire precautions,
• Smoking,
• Housekeeping,
• Electrical Dangers,
• Gas,
• Kitchens,
• Storage areas,
• Arson,
• Client needs,
• Break glass points,
• Detectors,
• Fire Doors,
• Emergency Lighting,
• Fire extinguishers,
• Use of various types of Fire Extinguishers
• Tackling a fire,
• Fire signs,
• Places of safety,
• Means of escape, evacuation procedures, evacuation equipment.
• Handling regulations and Fire,
• Fire Drills

The online training requires the person to complete examine questions in order to pass the fire training. The onsite trainer will pass or fail staff based on an exam questionnaire given at the end of training, continuous assessment throughout the course and Fire drill execution. The training staff receive covers the components outlined in regulation 28.1.(d).

• Fire Drills directed by a member of management or the health & safety officer, based on night time staffing levels to evacuate compartments started on the 25/09/2019 and will continue to ensure all present and future staff are effective in performing compartment phased evacuations in 2.5mins or under. Drills and escape routes are now based on the engineer’s recommendations – established plans showing fire compartments. Fire drill records updated to include recommendations of improvement for the individual staff member and signatures required by the individuals that they are aware of required improvements. These will be used to identify staff development during each drill performed and further training requirements for the individuals.

• Contractor engaged for full upgrade of fire detection system to an L1 addressable unit, that will have all areas of the building covered for detection and will specify the precise room should an event occur. They have given a 6-week time schedule (previously forwarded) two weeks of the schedule already completed.

• Fire safety consultant engineer engaged to perform full assessment and audit of fire safety on the nursing home. (report previously sent 18/10/2019) included was recommendations on identified deficiencies in the maintenance and performance with fire doors within the home – given immediate and phased actions to implement. Immediate actions for maintenance performed i.e. door hinges cleaned and greased. Door closers & receptors adjusted to ensure full closer of fire doors. Maintenance required to document
and inform manager on the day of any deficiencies found in regards to fire doors. Increased maintenance checks on Fire doors.

As per engineers report phased changes will be made to any Fire doors that are no longer fully compliant, including replacement of doors, hinge/ironmonger works, drop seals, closers, etc. Three FD60 doors for compartment areas already commissioned and measured 7/11/19, awaiting production and fitting approximately 4 weeks.

- Fire stopping construction company engaged to upgrade all required fire construction/stopping as engineer stipulates and certify accordingly covering floors/ceilings/walls/attic spaces/vents/hatches and ensuring compartments are done as per fire engineers’ specifications. Company has received report from engineer with works required - to be onsite week of the 11/11/19 to plan works.
- Contractor engaged for full upgrade of fire detection system to an L1 addressable unit, that will have all areas of the building covered for detection and will specify the precise room should an event occur, with repeater panels around the buildings. They have given a 6-week time schedule (previously forwarded) two weeks of the schedule already completed.
- Fire Drills directed by a member of management or the health & safety officer, based on night time staffing levels to evacuate compartments started on the 25/09/2019 and will continue to ensure all present and future staff are effective in performing compartment phased evacuations in 2.5mins or under. Drills and escape routes are now based on the engineer’s recommendations – established plans showing fire compartments. Fire drill records updated to include recommendations of improvement for the individual staff member and signatures required by the individuals that they are aware of required improvements. These will be used to identify staff development during each drill performed and further training requirements for the individuals. Onsite Fire training updates to re-occur the month of November 2019
- Zone floor plan now displayed by the fire panel.
Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15(1)</td>
<td>The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>24/09/2019</td>
</tr>
<tr>
<td>Regulation 16(1)(a)</td>
<td>The person in charge shall ensure that staff have access to appropriate training.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>01/12/2019</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2020</td>
</tr>
<tr>
<td>Regulation 23(c)</td>
<td>The registered</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>01/12/2019</td>
</tr>
<tr>
<td>Regulation 26(1)(a)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/11/2019</td>
</tr>
<tr>
<td>Regulation 26(1)(b)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(a)</td>
<td>The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable firefighting equipment, suitable building services, and suitable bedding and furnishings.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(b)</td>
<td>The registered provider shall</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/12/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(i)</td>
<td>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2020</td>
</tr>
<tr>
<td>-------------------------</td>
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</tr>
<tr>
<td>Regulation 28(1)(c)(ii)</td>
<td>The registered provider shall make adequate arrangements for reviewing fire precautions.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/11/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(iii)</td>
<td>The registered provider shall make adequate arrangements for testing fire equipment.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td></td>
</tr>
<tr>
<td>Regulation 28(1)(d)</td>
<td>The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/11/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(e)</td>
<td>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>27/09/2019</td>
</tr>
<tr>
<td>Regulation 28(2)(i)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/12/2019</td>
</tr>
<tr>
<td>Regulation 28(2)(ii)</td>
<td>The registered provider shall make adequate arrangements for giving warning of fires.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/12/2019</td>
</tr>
<tr>
<td>Regulation 28(2)(iv)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/11/2019</td>
</tr>
<tr>
<td>Regulation 28(3)</td>
<td>The person in charge shall</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/10/2019</td>
</tr>
<tr>
<td>ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>