



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Patterson's Nursing Home
Name of provider:	Elizabeth Patterson
Address of centre:	Lismackin, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	25 September 2019
Centre ID:	OSV-0005573
Fieldwork ID:	MON-0027779

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Patterson's Nursing Home is situated in a rural setting approximately four miles from Roscrea town. The centre is a one-storey building that was established in 1991 and provides care to up to 28 residents. There are grounds to the front with parking and a small enclosed concreted garden area to the rear of the building, which provides a secure outdoor space with tables and chairs for residents use. The main entrance leads to a hallway with a small seating area for residents and visitors. Communal accommodation includes a large living room and a separate dining/multipurpose room and some seating areas on the corridors. The centre also provides a nurses' office, kitchen, sluice room and a staff changing room. Residents' accommodation comprises of five single bedrooms, four of which have en-suite toilet facilities and nine twin-bedded rooms, four of which have en-suite toilets and one four bedded bedroom with a wash hand sink. There are three communal assisted toilet/shower rooms. The centre offers 24 hour nursing care and caters for male and female residents generally over the age of 65 years, including residents with dementia. Care can also be provided to residents under the age of 65, as required. The following categories of care are provided in the centre, which includes both long and short stays and caters for all dependency levels: General Care, Physical Disability, Dementia Care, Respite Care and Convalescence Care. The centre is registered under Elizabeth Patterson, Sole Trader and the centre employs approximately 40 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
--	----

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:

Date	Times of Inspection	Inspector	Role
25 September 2019	10:30hrs to 20:30hrs	Niall Whelton	Lead

Capacity and capability

The systems of governance and management in relation to fire safety required review and improvement to ensure that the service provided was safe. The inspector was not assured that the fire safety arrangements in place were adequate to ensure prompt, safe and effective evacuation of residents in the event of a fire.

This was evident in the following:

- There was no fire safety risk assessment or documented process for identifying and mitigating fire safety risks in the centre.
- Poor oversight and inadequate provision of suitable evacuation aids for residents accommodated in the centre
- Failure to review the assessed evacuation needs of residents
- A failure to identify, document and manage risks during the ongoing fire safety upgrade works
- Fire doors to two bedrooms observed to be propped open and no risk assessment or control measures in place. Alternative suitable devices to correctly hold open the doors had not been explored.

This was an unannounced inspection by a specialist inspector in Estates and Fire Safety from the Chief Inspector's office. The totality of the fire risks encountered, have raised concerns about fire safety management in this centre. The last inspection of this centre was on 30 July 2019. During that inspection, concerns were raised regarding the containment measures in the building and the oversight of residents assessed needs in the event of a fire. Following that inspection, the provider was requested to submit:

- fire door assessment, completed by a competent person
- a report of an emergency evacuation drill simulating night time staffing levels

At the time of this inspection, a report of an evacuation drill simulating night time staffing levels and increased the compartment size had not been submitted.

Prior to this inspection, the provider had submitted a letter and a fire door assessment, completed by a fire safety consultant which confirmed that the building was not adequately subdivided into fire compartments to facilitate horizontal evacuation and was essentially assessed as one fire compartment. Proposals submitted included subdividing the building into fire compartments to protect residents during evacuation and for the upgrade/replacement of fire doors. A time frame of the third week in October was set by the Provider to have the works complete.

At a meeting at the Chief inspector's office, the Provider was requested to increase the staffing levels to an appropriate level to ensure residents could be safely evacuated at night and to cease admissions to the centre until the fire safety works

were complete. The provider confirmed that staff at night would be increased from two to four and no further residents would be admitted until the fire safety works were complete.

At this inspection, it was evident that the provider had made progress in relation to the programme of fire safety works. The upgrade and replacement of fire doors was in progress and requisite fire rated glazed screens, although not yet in place, were proposed to be fit in the coming weeks. The inspector was told these works would be complete by the agreed date.

A review of the Personal emergency evacuation plans (PEEPs) indicated that there was not enough evacuation aids in place. While the PEEPs were updated in July 2019, prior to the previous inspection, the person in charge confirmed that they did not accurately reflect the evacuation needs of some residents. When asked, the provider, nor the person in charge could confirm that all residents who required evacuation ski sheets had them on their bed. The person in charge arranged for staff to check all the beds to confirm the location of all evacuation sheets. The inspector then reviewed, with the person in charge, each resident's evacuation requirements and the resources available for evacuation. This review demonstrated a deficit in the evacuation aids in place and to this end immediate assurance was sought from the provider. In the interim, two additional wheelchairs were sought and buxton chairs were proposed to be used until additional evacuation aids were sourced. It was at that time that it was determined that bed evacuation may be the most suitable method of evacuation for four residents in one bedroom. This had not been documented in the PEEP records, nor was it evident in the drill records reviewed by the inspector.

At feedback, assurance was given to the inspector, in the presence of the provider, that the deficits to the principle fire doors sub-dividing the building, would be rectified that night.

Improvements were required in the management of fire safety in the designated centre during the course of the building works. For example, the inspector noted the self-closing devices to the fire doors to the dining room had been disconnected by contractors some days before. This went unnoticed and was brought to the attention of the person in charge. The self-closers were re-connected on the day of inspection.

The provider had made arrangements for staff to receive training in fire safety. In the main, staff spoken with were knowledgeable on the procedure to follow in the event of a fire and confirmed that they had participated in fire drills and had practiced the use of evacuation ski sheets.

Regulation 23: Governance and management

The systems of governance and management in relation to fire safety required review and improvement to ensure that the service provided was safe. The inspector

was not assured that the fire safety arrangements in place were adequate to ensure prompt, safe and effective evacuation of residents in the event of a fire.

This was evident in the following:

- There was no fire safety risk assessment or documented process for identifying and mitigating fire safety risks in the centre.
- Poor oversight and inadequate provision of suitable evacuation aids for residents accommodated in the centre
- Failure to review the assessed evacuation needs of residents
- A failure to identify, document and manage risks during the ongoing fire safety upgrade works
- Fire doors to two bedrooms observed to be propped open and no risk assessment or control measures in place. Alternative suitable devices to correctly hold open the doors had not been explored.

Judgment: Not compliant

Quality and safety

The findings of this inspection are that further improvements are required to ensure the safety of residents living in the designated centre if a fire was to occur.

The inspector reviewed the building in the presence of the person in charge and further by the person coordinating the fire safety works. The Person in Charge was knowledgeable with regard to the deficiencies to the fire containment measures in the building.

The centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system throughout and they were serviced at the appropriate intervals.

The fire blanket in the external smoking area was found to be loose on a table and was not secured to ensure it would be available if required.

While there was a call bell available for residents in the smoking area, it was not easily identifiable as it was contained within an unmarked metal box. Even though the cord for the bell was visible, its purpose was not apparent to residents due to the lack of signage. The inspector saw a smoking policy dated March 2014. There were also assessments for residents that smoked. They were not in a consistent format and one was not dated at all. Improvements were required in this regard. It is noted however that the person in charge was knowledgeable on the assessed needs of those residents who smoked.

It was noted that the fire alarm system was an L1 type system which would ensure early detection of a fire in the centre. The system was separated into a number of

zones. The inspector noted that the zones of the alarm system did not match the proposed fire compartment boundaries. This was brought to the attention of the person coordinating the fire safety works and was advised that this would require review.

Emergency lighting was evident throughout, both internally and externally, enhancing the means of escape in the event of a fire.

There were a number of fire doors which were found to be not capable of restricting the spread of fire and smoke as required. It is acknowledged that work to the fire doors was ongoing and work completed to date included the replacement of door locks, hinges and smoke and heat seals; however principle fire doors to provide areas of relative safety in the interim were found to be missing features such as smoke and heat seals. The door to the dining room was found to have the self-closing devices disconnected. Two bedroom fire doors were found to be propped open; one with a door wedge and the other held open with a curtain tie back. Furthermore the door to the lobby accessing the kitchen did not close fully. The kitchen is an area of higher fire risk in the centre and should be a priority to ensure the door performs as required.

While there was a programme of work ongoing in relation to sub-dividing the building into fire compartments and the upgrade and/or replacement of fire doors, deficiencies were noted to other elements of fire resisting construction. The ceiling throughout, which would be expected to be a fire resisting ceiling to protect the means of escape, was found to have penetrations such as non-fire rated attic access hatches, recessed lights and mechanical extract ventilation openings and no proposals for said deficiencies. Breaches in the fire rated enclosure to a room or corridor that requires fire resistance, results in a passage for fire and smoke to compromise escape routes. The inspector advised that this required review from their fire safety consultant.

The inspector found that the centre was laid out in a manner that provided residents and staff with an adequate number of escape routes and fire exits. Inspectors were not assured that sufficient measures were in place to ensure exits could be readily openable in the event of a fire. Locks to final exits throughout the centre were identified which required the use of a key to open them. Although there was a break glass unit with a key adjacent to the door concerned, inspectors were told that each exit required a different key to open it and staff do not carry a master key or copy of the keys at all times, which is noted as not being acceptable practice when fire exits are secured in this manner. The key to the kitchen exit was not held in a break glass unit but was found to be loose on top of a high level kitchen cabinet. All bedroom doors had been fitted with new locks as part of the fire doors upgrade works. These locks were key locks only. The inspector was told that no bedroom doors are locked. The inspector was concerned that should a resident exercise their choice to lock their bedroom, this may have implications for escape if fitted with a key lock only. Furthermore, parking spaces to the front of the building created a potential obstruction to the escape routes from two exits. In particular, where bed evacuation was now identified as the method of evacuation from one bedroom, they would not

fit if the parking space was occupied.

The inspector reviewed the drill records and was not assured that adequate arrangements had been made for evacuating residents in a timely manner with the available staff and equipment resources. The drills were carried out according to the fire alarm zones and did not reflect the identified risk of inadequate sub-division of the building into fire compartments. On the day of inspection, the inspector sought assurance in this regard. The provider committed to carrying out drills simulating night time staffing levels and to reflect the current containment measures in the building. Records of these drills were submitted to the Chief inspectors office in the days following the inspection.

The kitchen was found to have adequate emergency shut off points for the gas installation, in accessible locations with signage indicating their presence. Kitchen staff spoken with confirmed they had completed fire safety training and demonstrated good knowledge of what to do in the event of a kitchen fire.

There were drawings displayed throughout the centre, one type illustrating the fire alarm zones and the other showing primary and secondary escape routes. The drawing required review as some reflected older layouts. The fire action notices were displayed but pertinent sections were left blank.

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 ensure that adequate systems were in place to ensure the safe and effective evacuation of residents.

The inspector was not assured that adequate precautions were being taken against the risk of fire in the following respects:

- There was no fire safety risk assessment, or similar risk identification system, in place to identify record and plan the management of fire hazards and risks in the centre, particularly those identified at, and subsequent to, the last inspection.
- A set of fire doors were found where the self-closing device was disconnected
- Two separate fire doors to bedrooms were propped open; one with a door wedge and the other with a curtain tie back.
- The assessments for residents who smoke required review

The inspector was not assured that adequate means of escape was provided, for example;

- Inspectors were not assured that sufficient measures were in place to ensure exits could be readily openable in the event of a fire

- Parking spaces to the front of the building created a potential obstruction to the escape routes from two exits, one of which was identified as an escape route for bed evacuation.

Adequate arrangements had not been made for maintaining the means of escape;

Although proposed to be replaced with fire rated construction, a window from a resident's bedroom to the adjacent fire protected escape corridor was in the open position. It would be expected in the interim until the works are carried out that this would be kept closed to prevent the initial spread of smoke

Adequate arrangements had not been made for containing fires:

- Although work was in progress, the inspector observed doors, particularly principle doors which would be used for phased evacuation, where smoke and heat seals were missing.
- The inspector was not assured that the ceiling in the building was a fire rated ceiling. There were numerous penetrations for light fittings, attic access hatches and mechanical extract ventilation units

Following a review of the fire drill reports the inspector was 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. Fire drills were not practiced to reflect the current risks associated with the poor containment measures in the building and to prepare staff for the scenarios that are likely to be encountered by them in the event of a fire in the centre.

The drawings displayed required review as some reflected older layouts and fire action notices were missing pertinent information.

Judgment: Not compliant

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:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Patterson's Nursing Home OSV-0005573

Inspection ID: MON-0027779

Date of inspection: 25/09/2019

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. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime 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:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fire safety risk assessment: The provider has engaged with external specialist to assist and provide new policies, procedures, risk assessments and audits to manage and monitor ongoing fire risk. These will be in place by November 30th, 2019. In the interim, daily monitoring of all fire safety equipment, internal and external doors assessed and documented.</p> <p>No props are being used to keep doors open. The provider has explored various suitable door release devices available for internal doors to bedrooms, etc. One such device is currently on trial in the nursing home, once we are happy with this device and it is fit for purpose additional ones will be ordered and fitted to all internal doors which require same, this work will be completed by 31st December 2019.</p> <p>All residents PEEP’S revised and updated to reflect evacuation needs of all the residents. Fire evacuation equipment in place to assist the safe and efficient evacuation needs of all our residents – action completed</p> <p>Training and fire drills have been carried out with all staff reflecting day and night time staff numbers. These fire drills were submitted to HIQA soon after the last inspection – action completed.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire blanket in the smoking area has been secured and is easily accessed if required – action completed</p> <p>Clear signage indicating the call bell location in the smoking room has been put in place – action completed</p> <p>Smoking policy will be updated before 30th November 2019 in line with the new policies being introduced as highlighted under Regulation 23</p> <p>Smoking risk assessment has been revised and completed for all residents who smoke – action completed</p> <p>All fire upgrade works to doors have been completed and kitchen lobby door is now closing fully – action completed</p> <p>Internals screens which were required to be changed to fire rate screens has been completed – action completed</p> <p>All locks for external doors changed. Now one key opens all doors – action completed</p> <p>Break glass box ordered from company for Kitchen door and will be fitted ASAP once we receive same.</p> <p>Bollard cones are in place to stop visitors parking in parking space located at exit to Bedroom1 where bed evacuation required – action completed</p> <p>Ceilings have been upgraded to fire rated ceilings and all penetrations through same have also been fire proofed – action completed</p> <p>Fire drawings for display throughout nursing home are currently being completed and will be completed for the 30th November in line with the fire curtains to attic which is the last item to be completed in order to commence the new fire compartments within the nursing home.</p> <p>Fire action notices displayed are now filled up and not left blank – action completed</p>	

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2019
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/11/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency	Not Compliant	Orange	30/11/2019

	lighting.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/11/2019
Regulation 28(1)(e)	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.	Not Compliant	Orange	25/10/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2019
Regulation 28(2)(iv)	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.	Not Compliant	Orange	30/11/2019
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the	Substantially Compliant	Yellow	30/11/2019

	event of fire are displayed in a prominent place in the designated centre.			
--	--	--	--	--