



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Leeson Park House Nursing Home
Name of provider:	Shanid Limited
Address of centre:	10 Leeson Park, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	24 July 2019
Centre ID:	OSV-0000058
Fieldwork ID:	MON-0027418

## About the designated centre

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

Leeson Park Nursing Home is home to forty nine residents and provides long stay, short stay and focused care options for both male and female adults with a range of dependencies and needs. There is full time nursing care provided to residents. The house is situated in a residential area of Dublin 6. Accommodation is arranged over four floors and includes single, companion and shared accommodation with assisted bath and shower rooms. There is also a penthouse suite situated on the fourth floor. The reception rooms are a defining feature of the house with fireplaces, high ceilings and art work. The dining room is large and spacious. There are a number of lounges, reading and recreational areas including a library and a small oratory. There is an enclosed garden which is carefully maintained to compliment the unique characteristics of the home.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	39
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## How we inspect

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
24 July 2019	09:00hrs to 17:00hrs	Paul McDermott	Lead
24 July 2019	09:00hrs to 17:00hrs	Helen Lindsey	Support

## 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 19 June 2019 during which concerns regarding fire safety in the centre were identified. After that inspection a number of queries relating to fire safety were raised with the provider and information was requested.

The responses received from the provider did not assure the Chief Inspector that the provider had adequate systems and structures in place to ensure that residents living in the centre were protected from the risk of fire, and consequently the decision was made to carry out this inspection.

This was an unannounced risk inspection of the premises by two Inspectors of Social services, one of whom has expertise in estates and fire safety.

While it was clear to inspectors that the provider had begun to address the concerns raised during the previous inspection, not enough progress had been made to assure them that the service was compliant with regulations.

Due to the combined fire safety risks the inspectors had significant concerns regarding the safety of residents in the centre. They were:

- the design and layout of escape routes within the premises,
- the dependency levels of the residents,
- the lack of assurance on the likely fire performance of fire doors,
- a single escape stairs serving different parts of the centre and up to the third floor level,
- the inadequate protection of escape routes from high risk areas
- the lack of adequate emergency lighting

It was of concern to the inspectors that the governance and management systems in designated centre had not identified some of 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 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 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.

The inspectors were satisfied to see that the provider had begun to address the concerns raised during the previous inspection but not enough progress had been made to assure them that the service was compliant with regulations.

During the course of the inspectors were advised by the person in charge and a person participating in management of the centre that:

- A fire safety expert had been appointed to complete the Fire risk assessment, fire door inspection and compartment integrity assessment which would be completed by the end of September 2019.
- Further staff training had been provided and a number of fire drills completed.
- The fire plan and emergency response plan is to be updated by the end of September 2019
- Residents with high dependency needs had been relocated from rooms second and third floor levels that were only access by the single stairs in the original part of the centre
- They were managing resident dependencies in the rooms served by the main stairs in the original part of the centre
- The provider had decided to discontinue the use of the external stairs for escape purposes

However the following issues were identified:

- While an internal fire safety risk assessment had been completed in February 2019, fire risks observed during the inspection, that would also have been present in February 2019 had not been identified, documented or mitigated by the provider.
- Deficiencies in the fire detection and alarm systems and emergency lighting installation that had been notified to the provider by the servicing company in December 2018 had not been addressed. it was reported there was a plan to address them by the end of 2019.
- Deficiencies in the maintenance and fire performance of doors throughout the premises had not been identified.
- The lack of fire protection to the main stairwell that serves bedrooms at four floor levels had not been previously identified, and was not being proactively managed.
- The fire safety strategy was not being implemented.
- 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.

Judgment: Not compliant

## 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.

While staff spoken with had a good knowledge of the fire evacuation procedures and had participated in fire drills, there were a number of other concerns in the centre.

Due to the combination of sub-standard doors, undivided corridors and 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.

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

A review of the testing and maintenance certification for the fire detection and alarm systems and emergency lighting systems confirmed that the existing systems were inadequate and required upgrading. It was confirmed by the provider that it was intended to complete the upgrade works by the end of 2019.

Fire extinguisher servicing was up to date. The provider confirmed that the fire detection and alarm system is fully addressable however, it was observed by inspectors that due to the layout of the premises the installation of repeater panels would be beneficial.

## 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 deficiencies in the likely performance and operation of fire doors throughout the premises.

Judgment: Substantially compliant

## 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.

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:

- Defective doors and inadequate fire containment measures throughout the centre.
- Inadequate fire protection of the internal stairs in the original part of the building.
- Inadequate arrangements for the evacuation of all residents.
- Doors providing direct access from bedrooms to the external escape stairs were not monitored and this was not identified in the various risk assessments

Judgment: Not compliant

## 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. 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 taken against the risk of fire. For example:

- While a fire safety risk assessment had been completed in February 2019, fire risks observed during the inspection, that would also have been present in February 2019, had not been identified, documented or mitigated. The inspectors were advised that an updated fire safety risk assessment had been commissioned and would be completed by the end of September 2019.
- Daily inspections of the escape routes were not identifying problems observed by inspectors such as cross corridor doors not closing correctly.



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

- The stairs in the original part of the centre was not adequately fire separated from nine bedrooms, three dayrooms, an office, sluice room and kitchen at various floor levels.
- In several locations, Unlocked, non-fire protected, storage presses containing dry medical goods and clothes were located along escape corridors.
- The travel distances for escape, and the distance between cross corridor doors, along some escape corridors at lower ground floor level exceed the permitted distances with no apparent mitigating measures in place.
- A permanent charging point for an electric hoist was installed along the lower ground floor escape corridor with hoist stored alongside it, partially obstructing the corridor.

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

- Adequate emergency exit signage had not been installed along escape corridors to clearly indicate the route to be followed to the nearest final exit or to indicate a final exit door.
- The emergency lighting certificates dating back to December 2018 indicated that 'emergency lighting was not provided in all locations required by the applicable Irish standard'. It was confirmed by the provider that it was intended to complete the upgrade of the emergency lighting by the end of 2019.

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

- 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.
- Inspectors observed that the policies around smoking in the centre were not being implemented
- The current fire safety policy and strategy was dated 23/2/2017 and had not been reviewed since then.

Inspectors were not assured that staff 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.

- Learning outcomes or recommendations for future learning or training were not recorded on all fire drill reports thereby reducing the opportunity to maximise learning from drills and review fire training and fire precautions. The provider advised inspectors that they were in the process of revising the format of the drill reports so that they would include this information in future.

Adequate arrangements had not been made for detecting fires.

- Despite certification that the fire detection and alarm system provided L1 coverage, it was observed that Fire detection was not provided in some areas including sluice rooms store rooms, an office, and along some of the fire escape corridors.
- The fire detection and alarm certificates dating back to December 2018 indicated that 'emergency lighting was not provided in all locations required by the applicable Irish standard'. It was confirmed by the provider that it was intended to complete the upgrade of the emergency lighting by the end of 2019.

Adequate arrangements had not been made for containing fires.

- Inspectors were not assured of the likely fire performance of all door sets and the glazed screens enclosing stairs (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery). It was observed that some doors along escape routes were not closing or catching properly, while intumescent strips, brush seals and cold smoke seals were missing from others. In other cases there were large gaps between doors and frames and the doors and floors. The provider confirmed that a full assessment of the fire doors would be completed by the end of September 2019, with upgrade works to be completed thereafter.
- There is no lobby or doorway between the dry goods store and the kitchen. The lift plant, main electrical distribution board and tv signal distribution equipment are located in the dry goods stores and have not been fire enclosed or protected.
- Electrical distribution boards located along escape routes were not enclosed in fire resisting construction and in some cases are located along dead end corridors where the only means of escape is past the boards.
- The Tea station at first floor level has no door and is open to the escape corridor

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. For example:

- Five bedrooms in the centre can only be accessed and evacuated by a single escape stairs. Three of the bedrooms are accessed by an inadequately protected stairway in the original part of the building. No specific provisions had been identified for the evacuation and management of these rooms.
- A lack of repeater panels throughout the centre would delay the commencement of evacuation

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for Leeson Park House Nursing Home OSV-000058

Inspection ID: MON-0027418

Date of inspection: 24/07/2019

## 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>The Provider is engaged in ongoing communication with the Office of the Chief Inspector to address the concerns raised by the inspectors by reference to the non-compliances with Regulations 26 and 28 of the Care &amp; Welfare Regulations during and before the Inspection.</p> <p>We refer the dates provided in the Compliance Plan with a view to alleviating the concerns raised under Regulations 26 and 28.</p> <p>The Provider has engaged and dedicated significant financial resources to the retention of advisers, including professional fire safety advisers, to obtain all appropriate assistance and advices to address the concerns raised under Regulations 26 and 28.</p> <p>The Centre has an up-to-date documented process for identifying and mitigating fire risks in the Centre. This is referenced in policy CE022A (Fire Policy).</p> <p>There is a Risk Register in the Centre to document risks and controls to manage the identified risks. The fire risks identified during the inspection are now documented and mitigated in the risk register. This includes fire detection, alarm system, doors, Protection of stairways and implementation of the fire strategy.</p> <p>The Provider conducted and internal review in Feb 2019 and there is a current review underway, all of which are being documented with a view to establishing a firm programme to address the relevant issues within an identified timeframe. Outside the Inspection, it was agreed that a Schedule of Work would be submitted HIQA by 27th September 2019, as will information regarding all items referenced below, to include matters relevant to the fire detection and alarm and emergency lighting systems which are being addressed in similar fashion.</p>	

To alleviate HIQA's concerns, a revised robust checking and maintenance system for fire doors is being established, to ensure there is closer monitoring in terms of ongoing fire door performance. As part of this system, doors will be re-evaluated periodically for replacement if required. Once the current in-depth door checks and maintenance have been completed, it is proposed to complete an overall assessment of the adequacy of fire doors in the premises.

The main stairwell is considered as being generally adequately protected, subject to maintenance/repair of items such as fire rated doors and management of materials storage etc.

Revised means of escape measures are being implemented from the ground floor, utilizing the Oratory as a sub-compartment means of escape.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 A revised robust checking and maintenance system for fire doors is being established, to ensure there is closer monitoring in terms of ongoing fire door performance. As part of this system, doors will be re-evaluated periodically for replacement if required. Once the current in-depth door checks and maintenance have been completed, it is proposed to complete an overall assessment of the adequacy of fire doors in the premises.

Regulation 26: Risk management	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:  
 A revised robust checking and maintenance system for fire doors is being established, to ensure there is closer monitoring in terms of ongoing fire door performance. As part of this system, doors will be re-evaluated periodically for replacement if required. Once the current in-depth door checks and maintenance have been completed, it is proposed to complete an overall assessment of the adequacy of fire doors in the premises.

The main stairwell is considered as being generally adequately protected, subject to maintenance/repair of items such as fire rated doors and management of materials storage etc., as is the stairway from first to ground floor.

Updated evacuation reports are being prepared by the provider.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: An updated fire safety risk assessment will be available by 27th September 2019.</p> <p>Fire protection of the original stairway will be reviewed as part of the fire safety risk assessment.</p> <p>Storage of materials along escape routes will be reviewed as part of the fire safety risk assessment.</p> <p>Travel distances along escape routes are considered acceptable; the corridor at basement is about 1m more than the recommended limit of 15m between storey exits in an existing nursing home; in that circumstance, it is considered acceptable. In addition, it is proposed to provide an additional storey exit via the Oratory, which will further reduce the distance between storey exits.</p> <p>The emergency lighting exit signage is being reviewed by the service provider to ensure compliance with provisions of IS3217.</p> <p>The general emergency lighting provision is being reviewed by the service provider to ensure compliance with IS3217.</p> <p>In respect of both of the above items, it is proposed to complete any necessary modifications to the system by end of 2019.</p> <p>It is proposed to carry out previously identified system improvements to the fire detection and alarm system to ensure full Category L1 coverage to IS3218: 2013 by end of 2019.</p> <p>A revised robust checking and maintenance system for fire doors is being established, to ensure there is closer monitoring in terms of ongoing fire door performance. As part of this system, doors will be re-evaluated periodically for replacement if required. Once the current in-depth door checks and maintenance have been completed, it is proposed to complete an overall assessment of the adequacy of fire doors in the premises.</p> <p>It is proposed to separate the space containing the electrical distribution boards and other equipment off the kitchen in fire resisting construction.</p> <p>A means of suitably enclosing electrical distribution boards along escape routes in fire resisting construction will be implemented.</p> <p>The tea station at first floor will be provided with a FD30S door.</p>	



Evacuation plans are being revised to provide for evacuation of two bedrooms off the main stairway, with use of the relevant rooms (13 and 25) being occupied by able residents as previously referenced above. Room 10 has alternative escape routes from the first floor (via the front hallway or via the stairway to the ground floor) so is not reliant on a single stairway.

Repeater panels are being provided at a number of locations (one at each nurses' station) as part of the fire alarm system modifications.

## 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 17(2)	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.	Substantially Compliant	Yellow	31/12/2019
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 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and	Not Compliant	Orange	31/12/2019

	assessment of risks throughout the designated centre.			
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	31/12/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2019
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/12/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency	Substantially Compliant	Yellow	31/12/2019

	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 procedures to be followed should the clothes of a resident catch fire.			
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	31/12/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2019
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	31/12/2019
Regulation	The registered	Not Compliant		31/12/2019

28(2)(iv)	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.		Orange	
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	31/12/2019