

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Dundas Ltd
Centre ID:	OSV-0002422
Centre county:	Meath
Email address:	maurah@talbotgroup.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Dundas Ltd
Provider Nominee:	Corinne Pearson
Lead inspector:	Sonia McCague
Support inspector(s):	Siobhan Kennedy
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
30 July 2014 11:30	30 July 2014 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 07: Health and Safety and Risk Management

Summary of findings from this inspection

Following the last inspection 28 May 2014, immediate action was required by the provider to improve and ensure adequate precautions against the risk of fire were addressed as required in regulation 28 to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Following the last inspection 28 May 2014 and due to significant concerns regarding fire safety in this centre a referral from this Authority was made to the Statutory Fire Authority for an assessment.

Subsequent communications and updates from the provider were submitted to the Authority indicating involvement by the statutory fire authority along with independently contracted fire officers to address areas of concern and provide assurances that improvements required would be implemented and/or progressed within reasonable specific time frames.

This inspection was carried out to follow up on the action plan and information provided following the last inspection 28 May 2014 and was specifically related to the providers responses in relation to precautions put in place against the risk of fire.

While improvements were maintained, and actions from the last inspection had been progressed which will be subsequently followed up within the specified time frames, further improvements were required and are outlined within this report and in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the commencement of the inspection the inspectors were informed that fire safety officers were on site providing staff training and mock evacuations/drills from the upper floor via an external staircase were to be carried out later in the day. Inspectors met with fire safety officers and the person in charge who provided an update in relation to the training planned, and fire safety improvements made and in progress. The independent fire officer informed inspectors that the Statutory Fire Authority were satisfied with the action plans presented by him to date and showed a copy of a letter recently submitted outlining the plans related to fire safety including means of escape via external fire escapes.

Improvements and actions since the last inspection included the following:

Each resident had a personal emergency evacuation plan that identified the staffing and equipment needs of each resident. These plans were available in residents' bedrooms and in an emergency file completed and maintained for reference in the event of an evacuation being required.

A portable ramp to cover steps leading down to the fire assembly point at the front entrance was available and accessible in the porch to aid residents using wheel chairs to use this exit as an alternative means of escape/exit.

Keys to the fire exit doors have been removed and fire exits were operated by a key code system that inspectors were informed deactivated when the fire alarm is activated.

The key lock and bolts previously in place on the identified fire exit from room 306 have been replaced with a key coded system that releases and is deactivated when the fire alarm is activated. Inspectors were informed that a new fire alarm system was being installed. Inspectors reviewed the fire register and found service records dated July 2014 for the fire alarm system, fire extinguishers and emergency lighting in place.

Fire signage has been put in place at room 114.

The step leading to the fire exit door in fire zone 3 remained unchanged; however the placement of residents with limited mobility near this exit and on the upper floors was to take into consideration the limitations and hazards that may impede timely access/exit. One resident had relocated rooms since the last inspection due to limited mobility.

The concrete pathway which was a fire evacuation route leading from apartment 108 was unobstructed.

Works to be carried out including broken and uneven ramped concrete pathway identified as a fire evacuation route leading to the fire assembly point was to be completed by 31 October 2014.

A fire evacuation procedure was displayed in narrative form within the centre near exit doors, however, the floor plans displayed to show "you are here" and aid evacuation were misleading and required further improvement to ensure information was correct, clear and visual, and located in each zone or corridor. Given the layout of the centre there were insufficient evacuation floor plans displayed in prominent places around the centre to direct residents and staff in the event of an evacuation.

Directional signage had been erected in the courtyard to aid an evacuation of the building which necessitated proceeding through the grounds of the day care facilities. However, emergency lighting had not been completed to ensure adequate lighting in the event of using this means of escape at night. Inspectors were informed that emergency lighting would be provided by 31 October 2014 and contingency measures such as ensuring existing outdoor lighting was sufficiently available and switched on at night, along with torches being readily available was to be maintained in the interim.

Electrical contractors were seen working in the centre at this inspection and on enquiry they confirmed they were installing fire detectors and fire alarms throughout.

The external fire steps leading from the back of the centre were steep and narrow and at the bottom of the steps there were different levels and gradients with no handrails fitted to aid support. This remained unchanged; however, external stairs are to be replaced by 31 October 2014. On enquiry, inspectors were informed that enclosed staircases that were protected from the elements were not specified as a requirement.

From the records reviewed, two evacuation drills had been carried out in the day time. A full evacuation drill was being carried out on the day of inspection and the person in charge told inspectors that additional drills to include night drills will be provided to ensure all staff were familiar with the evacuation procedure and that the contingency arrangements with available staffing levels during the day and night. Inspectors observed two evacuation drills during the training and noted that four staff and the trainer were assisting the evacuation process from the first floor to the foot of the external staircase. Inspectors acknowledged this good practice and highlighted the requirement to consider the number of staff required to carry out this function safely and to a final location that would require supervision in the event of an external evacuation.

The provider and person in charge informed inspectors that an additional member of staff had been put on duty each night since the last inspection to assist in the event of an evacuation and confirmed that this support role as fire warden would be maintained until all works were completed satisfactorily.

In addition to the findings from the previous inspection, improvements were required in the following:

- the numbered bedrooms occupied by residents did not correlate with those outlined in the statement of purpose
- staff on duty were unsure of the total number of residents residing in the centre to aid emergency procedures. On enquiry, this information did not form part of the daily handover between staff and shift
- the personal emergency evacuation plan for one resident was located in a bedroom, however, inspectors were informed that the resident did not sleep in this room
- magnetic releases were not provided on doors that were held open with latches
- key coded doors fitted with alarms to alert staff when the door is opened was not functioning on two doors (one on the ground floor and one upstairs)
- the resident list, room numbers and associated zones require organisation by area to aid emergency procedures that may be required to support external emergency services such as the fire service

The management team agreed during feedback of the findings to provide monthly updates on the progress on the actions planned.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Dundas Ltd
Centre ID:	OSV-0002422
Date of Inspection:	30 July 2014
Date of response:	18 August 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

In addition to the findings reported and outlined in the action plan following the previous inspection 28 May 2014, improvements were required in the following:

- numbers of bedrooms occupied by residents did not correlate with those outlined in the statement of purpose
- staff on duty were unsure of the total number of residents residing in the centre. On enquiry, this information did not form part of the daily handover between staff and shift
- the personal emergency evacuation plan for one resident was located in a bedroom, however, inspectors were informed that the resident did not sleep in this room
- magnetic releases were not provided on doors that were held open with latches
- key coded doors fitted with alarms to alert staff when the door is opened was not functioning on two doors (one on the ground floor and one upstairs)

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

- the resident list, room numbers and associated zones require organisation by area to aid emergency procedures that may be supported by external services such as the fire services
- floor plans displayed to show “you are here” to aid evacuation were misleading and required further improvement to ensure information was correct, clear and visual, and located in each zone or corridor. Given the layout of the centre there were insufficient evacuation floor plans displayed in prominent places around the centre to direct residents, visitors and staff in the event of an emergency
- emergency lighting had not been completed to ensure adequate lighting in the event of using this means of escape at night and contingency plans not tested
- inspectors were informed that enclosed staircases that were protected from the elements were not specified as a requirement
- evacuation drills were carried out in the day time only
- two evacuation drills observed by inspectors during training included four staff and the trainer assisting a ski sheet evacuation process from the first floor to the foot of the external staircase. Inspectors acknowledged this good practice and highlighted the requirement to consider the number of staff required to carry out this function safely and to a final location that would require supervision in the event of an external evacuation.

The provider nominee in a letter dated 21 July 2014 and the management team confirmed during feedback of the findings from this inspection that monthly updates on the progress on the actions planned would be reviewed by them and provided to the Authority .

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:

Updated statement of purpose was submitted to HIQA on 08/08/14.

The number of residents present each day is part of the daily handover for staff since 30/07/2014

The Personal Emergency Evacuation Plan for the resident identified is located in the area where she sleeps since 30/07/2014

Magnetic releases will be fitted to all doors as required by 31st October 2014

The identified ground floor door with an alarm has been deactivated purposefully to facilitate the resident in that area to have full access to the smoking area during the day, the alarm is reactivated once the resident has retired to bed as requested by the resident. The upstairs room identified the alarm switch was activated following the inspection on 30/07/2014

The residents have been organised by zones and this information is available within the fire box at the fire panel for emergency services since 06/08/2014

The floor plans are being revised to provide a larger scale drawing of the specific area rather than the current full floor plan. This will be completed by 31st October 2014.

Necessary external lights will be fitted by 31st August 2014

Evacuations drills have been completed with all staff (day/night) in the presence of the independent fire consultant and the fire training officer, this was completed on 14th August 2014.

Evacuation drills have been completed to reflect the different level of staffing for day/night by 14th August 2014.

Proposed Timescale: 31/08/2014