

**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
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Dundas Ltd
Provider Nominee:	Corinne Pearson
Lead inspector:	Philip Daughen
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	1

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, Health Act 2007 (Registration of 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:
29 May 2015 09:30	29 May 2015 12:30

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

This centre consists of a 3 storey building, originally a house, which has been extended to the rear with a more recent two storey extension. The entire building has been repurposed as residential accommodation for adults with disabilities along with associated ancillary functions such as office, storage, maintenance and kitchen facilities.

The centre was last inspected on the 30th July 2014 in order to determine what progress had been made on the provider's action plan response to an inspection on the 28th May 2014, during which significant failings were identified in relation to fire safety. These related to the adequacy of fire procedures as well as the provision of adequate means of escape from the centre.

The inspection on the 30th July 2014 identified that while improvements were maintained and actions from the previous inspection had been progressed, further improvements were required in relation to fire safety. In light of these findings, updates from the provider were submitted to the Authority on a number of occasions subsequent to the inspection. These updates made reference to involvement by the statutory fire authority along with independently contracted fire safety professionals to address areas of concern. These updates also served to provide assurances that improvements required would be implemented and/or progressed within reasonable specific time frames.

The purpose of this inspection was to determine the adequacy of fire precautions currently in place and also to determine if the improvements identified as being required on previous inspections had been implemented in the centre.

This inspection found that the majority of the improvements required with respect to

fire safety had been implemented. The inspection found that some areas required further improvement and some instances of inadequate fire safety management were also identified. This is discussed in more detail in the body of the report.

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, Health Act 2007 (Registration of 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:

Upon arrival at the centre the inspector did a walkthrough of the building after speaking to the CNM 1 on duty. At the conclusion of the walkthrough, the inspector then reviewed relevant documentation pertaining to the fire precautions in place at the centre.

The inspector found that many of the actions contained in the providers action plan response from the previous inspection and subsequent written updates on remedial work had been completed. Magnetic hold open devices were installed to fire doors where necessary. A programme of fire drills was implemented replicating day and night time conditions and records were viewed by the inspector in relation to these. A number of external escape stairs that required replacement were noted as having been replaced. A concrete ramp had been installed on a final exit. However, the action relating to the updating of floor plans to ensure the information was correct had not been implemented.

The inspector found that the building was provided throughout with a fire alarm system, emergency lighting and fire fighting equipment where appropriate. Upon checking the fire alarm panel, the system was noted as registering a number of faults. Staff stated to the inspector that the engineer was due on site later that day to remedy the issue.

Generally, the provision of appropriate fire doors throughout was observed as being in place and these doors had the appropriate seals and self closing devices. These doors had been provided with hold open devices connected to the fire alarm where appropriate as mentioned above.

The inspector determined that there were an adequate number of escape routes and these escape routes were protected with fire resistant construction. The majority of exit doors on escape routes were secured in the closed position with electromagnetic locks. The inspector was informed by staff that these locks disengage upon activation of the fire alarm system. The inspector was able to see that this did occur on the front door

when the alarm was activated by staff. Some of the doors secured with these electromagnetic locks were also provided with unnecessary additional fastenings such as push bars and deadbolts. Many of the escape routes from the upper floors were by way of metal external escape stairs. These were found when checked to be clear from obstruction and in good condition as they had only recently been replaced where necessary as mentioned above.

The building was noted as being subdivided in to sub compartments with fire resistant construction throughout, including thorough provision of fire doors in all areas of the building. There was sufficient number of staff in the centre at all times from consulting the roster to evacuate any of the sub compartments in line with the principles of phased horizontal evacuation. Two fire doors were identified by the inspector where the installation of the cold smoke seal appeared to be incomplete. These doors were also found to have padding inserted to prevent the door banging when closing in a manner which held the door slightly ajar when closed and may affect the performance of the door in a fire situation. There were also three locations observed where combustible materials were stored in rooms that were not adequately separated from the escape stairs and corridors with fire rated construction. From inspection and subsequent analysis of the drawings of the building provided, it was apparent that one of the lifts in the building was not provided with a lobby and connected directly to a corridor, which potentially provides a path for smoke to travel vertically between floors.

The inspector observed that fire procedures were displayed at a number of locations throughout the building. Any staff questioned by the inspector were familiar with the procedure. Upon examination of the floor plans on display throughout the building alongside the fire procedure, it was found that they were inaccurate and misleading in that many fire doors provided were not annotated on the drawing. Furthermore, the drawings did not indicate the sub compartmentation of the building with fire resistant construction. This had been identified as a failing on the previous inspection.

Upon examination of records and documentation, it was found that personal evacuation plans had been prepared for all residents. In addition to this, copies of these were provided along with floor plans and the fire procedure at the main entrance. A sample of the personal evacuation plans were examined on site and were found to contain the necessary information as to the needs of the resident. There was also comprehensive service records in relation to maintenance of fire equipment and in relation to fire drills carried out since the last inspection.

In conclusion, while the overall standard of fire precautions in place were adequate in most respects and many of the failings identified on previous inspections had been satisfactorily rectified, the inspector identified a number of areas requiring further improvement from inspection of the centre.

Judgment:
Substantially Compliant

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:

Philip Daughen
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:	29 May 2015
Date of response:	07 August 2015

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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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:

The fire alarm panel was noted as displaying multiple faults on inspection.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building

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

services.

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

The fire alarm panel is a new system and panel and at the time of inspection was having teething problems. It is now operating satisfactorily and is still under warranty.

Proposed Timescale: 07/08/2015

Theme: Effective Services

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

The use of unnecessary additional door fastenings on some doors could represent a potential delay in the event of an evacuation.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Any additional door fastenings and pieces of textiles on fire doors have been removed. The door closures have been adjusted to maintain closure.

Proposed Timescale: 07/08/2015

Theme: Effective Services

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

Two doors as identified in the findings were not maintained in a manner that would ensure that they could contain fire and smoke.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

These two fire doors are new and constructed as fire doors where a panel expands in case of a fire. Certification as in FD30S for these two doors are available for inspection. Any additional door fastenings and pieces of textiles on fire doors have been removed. The door closures have been adjusted to maintain closure

Proposed Timescale: 07/08/2015

Theme: Effective Services

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

There was some storage of combustibles in rooms not adequately separated from escape routes with fire resistant construction. A lift shaft was not lobbied where the lift shaft breached a compartment floor.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The storage of combustibles in two presses on corridors are:

- Completely locked at all times and not used
- Removed from under the stairway

The lift shaft has been reviewed and inspected by Meath fire officer Eanna O' Conghaile and Talbot Group Fire Consultant Emmett Curran and they both stated that in their findings this was not necessary.

Proposed Timescale: 07/08/2015

Theme: Effective Services

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

The floor plans displayed were misleading and therefore would not suitably inform staff and residents as part of the fire procedure in the event of fire.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The floor plans will be reviewed by an architect and will display exit doors, fire doors and will inform staff as part of the fire procedure.

Proposed Timescale: 01/09/2015