

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	OSV-0003944
<b>Centre county:</b>	Tipperary
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd.
<b>Provider Nominee:</b>	Breda Noonan
<b>Lead inspector:</b>	Philip Daughen
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	31
<b>Number of vacancies on the date of inspection:</b>	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, 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 inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 15 October 2015 10:30 To: 15 October 2015 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**

The purpose of this inspection was to determine the adequacy of fire precautions in place within this designated centre. The inspector identified areas of good practice in relation to fire precautions, in particular relating to day to day fire safety management. However, a number of failings were also identified. The centre had previously been inspected by the Authority on the 27 August 2015 during which a number of fire precaution related failings had been identified.

This centre provides residential accommodation for residents with an intellectual disability. In addition, most of the residents have physical disabilities requiring assistance to mobilise, with many residents noted as being totally unable to mobilise without assistance.

This centre is a congregated setting and is located on a campus providing various facilities for people with disabilities. The centre is located in a building that is single storey in the main. Residents live exclusively on the ground floor. There are small areas of the building with two storeys where the upper storey is used for staff accommodation and other ancillary uses such as offices and laundries. The building is of traditional masonry construction with a pitched roof. The building is divided into four separate houses which are all arranged around a central rectangular courtyard. Residents are provided with their own individual bedrooms with other facilities such living areas, bathrooms and kitchens provided communally.

The inspector was shown around the centre by numerous members of staff who were also on hand when required to answer any queries or provide documentation.

The inspector identified good practice relating to fire safety management, fire procedures and in some aspects relating to the building itself. The inspector also

identified failings relating to fire safety management as well as failings relating to the building. The primary failings identified by the inspector related to inadequacies in the arrangements in place to contain fire and prevent the movement of fire and smoke throughout the building in the event of a fire. These failings lead the inspector to deem the centre to be majorly non compliant under Outcome 7: Health and Safety and Risk Management. The findings are explained in more detail within this report.

The authority did not agree all aspects of the action plan with the provider despite affording the provider the opportunity to submit an adequate response. The provider's response to failings identified under Regulation 28(3)(a) and Outcome 7 was not accepted by the Authority.

**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:**

On the previous inspection, failings were identified relating to fire safety management and the condition of fire resistant doors in place within the centre. While some progress had been made in addressing these failings, they were not found to have been adequately addressed on this inspection.

Upon walking through the centre, the inspector found that there was an adequate number of escape routes provided. The escape routes were suitable for the needs of the residents in that they were found to be capable of accommodating the residents and any mobility aids utilised for the purpose of an evacuation of the centre. The inspector found the routes to be free from clutter and obstruction through the majority of the centre with the storage of materials and equipment within dedicated storage rooms in the main. However, the inspector did identify one instance of storage of materials that can burn underneath a stairs leading to staff accommodation.

The inspector noted from speaking with staff that where doors on escape routes were secured with electronic locks that these locks released upon activation of the fire alarm system. In the main, the inspector found in general that doors on escape routes were easily openable in the direction of escape in the event of fire. The inspector did find some fire exits from bedrooms that had been provided with key operated locks which could potentially hinder a timely escape in the event of a fire if the lock were in use and the person making their escape did not have the key on their person.

The inspector saw that the building was provided with a fire alarm system which allowed the staff to determine the location of any fire detected as the exact location was displayed on the panel of the fire alarm according to staff. The inspector noted that the fire alarm system provided automatic fire detection within the majority of the building and included unoccupied areas such as within the roof space. However, the inspector observed that no automatic fire detection had been provided within some storage rooms that had previously been used as sluice rooms and some other small storage rooms

used for the storage of materials that can burn. This meant that any fire would potentially go undetected in the initial stages should a fire occur in these rooms.

The inspector noted that emergency lighting and fire extinguishers were also provided in the centre.

The inspector noted multiple examples where the arrangements in place to contain fire were inadequate. The majority of the fire resistant doors identified within the centre were identified as not being capable of containing fire and preventing the movement of fire and smoke throughout the building. Many of these doors were noted as having a significant hole of one to two centimetre in diameter within the door leaf where a lock cylinder which had previously been in place within the door had subsequently been removed. This hole would significantly compromise the ability of the fire resistant door to contain a fire. Many of the doors were noted as having sustained significant damage to the door leaf from repeated physical impacts during use. This damage was significant enough to prevent the door from containing a fire in many cases. The inspector also noted that the provision of intumescent fire seals and smoke seals to these fire resistant doors, which are necessary for the door to adequately contain fire and smoke, was inconsistent and incomplete across the doors provided within the centre. Many doors, including those to places of special fire risk such as laundries had not been provided with any intumescent fire or smoke seals. The majority of doors were provided with intumescent fire seals but had not been provided with smoke seals. This included numerous instances where no smoke seals had been provided and also a number of instances where a smoke seal had only been partially installed within the fire resistant door. The inspector also noted that the provision of a smoke seal was incomplete within one particular door recently fitted as a sample of possible replacement fire resistant doors within the centre. The inspector noted that appropriate self closing devices had been fitted to these doors including 'free swing' door closing devices connected to the fire alarm where required.

The inspector also noted aspects relating to the fabric of the building where the provision of building construction to prevent the movement of smoke and fire within the building was incomplete. For example, the attic space was not adequately subdivided with construction capable of containing fire where necessary to prevent the spread of fire and smoke through the roof space. The inspector noted that while some attempt had been made to subdivide the roof space through the provision of barriers within the roof space, these were found to be damaged with penetrations and gaps that would allow heat and smoke to pass through them. The inspector also noted locations where cabling passed through the ceiling in a manner that would allow smoke to easily enter the roof space from below in the event of a fire. The inspector also noted storage of materials that can burn within storage rooms that were constructed in a manner incapable of containing a fire, should a fire occur within one of these rooms.

The inspector examined records relating to fire safety management and found that there was a system of regular checks on escape routes, the fire alarm, emergency lighting and other elements relating to fire safety in place and that these checks had been recorded as being completed on a regular basis. There was evidence of good fire safety practice being implemented within the centre, such as storage of materials and equipment within dedicated rooms and the prevention of lint build up within clothes driers. The inspector

also found that the fire alarm, emergency lighting and fire extinguishers had been serviced when required by a service technician and that this had been recorded as part of ongoing fire safety management. The inspector did identify some checks important to fire safety and specific to this centre which were not recorded. For example, the inspector was informed that the vehicle entrance gate to the site opened upon activation of the fire alarm but there was no record of this being checked as part of the regular fire safety management checks. It was also unclear to the inspector from examination of the relevant records if door locks and door closing devices were connected to the fire alarm were being checked for correct operation on an ongoing basis along with their interface with the fire alarm system.

The inspector found a fire procedure to be in place. The fire procedure set out what staff had to do in the event of fire alarm activation in the centre with clear instructions and responsibilities set out as part of the procedure. The procedure did not outline the procedure to follow in the event of discovery of a fire by staff. The staff questioned were familiar with the fire procedure in place and the procedure to be followed when evacuating the centre. The inspector was also provided with sample training material used to train staff in relation to fire safety in order to demonstrate what topics were covered as part of fire safety training, which included fire prevention, emergency procedures, fire fighting equipment and fire control techniques.

Upon examination of fire safety documentation, the inspector also noted that the evacuation needs of the residents had been assessed and were recorded in a basic manner. The staff showed the inspector a more detailed version of this assessment which was in the process of being implemented within the service. The inspector found that the residents who required assistance of staff and aids in the event of an evacuation of the centre were provided with same and that the appropriate evacuation aids were in place.

The inspector examined recent fire drill records and found that fire drills were being carried out on an ongoing basis, with partial drills being held on a monthly basis and larger fire drills being conducted twice a year. Recent fire drill records indicated that the centre was capable of being evacuated in a timely fashion in the event of a fire within the centre. However the inspector did note that the records could contain more detail. For example, the records for the most recent drill were not clear as to the fire scenario simulated, the total number of staff available or indeed the method of evacuation and location of residents at the time of the drill.

In summary, while good practice had been identified in numerous aspects relating to fire precautions, there were also numerous failings identified as detailed above, in particular in relation to the arrangements in place for containing fire and preventing the spread of heat and smoke in the event of a fire occurring within the centre.

**Judgment:**

Non Compliant - Major

## 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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	OSV-0003944
<b>Date of Inspection:</b>	15 October 2015
<b>Date of response:</b>	03 December 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 inspector observed one instance of storage of materials that can burn underneath a staircase providing the sole escape route from staff accommodation.

It was unclear from examination of the records and speaking to staff if door locks and

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

door closing devices where connected to the fire alarm were being checked for correct operation on an on-going basis along with their interface with the fire alarm system.

**1. 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:**

The stored material was moved immediately after the inspection from the area underneath the staircase.

The electromagnetic door locks and automatic hold open devices are since inspection included as an item on the fire drills check list, to ensure that they are checked and in working order and release when the fire alarm is activated.

The automatic release on the main gate and gate of the designate centre is also included on the fire drill recording check list to ensure that both are in working order and releasing when the fire alarm is activated.

**Proposed Timescale:** 17/11/2015

**Theme:** Effective Services

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

Some fire exit doors had been provided with key operated locks which could potentially hinder a timely escape in the event of a fire if the lock were in use and the person making their escape did not have the key on their person.

**2. 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:**

The locks will be changed to thumb turning locks to ensure that escape will not be hindered from the area.

**Proposed Timescale:** 26/11/2015

**Theme:** Effective Services

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

The arrangements in place for detecting fires were inadequate in the following respects:

There was no automatic fire detection provided to a number of storage rooms throughout the centre including a number of rooms storing materials that can burn.

The arrangements in place for containing fires were inadequate in the following respects:

The majority of fire resistant doors provided would not be capable of effectively containing fire and preventing the movement of smoke and heat throughout the building due to the presence of holes within the door leaves, physical damage to the doors, the non fitment or incomplete fitment of the requisite intumescent fire and smoke seals or a combination of some or all of the above.

The roof space was not adequately divided with construction capable of containing a fire where necessary to prevent the unseen spread of fire and smoke through the roof space.

Services such as cabling were not adequately fire stopped where they passed through elements of structure in all cases.

Storage rooms used for the storage of materials that can burn were not constructed in a manner capable of containing a fire in all cases.

### **3. 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 response submitted by the provider to this action did not satisfactorily address the failings identified. Specifically, the response did not provide a timescale for fully addressing the failing relating to the fire resistant doors provided. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

### **Proposed Timescale:**

**Theme:** Effective Services

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

As detailed within the findings, the fire drill records examined did not contain sufficient detail to adequately review the fire precautions in place for an evacuation of the centre.

### **4. 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:**

The fire drill recording record will be reviewed by the service Health and Safety Committee at its next meeting 19/11/2015.

The electromagnetic door locks and automatic hold open devices are since inspection included as an item on the fire drills check list, to ensure that they are checked and in

working order and release when the fire alarm is activated.

The automatic release on the main gate and gate of the designate centre is also included on the fire drill recording check list to ensure that both are in working order and releasing when the fire alarm is activated.

The personal emergency evacuation plans for all residents in the centre will be reviewed to include more accurate detailing of the supports/prompts/aids used to assist a speedy evacuation from the centre in the event of a fire.

**Proposed Timescale:** 02/12/2015