<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Dealgan House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000130</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Bellewsbridge Road, Toberona, Dundalk, Louth.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>042 935 5016</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:dealganhouse@gmail.com">dealganhouse@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Dealgan House Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Thomas Fintan Farrelly</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Philip Daughen</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>50</td>
</tr>
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<td>Number of vacancies on the date of inspection:</td>
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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
▪ to carry out thematic inspections in respect of specific outcomes
▪ 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 wellbeing 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

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: 17 December 2015 14:00  To: 17 December 2015 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
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<tbody>
<tr>
<td>Outcome 08: Health and Safety and Risk</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Management</td>
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</tbody>
</table>

Summary of findings from this inspection
This inspection was unannounced and focused on assessing the adequacy of the fire precautions in place within the centre. The centre had recently been inspected by the Authority and inspectors found major non compliance with Regulation 28 - Fire Precautions that resulted in the inspectors requiring the provider to take immediate actions. The non compliances identified related to the in house fire safety checks and also restrictions on the use of fire exits largely as a result of construction work being carried out on the site. The provider subsequently confirmed to the Authority after that inspection that they had taken immediate action in order to mitigate the risk identified.

The centre is located within a purpose built one storey building of traditional masonry construction with a pitched roof. Construction work is ongoing at the centre in order to extend the building in a number of locations. The residents living in the centre were noted as being of varying dependency levels and were mostly accommodated in single bedrooms with communal living and dining facilities. The inspector was met on site by both the provider nominee and the person in charge.

In summary, the inspector found that the failings identified on the previous inspection had either been completed or progressed towards completion. The inspector found evidence of good practice but also identified some additional failings in relation to fire precautions. These are detailed within the report and the action plans.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 08: Health and Safety and Risk Management**

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

**Theme:**

Safe care and support

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

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

**Findings:**

On the previous inspection, inspectors identified that a number of fire exit points had been rendered unusable largely due to the construction work being carried out on the site. Inspectors also identified that the restrictions on exit routes had not been adequately advised or communicated or updated directly to staff and that there was no adequate programme of fire drills in order to help inform staff and test the adequacy of the arrangements in place. Inspectors also found that the directional exit signage had not been adjusted and was still directing building occupants to fire exits that were not in use. On this inspection, it was found that the failings previously identified were all addressed or in the process of being addressed on an ongoing basis. The provider had taken action in multiple areas since the previous inspection including requesting the attendance of the local fire officer who provided guidance to the provider on rectifying the failings identified.

On this inspection, the inspector found that the building was divided where required with fire resistant doors in order to contain a fire. Fire resistant doors were installed throughout. However, the inspector did identify some doors where the seals necessary to prevent movement of heat and smoke past the door between the door and the frame were incomplete. There were a limited number of doors where the intumescent seal which forms a seal between the door and frame when exposed to fire was incomplete. There was also a significant number of doors that were not provided with a cold smoke seal to prevent the movement of smoke past the door in the initial stages of fire exposure. The doors however were provided with all the other necessary features of fire resistant doors such as self closing devices and appropriate ironmongery such as hinges. The majority of the doors were provided with hold open devices, linked to the fire alarm either acoustically or electrically, that ensured that the door would close in the event of a fire without the need to keep the door closed at all times. However, the inspector did identify a fire resistant door where the self closing device had been disabled by way of a cabin hook and another where the self closing device required adjustment or maintenance as it was incapable of fully closing the door, which was necessary as the door was to a laundry room which is a room with a high fire risk. Subsequent to the inspection, the provider confirmed that they would conduct an audit of the fire doors.
provided in order to identify and rectify these issues.

The inspector found that a number of the fire exits to the outside led to enclosed areas of limited size where before the commencement of the construction work no such enclosure existed outside these exits. This was due to the erection of temporary perimeter fencing around the construction works. Despite the construction works and the restrictions it placed on the use of some exits, it was found that there was an adequate number of escape routes from all areas of the building on this occasion. Where there was a reliance on the use of an external exit, the provider had addressed poor ground conditions which existed previously due to the construction works through the provision of plywood sheeting on the ground. This was of particular importance to ensure safety at night when there is a dependence on artificial light. The provider had also modified the directional escape signage such that it directed the occupants in the correct way and did not direct occupants to external exits not suitable for escape due to the ongoing building works. All escape routes within the building were observed as being clear from obstruction on inspection.

The inspector observed that the centre had a fire alarm system capable of displaying the exact location of the fire detection on the panel. The centre was also provided with emergency lighting and fire extinguishers. The inspector noted from examination of service records relating to these that there had been components of the emergency lighting system identified by the service technician as requiring replacement identified on the previous two inspections conducted in September and December. There was no evidence provided on the date of the inspection that these components had been repaired or replaced. The provider stated subsequently by email that he had confirmed with his electrician that the necessary repairs had been made.

With respect to procedures in place for evacuation of the centre, the provider was in the process of reviewing and updating the fire procedure for the centre. It was displayed adjacent to the fire alarm panel and in other locations throughout the centre. The inspector found that the needs of the individual residents in the event of evacuation had been assessed and recorded. This was recorded and indicated the appropriate evacuation aid for each resident. The person in charge told the inspector that this was reviewed on a monthly basis. The inspector found the record to be indicative of good practice. Appropriate evacuation aids, in this case ski-sheets, had been provided for the evacuation of residents who were not mobile. However, the inspector also identified how the record could be improved through the addition of further information such as the cognitive ability of the resident in the event of an evacuation and any sensory impairment that the residents may have that would affect their ability to respond to a fire alarm.

Fire drills were an issue at the previous inspection and the inspector found that further improvements were still required. The inspector was informed by the provider that a programme of fire drills had commenced after the previous inspection. They had conducted a drill simulating night time conditions and were also about to conduct a further drill before the arrival of the inspector according to staff. However, there were no adequate fire drill records to indicate that this was occurring. There was no record provided indicating important information relating to the drills such as the success or failures identified in same, scenario simulated, staff and / or residents involved, time
taken for and extent of evacuation. The importance of these drills and the recording of same was identified by the inspector as being of particular importance given the changed arrangements for evacuation as a result of the restrictions caused by the building work and the need to disseminate this information amongst all staff, both day and night-time, as well as residents as appropriate.

The inspector found records that daily and weekly fire safety and means of escape checks were being carried out. However, the records simply indicated that the checks were being conducted without indicating the extent and nature of the checks. For this reason, the provider was not able to provide documentary evidence that such items as door hold open devices, the electrical generator, lint drawers in the clothes driers as well as the temporary ground coverings previously mentioned were being checked on an ongoing basis. The provider subsequently communicated by email that checklists were being developed in relation to the regular checks so that the nature and extent of the checks are clear. This will also ensure that the checks are consistent regardless of which member of staff conducts same.

From examination of training records, it was found that all staff, both day and night time staff, had received training in fire safety including nursing home specific content, extinguisher selection and use, the fire alarm system and the use of evacuation aids. From discussion with the provider and person in charge, they identified the potential usefulness of further practice in the use of evacuation aids for staff and were considering implementing same which was indicative of good practice.

In summary, the failings identified on the previous inspection had largely been addressed or were in the process of being addressed. The inspector also identified some additional failings on this inspection which merited a judgement of moderate non-compliance with respect to Regulation 28. These findings were brought to the attention of the provider at the conclusion of the inspection.

**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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000130</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>17/12/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>29/01/2016</td>
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 08: Health and Safety and Risk Management

Theme:
Safe care and support

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

The arrangements for maintenance work and records were not adequate in the following respects:

A number of fire doors were identified as requiring remedial maintenance in order to ensure they can function as required in the event of a fire.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The maintenance records relating to the emergency lighting indicated that there were components of same requiring replacement but there was no record to indicate that they had been replaced.

It could not be determined on inspection that all the necessary regular checks were being carried out on an ongoing basis by staff to ensure all fire equipment, means of escape, building fabric and building services were maintained in safe and working order.

1. **Action Required:**
   Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

   **Please state the actions you have taken or are planning to take:**
   The laundry door mechanism has been adjusted and is now fully closing the door. The catch on the wheelchair bay door has been removed and a sign placed on it stating that it is a fire door and must be kept closed when not in use.

   I have spoken to our electrician who confirmed that all defects from the previous emergency light inspection were addressed. He has been requested and has agreed in future to certify all emergency light repairs by signing and dating each item identified as faulty on the inspection report when repairs have been completed. He will also issue a certificate of compliance with Irish Standard 3217.

   I have confirmed that all necessary checks have been carried out regularly by our maintenance man. To improve the documentation of same, we have developed a checklist which itemises what must be checked weekly and monthly, provides space for noting defects and a space to sign when defects have been addressed. Our maintenance man in future will use this checklist and file them for the record.

   A checklist has been placed on the tumble dryers requiring the operator to sign that the lint has been removed each day and that it has been vacuumed every Friday. This has been the practice but the checklist will provide an audit trail confirming that it has been done.

   Our architect carried out an audit of fire doors and his report was received on 14/01/2016. The on-site contractor has been asked to carry out the work. Necessary materials have been ordered and the contractor has given a completion date of February 15th.

   We have reviewed and amended our Fire Evacuation Procedure. A copy of the revised procedure was placed in each employee's payslip envelope on with a note from the registered provider encouraging them to read it and to refresh their memory occasionally by reading the copies placed in various locations around the building.

   **Proposed Timescale:** Adjustments to fire doors have been completed. Revision of
documentation has been completed and will be maintained on an on-going basis. Remedial work arising from the fire door audit will be completed by February 15th.

**Proposed Timescale: 15/02/2016**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector was not assured from examination of records that there was an adequate programme of fire drills in place simulating likely scenarios in order to make all staff and residents, where appropriate aware of the procedures to follow in the event of a fire as well as test the fire and evacuation procedure in place.

2. **Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and 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:**
To date, 68% of our staff, including the majority of night staff, have had an opportunity to participate in a fire drill. We will continue holding them as often as possible until all staff have participated in a drill. Thereafter, fire drills will be held on a regular basis. We were keeping a record of the date, time and attendance at fire drills. This has now been supplemented by fully documenting the experience of each fire drill, what was done, what difficulties were encountered and the lessons learned as a result. The comprehensive documentation of fire drills will be kept on file on an on-going basis.

Proposed Timescale: A critical mass of staff (68%) have had an opportunity to participate in a fire drill. All remaining staff will have an opportunity to do so before the end of February. Fire drills will be held at least every six months thereafter.

**Proposed Timescale: 29/02/2016**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While the physical needs of the residents had been assessed in the event of an evacuation, there was no assessment made in relation to the cognitive and sensory abilities of residents in the event of a fire.

3. **Action Required:**
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
An extra column has been provided in the residents’ personal evacuation plans in which any relevant impairment is noted. “CI” denotes cognitive impairment, “VI” visual impairment and “HI” hearing impairment. “SA” denotes sleep apnia. A footnote to the evacuation plan explains the meaning of these abbreviations. Each resident has been assessed and any relevant impairment noted in the evacuation plans.

Proposed Timescale: 29/01/2016