

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ratoath Manor Nursing Home
Centre ID:	OSV-0000152
Centre address:	Ratoath, Meath.
Telephone number:	01 825 6101
Email address:	ratoath@silverstream.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ratoath Nursing Home Limited
Provider Nominee:	Joseph Kenny
Lead inspector:	Philip Daughen
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	61
Number of vacancies on the date of inspection:	2

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: 20 January 2016 09:30 To: 20 January 2016 15:30

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

Outcome	Our Judgment
Outcome 01: Health and Safety and Risk Management	Non Compliant - Moderate

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. This inspection took place over one day.

This centre was previously inspected by the Authority on the 6 January 2016 during which the inspector identified fire safety failings. The provider was required to take immediate action in order to rectify some specific failings relating to exit signage and management of escape routes. The provider responded by taking immediate action in a timely fashion to the satisfaction of the Authority.

The purpose of this inspection was as a follow up inspection to determine compliance with respect to Health and Safety and Risk Management, and specifically to look at the arrangements with respect to fire precautions in detail given the findings of the previous inspection.

This centre provides residential accommodation and care for up to 63 residents. These residents have a variety of needs and include residents with dementia. The residents are provided with either single or twin bedrooms as well as communal dining and living facilities.

This inspection identified areas of good practice in relation to fire safety management. It also identified where improvement was required for both fire safety features within the building and some aspects of fire safety management including fire drills. The findings are outlined in more detail within the report.

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 01: Health and Safety and Risk Management

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:

The immediate actions identified on the previous inspection were in the process of being addressed. The areas where additional exit signage was required were being assessed. The provider had provided temporary signage in the interim until the permanent signage could be installed. Additional signage was also required. All escape routes were identified as being unobstructed.

The inspector reviewed the fire safety management arrangements for the centre, including the physical fire precautions in place. In addition, the arrangements for maintenance of same as well as the fire and evacuation procedures, the staff training and the programme of fire drills were examined.

The inspector found that the building was extensively divided with construction resistant to the passage of fire including fire resistant doors. The inspector did identify fire resistant doors that required remedial maintenance in order to allow them function effectively in the event of a fire. There were doors identified that were not provided with a cold smoke seal to prevent the passage of smoke past the door. There were some doors that had gaps between the door and frame when in the closed position and therefore could not provide an efficient seal between the door and the frame to contain a fire should one occur. There were also doors where the self closing device required adjustment or repair as well as doors where the device was disabled by way of a door wedge.

The centre was provided with an adequate number of escape routes from all areas of the centre. The doors provided along the escape routes were easily opened in the direction of escape. Many were provided with magnetic locks which the inspector was informed were connected to the fire alarm and would disengage in the event of a fire alarm activation allowing the door to open.

Many doors were also provided with locks that could only be operated on both sides by way of a key but the inspector was informed that these locks were not in use and that

the keys were not in circulation amongst staff or residents. One final exit door was secured in the locked position with a key operated lock. While a copy of the key was provided adjacent to the door within a break glass unit, the staff did not carry a copy of said key on their person. There were some exits provided from the building that had steps outside of the door and therefore would not be suitable for use by all residents such as those using wheelchairs or walking frames. While temporary exit signage had been provided within certain areas of the centre on an interim basis, the chapel and the lounge / dining space did not have an adequate provision of either temporary or permanent exit signage. There were also curtains hung across the exit from the lounge in manner that could possibly impede the use of said exit in the event of an evacuation.

The centre was provided throughout with a fire detection and alarm system. The system was addressable and was capable of displaying the exact location of the detection on the panel display, enabling a quick response if required. Fire fighting equipment was provided throughout the centre as was emergency lighting. However, the inspector did find a lounge within the centre to which emergency lighting was not provided.

Storage was provided within the centre for materials and equipment within numerous dedicated storage rooms. The standard of housekeeping in this regard was good in that storage was in the dedicated areas generally and not within other areas or on escape routes. The inspector found that there were storage rooms provided for the storage of material that can burn which were not constructed with fire resistant construction.

The inspector reviewed records and examined building services such as the gas, heating and electrical installations, and found them to be maintained in a safe manner. The inspector found aspects of good practice in this regard. However, the inspector did observe a service shaft provided between ground and first floor off the main corridor where electrical cables were not provided with appropriate protection where they travelled through fire resistant construction in order to ensure the cable route could not become a path for heat or smoke travel through said construction in the event of a fire.

There was a system of periodic fire safety checks carried out by staff in place as well as the necessary arrangements for maintenance by a competent person when required, such as for the fire alarm and fire fighting equipment. Staff questioned were aware of their responsibilities in this regard. While the system of regular checks was comprehensive, the arrangements for checking the condition of fire resistant doors, hold open devices on fire resistant doors, magnetic locks and their interface with the fire detection and alarm system on doors along escape routes and that all evacuation aids were present and in serviceable condition were not clear from the documentation.

The inspector found that there was a fire procedure in place and that instructions were displayed in various locations throughout the centre. The fire procedure was found to differ in the steps necessary between the copy displayed through the centre and the procedure contained within the emergency plan for the centre. The inspector also found that the fire procedure within the emergency plan could be more informative. For example, while the procedure within the internal emergency plan outlined what to do upon discovery of a fire, it did not outline the steps to take upon hearing the fire alarm.

The inspector found that the needs of the residents in the event of an evacuation had been assessed by staff and the results of such assessment was recorded. A personal evacuation plan was created for each resident and was part of their care plan. The inspector was informed that the staff were in the process of implementing an information display within the room of each resident with basic information as to their needs in the event of an evacuation. The inspector was also provided with a sheet with the needs of all the residents in summary form which would be very useful not just for staff but for emergency services in the event of their attendance. This outlined the location of the bedroom and needs of each resident, although the wording within it would have benefitted from more clarity as to the exact cognitive abilities, sensory abilities and mobility needs of each resident. Evacuation aids, such as evacuation pads and evacuation chairs, were provided throughout the centre. These were provided communally as opposed to being provided to specific residents as required on the basis of a resident by resident assessment.

The training needs of the staff were assessed and records kept. There were some staff who were due refresher training in relation to fire safety. The inspector was informed that the necessary arrangements had been made for these staff to receive the necessary training on the 28 January 2016.

While the training mentioned above covered the use of evacuation aids, the program of fire drills did not appear to simulate any evacuation of the centre. The records indicated that the fire drills, which were usually during the day, appeared to simulate staff response to the alarm being raised but stopped short of any simulated evacuation. Because they were conducted during the day, it was also unclear as to the extent of any involvement of night staff in any fire drills. As no evacuation was simulated, it was not clear if the staffing provision, equipment provision (evacuation aids etc.), the fire safety training provision to staff and evacuation procedure were adequate at all times within the centre. There was no evidence that any worst case scenario, such as the evacuation of the largest bedroom fire compartment with night time staffing levels, had been simulated as part of the fire drill program. It was noted that the records present indicated that the drills that were being conducted were being done on a regular basis, approximately monthly

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 report¹

Centre name:	Ratoath Manor Nursing Home
Centre ID:	OSV-0000152
Date of inspection:	20/01/2016
Date of response:	18/02/2016

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 01: 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:

Multiple fire resistant doors were identified on inspection that required remedial attention as described within the findings.

It was unclear from review of records relating to fire safety checks whether adequate arrangements were in place for checking the condition of fire resistant doors, hold open devices on fire resistant doors, magnetic locks and their interface with the fire detection

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

and alarm system on doors along escape routes and that all evacuation aids were present and in serviceable condition

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:

Comprehensive review of all fire doors been carried out and any remedial works will carried out immediately.

Existing documentations for inspections and testing of fire doors to be reviewed with contractor and modify accordingly.

Proposed Timescale: 28/02/2016

Theme:

Safe Care and Support

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

The means of escape from the centre were not adequate in that:

There was a door identified on an escape route that was secured with a key operated lock and did not have the appropriate safeguards to ensure it could be opened at all times.

The presence of steps at some final exits rendered said exits unsuitable for occupants using mobility aids such as wheelchairs or walking frames.

An exit from the lounge had curtains hung across it in a manner that could potentially impede the use of the exit in the event of an evacuation.

A lounge within the centre was not provided with emergency lighting.

2. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

Key Operated escape doors will be replaced with an electric magnetic door and keypad linked to fire alarm system.

Any fire exits with steps will be replaced by ramps.

Curtains in lounge have been removed.

Lounge have been provided with emergency lighting.

Proposed Timescale: 30/03/2016

Theme:

Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While additional temporary exit signage was installed within the centre, the exits from the chapel and from the lounge / dining space were not provided with exit signage.

3. Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

Additional exit signage insulation now completed within the centre.

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 arrangements for containing fire were not adequate in that:

There were multiple locations within the centre where materials that can burn were stored in rooms and cupboards not capable of containing a fire should one occur within them.

Electrical cables located in a service shaft provided between ground and first floor off the main corridor were not provided with appropriate protection where they travelled through fire resistant construction in order to ensure the cable route could not become a path for heat and smoke travel in the event of a fire.

4. Action Required:

Under Regulation 28(2)(i) 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:

All storage cupboards and rooms have been reviewed. An additional detection and 60min fire door provision will be installed where required and storage removed where inappropriate.

Both shaft identified will have appropriate fire stopping protection installed where necessary.

Proposed Timescale: 30/03/2016

Theme:

Safe Care and Support

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

The fire procedure within the emergency plan required review in order to be more comprehensive and also to reflect the instructions displayed on the signage throughout the centre.

5. 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:

The fire plan and the emergency response plan will be reviewed and modified in conjunction with Phoenix Safety Training services to move accurate reflective to procedures necessary to take in event of fire.

Proposed Timescale: 30/03/2016

Theme:

Safe Care and Support

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

The inspector could not determine that the fire drill program ensured that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire for the following reasons:

The records indicated that the fire drills, which were usually during the day, only appeared to simulate staff response to the alarm being raised but stopped short of any simulated evacuation.

The records indicated that the program in place did not ensure the participation of night staff.

Because no evacuation was simulated, it was not clear if the staffing provision, equipment provision (evacuation aids etc.), the fire safety training provision to staff and evacuation procedure were adequate at all times within the centre.

Due to the fact no simulated evacuation had taken place, there was no evidence that any worst case scenario, such as the evacuation of the largest bedroom fire compartment with night time staffing levels, had been simulated as part of the fire drill programme.

6. 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:

Fire drills will incorporate phased horizontal evacuation procedures, appropriate to each location and will involve all shifts. Stage evacuation will be timed, logged and evaluated.

Proposed Timescale: 15/02/2016