<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Stella Maris Nursing Home.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000105</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Baylough, Athlone, Westmeath.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>090 649 2162</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:stellamaris1@eircom.net">stellamaris1@eircom.net</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Clare McNally</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Clare McNally</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Philip Daughen</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection:</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>22</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>3</td>
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</table>
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: To:
30 March 2016 08:45 30 March 2016 15:15

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>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

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

The centre was previously inspected in January 2016, during which the inspector identified failings with respect to fire precautions and health and safety.

The purpose of this inspection was to determine compliance with respect to Health and Safety and Risk Management. This inspection also focused specifically on the arrangements in place with respect to fire precautions.

The centre provides residential accommodation and care for up to 25 residents. These residents have a variety of needs and abilities.

The inspector found that the failings identified on the previous inspection with respect to fire precautions and risk management had been addressed or were in the process of being addressed. The inspector identified examples of good practice in the areas of health and safety and fire safety during the course of the inspection. However, the inspector also identified failings in these areas. The findings lead the inspector to find the centre to be moderately non compliant. The details are contained within the findings and associated action plan within this report.
Outcome 01: Health and Safety and Risk Management

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The actions required from the previous inspection were found to be addressed or in the process of being addressed.

On the previous inspection, it was found that the risk register was not complete. It was found on this occasion that the risk register had been updated in order to address the failing identified previously.

On the previous inspection, inadequacies were identified in the programme of fire drills in place within the centre. It was found on this occasion that the arrangements relating to fire drills had been significantly improved both in the nature of how they were conducted and how they were recorded. The inspector noted that while these improvements had been implemented, this needed to be continued on an on-going basis to ensure that all staff, including night staff participated and that a sufficient number of realistic fire scenarios had been simulated.

On this inspection, the fire safety management arrangements for the centre were reviewed, 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 the building in which the centre was located was equipped with the necessary equipment to detect a fire should one occur and ensure occupant safety in the event a fire. The building was equipped with a fire detection and alarm system throughout. The system installed divided the building in to a number of zones and was able to display the zone in which the fire had occurred at the fire alarm panel. The building was provided with emergency lighting to provide light internally in the event of a power failure in the building. The inspector also noted that fire extinguishers had been provided throughout the building.

The centre had been provided with fire resistant doors throughout to contain a fire within the room in which it had occurred and prevent the escape routes being blocked.
by heat and smoke in the event of a fire. In the majority of cases, these doors were in serviceable condition and were provided with all the features necessary for them to function effectively in the event of a fire.

However the inspector noted that the provision of these doors required review as there were some instances identified where there was no fire door installed where necessary. For example, the laundry room, which would be considered to be a place of elevated fire risk, was not equipped with a fire door as were a number of store rooms storing materials that could burn such as store rooms containing personal hygiene products.

The inspector also noted fire resistant doors that were not equipped with all the necessary components necessary for them to function effectively in the event of a fire. For example, there were doors observed that were not provided with the intumescent and cold smoke strips necessary to prevent smoke passing between the door and the frame. There were also a number of fire resistant doors observed, including bedroom and dining room doors, which had not been provided with a self closing device to ensure the door could function effectively in the event of a fire. Many of these door were observed as being open throughout the course of the inspection.

The centre was provided with an adequate number of escape routes, and these were observed as being clear from obstruction by the inspector. It was noted that the majority of the doors were capable of being safely and effectively opened in the direction of escape in the event of a fire. The majority of doors on escape routes were fitted with either thumb turn operated locks or else magnetic locks which disengaged on activation of the alarm to facilitate a timely escape in the event of a fire. The magnetic locks were also provided with a means for emergency disengagement local to the door. The inspector did note two final exit doors to the rear of the building which were equipped with key locks. The arrangement observed could result in an unacceptable delay in escape in the event that the door concerned was locked and the person making their escape did not have, or could not locate, the key.

The assembly point was to the rear of the building. The route to the assembly point from two of the exits from the building used by residents was suitable for residents using wheelchairs or walking frames. However the route to the assembly point from the rear exit of the building was not suitable for use by residents using wheelchairs or walking frames due to the presence of steps along the route.

The building was noted as being provided with a smoking room for use by residents who smoke. It was provided with a smoking apron and fire blanket. It was also provided with extensive glazing to aid staff in monitoring the room. The inspector also noted that a smoking risk assessment had been completed for the small number of resident who smoked in order to ensure they could smoke safely, with appropriate control measures identified and implemented as required.

Upon examination of the fire safety maintenance arrangements in place, it was found that there was a system of daily checks of escape routes in place. While this was indicative of good practice, this was the extent of fire safety checks and there were no records to indicate that other fire safety features such as door hold open devices or the electronic locks previously referred to were checked to ensure they released in the event
of a fire. The format of the records made it unclear as to what was checked as part of
the system in place.

The inspector found that the provider had made adequate arrangements for
maintenance of the fire detection and alarm system and the fire extinguishers by
specialist contractors as necessary. However, it was also noted that these arrangements
were not in place for the emergency lighting system. The person in charge in the centre
on the day began to take the necessary steps to rectify this immediately when it was
brought to her attention.

The inspector found that all staff had received fire safety training as required.
Furthermore, the inspector was told verbally about practice sessions with ski sheets and
evacuation chairs conducted with staff which is indicative of good practice.

Upon examination of fire safety procedure documents, it was found that there was a fire
procedure in place but it was not displayed in the centre. The inspector found that the
needs of the individual residents in the event of an evacuation had been
comprehensively assessed by way of personal evacuation plans prepared for each
resident. The inspector viewed a sample of these plans and found them to be clear,
comprehensive and regularly updated. Appropriate evacuation aids, such as ski sheets
had been provided where necessary.

The evacuation procedure in place as described to the inspector was one of phased
evacuation in which the fire alarm zone in which the fire was detected would be initially
evacuated. However, the inspector found that the boundaries between the zones did not
align with the lines of fire resistant construction between the fire compartments in the
centre. This could potentially lead to unnecessary delays or residents being evacuated
an insufficient distance from the fire in the event of an evacuation of the centre for a
limited number of fire scenarios.

As previously mentioned, a programme of fire drills had been implemented within the
centre where real scenarios were simulated with respect to fire locations and the actual
numbers of residents and staff who would be present at the time simulated. These
details, as well as the time taken for the relevant zone to be evacuated, were recorded
in a clear format. Two drills had been conducted over the previous two months, one
simulating a night time scenario, and it was noted by the inspector that the programme
of drills needed to continue in order to ensure that a broad selection of fire scenarios
were simulated and that all staff, including night staff, had a chance to participate in a
drill.

With respect to health and safety generally, it was found that there was a risk register in
place as previously mentioned in which hazards had been identified and their associated
risks assessed. The appropriate control measures had been identified and were noted as
being in place in the majority of instances checked by the inspector. However, the
inspector found upon inspection of the building that a number of hot water outlets
throughout the building, including outlets in resident toilets and en suites, had not been
fitted with thermostatic controls. The inspector noted that the temperature of the hot
water at these outlets was such as to represent a potential scald risk to residents.
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
## 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-0000105</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>30/03/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21/04/2016</td>
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</table>

### 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:**
The hot water supply did not incorporate suitable thermostatic control or anti-scalding protection in all locations necessary throughout the centre.

1. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Plumber will attach thermostatic controls to each individual sinks. The hot water thermostat has been turned down in the interim.

Proposed Timescale: 15/05/2016

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements in place for containing a fire were identified as requiring remedial action in the following respects:

There were some instances as described in the findings where there was no fire resistant door installed where required.

There were a number of fire resistant doors as described in the findings that were not provided with all the necessary components such as seals and self closing devices necessary for them to function effectively in the event of a fire.

2. 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:
An audit of the fire doors has been completed. We are in the process of ensuring that door seals are in place as required. Self closing devices will be applied to doors where required.

Proposed Timescale: 06/08/2016

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were two fire exits to the rear of the building provided with key operated locks in a a manner that could result in a delay in escape in the event of a fire in the event that the door concerned was locked and the person making their escape did not have, or could not locate, the key.

The escape route external to the building at the rear was not suitable for residents using mobility aids such as walking frames or wheelchairs due to the presence of steps along the route.
3. 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:
One of the locks has been replaced with a thumb turn lock. A keypad has been placed at the other door (access to the decked area). The keypad will be wired into the fire alarm to ensure that the lock disengages in the event of a fire as per Section 7 of 'Fire Precautions in Designated Centres for Older People'.

We are in discussions with the OT and engineer to determine the best route of evacuation from the decked area be it a portable ramp or mechanical lift.

Proposed Timescale: 20/05/2016

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The system of staff fire safety checks in place required review to ensure that all relevant checks are carried out and that they are clearly recorded as having been done as described in the findings.

There were no arrangements in place for the necessary specialist maintenance of the emergency lighting system.

4. 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 daily and weekly fire safety checks have been updated ensure that it is clear what is being checked. The weekly checks now include checking the door releases in the event of a fire and that the tumble dryer is free from lint.

Emergency lighting maintenance checks are now incorporated into the quarterly fire alarm checks with our contracted company. The policy has been updated to reflect this.

Proposed Timescale: 09/05/2016

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement
in the following respect:
The fire procedure was not displayed throughout the centre.

5. 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:
The procedure to be followed in the event of a fire is now displayed throughout the building.

Proposed Timescale: 09/05/2016

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The boundaries of the fire alarm zones did not align with the boundaries of the fire compartments in a manner that could impede the evacuation of the centre in the correct sequence and in a timely fashion in the event of a fire as described in the findings.

6. 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:
Zones will be altered to avoid any confusion in the event of a fire. Work to be carried out by external electrician as current system is not an addressable system.

Proposed Timescale: 10/05/2016