

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Blainroe Lodge
Centre ID:	OSV-0000016
Centre address:	Coast Road, Blainroe, Wicklow.
Telephone number:	0404 60030
Email address:	blainroe@firstcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Firstcare Ireland (Blainroe) Limited
Provider Nominee:	John O'Donnell
Lead inspector:	Niall Whelton
Support inspector(s):	Shane Walsh
Type of inspection	Unannounced
Number of residents on the date of inspection:	70
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
- 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 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: 08 November 2016 12:00 To: 08 November 2016 19:30

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 - Major

Summary of findings from this inspection

This was an unannounced inspection by the Health Information and Quality Authority (HIQA), which included assessment by a specialist inspector in fire safety. The purpose of this unannounced inspection was to follow up on major non-compliances identified at previous inspections on the 5th January and 26th July 2016.

As part of this inspection, inspectors spoke with residents and staff members and reviewed the fire safety management practices in place in the centre. Significant fire safety issues were identified and are detailed in the main body of this report.

This report does not constitute a full fire safety assessment of the building and the Provider may need to seek the advice of a suitably qualified person with relevant experience in fire safety assessment, to fully meet their obligations under the Health Act 2007 as amended.

The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013.

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:

Inspectors reviewed the fire safety management practices in place, including the physical fire safety features of the building. Inspectors also examined records for maintenance, fire safety training of staff, evacuation procedures and programme of drills.

On previous inspections, inspectors observed that fire doors were wedged in the open position within the 'Seafield' Unit. Where fire doors are wedged open, they are not capable of preventing the spread of fire if one should occur. This issue had been addressed by the provider. However, a door into the kitchen was found to be wedged open. This was brought to the immediate attention of the person in charge, who removed the door wedge immediately.

Inspectors found that the precautions against the risk of fire, detection of fire and evacuation of the building in the event of fire required significant improvement. Inspectors were not assured that robust fire safety management systems were provided in the centre.

The provider was not taking adequate precautions against the risk of fire. Inspectors looked at the arrangements in place for the storage of oxygen in the centre. Oxygen is a high risk material which strongly supports combustion. There was a small store room containing surplus oxygen cylinders, situated on the bedroom corridor in the 'Seafield' unit. This store contained six oxygen cylinders and was not adequately ventilated or sufficiently enclosed in fire rated construction. The fire door to this store was fitted with a plastic vent compromising the integrity of the door and this would render the door incapable of preventing the spread of smoke and fire. This created a risk to residents in the adjacent areas.

Inspectors also observed individual cylinders of oxygen situated on corridors throughout the centre for emergency use. It is noted that they were provided with a suitable stand and a daily checklist which was completed by staff. The storage of oxygen along

protected escape routes such as corridors may pose a risk to residents in the event of a fire. These arrangements require review by a competent person with relevant experience in fire safety engineering, to determine the suitability of all oxygen storage arrangements.

Inspectors reviewed the policy on smoking for the centre. In general, residents who smoke do so outside the centre but a smoking room is available in the 'Seafield' unit. Smoking aprons, a fire blanket and appropriate ventilation is in place. Residents who smoke are assessed and appropriate control measures put in place where necessary.

Inspectors reviewed the kitchen and laundry facilities and found in general that fire safety procedures were in place. The Inspectors spoke to a kitchen staff member and found them to be knowledgeable about what to do in the event of a fire and they were able to identify the gas shut off valve and suppression system release handle to the inspector. Laundry services were catered for by an external contractor off site with some small scale laundry services provided on site. There was a domestic type washing machine and dryer located within the laundry room used to launder some resident clothing. Inspectors did find an accumulation of lint in the lint tray and noted that there were no adequate checks in place to prevent same which may pose a fire hazard.

Inspectors noted that the centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system throughout. Records showed that the fire fighting equipment, emergency lighting and fire detection and alarm system was being serviced at the appropriate intervals, however the documentation for the latter two were found to be incomplete.

Inspectors reviewed documentation in terms of regular in house fire safety checks in the centre such as the emergency lighting, fire detection and alarm system, escape routes, and fire fighting equipment. While there was a daily checklist which included checks for the fire detection and alarm system panel and escape routes, these were not of adequate standard to ensure all fire safety features were functioning correctly. There was a fire safety register available; however, this was not kept up to date with relevant entries recording the various fire safety checks.

In general, inspectors found that the building was laid out a manner that provided residents and other occupants with an adequate number of escape routes and fire exits. However, the suitability of and the access to the escape routes posed significant risks to the safe evacuation of residents and staff in the event of a fire.

There were fire procedures in place for the centre, which identified that progressive horizontal evacuation was adopted as the primary evacuation method for the centre. This means in the event of a fire, residents are first removed from the immediate area of the fire to a place of relative safety within a short distance behind appropriate fire doors, which allows more time to further evacuate residents should it be necessary to do so.

The 'Seafield' unit at ground floor is subdivided into two compartments, one of which contained 18 residents' bedrooms and a day room. Inspectors were not assured, that in the event of a fire, this compartment could be evacuated in a timely fashion and

identified that this unit would benefit from further subdivision with fire rated construction, to prevent the rapid spread of fire and to enable more efficient evacuation of residents from this compartment.

Inspectors found that adequate escape routes were not provided in the centre. One of the identified exits in the staff area was found to be locked, and had a fridge located externally to the exit causing an obstruction. The fridge was removed during the course of the inspection. The exit from the 'Bay Lounge' at ground floor level was found to be obstructed with dining furniture, which was brought to the attention of the person in charge. The obstruction was subsequently cleared by the inspector. It was also noted that this exit has two steps outside the door, which may result in unnecessary delay for wheelchairs to be manoeuvred through the exit during an evacuation.

From the first floor, there are two means of escape, one via the main stairway and the other through the rear stairway. The 'Strand Lounge' and 'Visitors room' open directly from the corridor accessing the main stairs and do not have doors fitted. The sluice room opening off this corridor has a large gap at the junction between the wall and the glazing system. This corridor serves as the only means of escape from some rooms at first floor. Should a fire occur in either the 'Strand Lounge', 'Visitors room' or sluice room the escape route for rooms opening off this corridor will be compromised as there is no method to prevent the spread of smoke or fire into this escape route.

The means of escape from the lower ground floor required review. It was not clear where the designated exits were located. Inspectors looked at the Fire and Emergency Response policy for the building, which identified fire exits from the lower ground floor. One of the exits from the bedroom corridor was through the main central stairs leading to the ground floor, with the other through the stairs adjacent to the laundry room. Access to the latter was through an area containing ironing equipment and laundry storage, which would not be considered as a suitable escape routes for residents in its current configuration. Inspectors found exit signs from the bedroom area were not lit and did not have additional exit signs to ensure escape routes are readily apparent, particularly over cross corridor doors. This may lead to confusion during an evacuation as the escape routes may not be clear to staff and residents, particularly if the area has filled with smoke. The inspector noted that there were doors on escape routes which required a key to unlock the door on the side of escape. For example, this was evident in the smoking room and associated lobby; however they were not locked at the time of inspection. The exits leading from the 'Seafield' dayroom were fitted with curtains and blinds capable of obstructing the exit doors when pulled. Laundry bins were located along corridors creating an unnecessary fire load and potentially causing an obstruction when evacuating residents.

The fire procedures for the centre were not displayed as required. There were way-finding drawings displayed throughout the centre identifying exits. The drawings did not accurately portray the evacuation routes and exits. The extent, size and location of fire compartments necessary for phased evacuation were not clearly defined on the drawings displayed around the centre.

The provider had made arrangements for appropriate fire safety training to be provided to staff and documentation was furnished to inspectors demonstrating that the training

covered the topics prescribed in the regulation. However, training records indicated that 30 staff members had not received appropriate training within the previous 12 months. The provider was proactive in this regard in that information submitted to HIQA since the inspection, indicated that arrangements had been made for those staff members to receive the necessary training on dates in November and December.

Inspectors saw records which indicated that regular fire drills were taking place as required by the regulations however in some instances the procedures explained to inspectors varied between staff members. Inspectors found that the fire drills simulated staff response to the alarm being raised only and did not follow through to replicate a real fire scenario, such as a simulated evacuation at minimal staffing levels (such as night time) to determine how long it would take to carry out the evacuation procedures should they be required. For this reason, it was not clear if the staffing, equipment and training requirements were adequate at all times within the centre.

Inspectors found that improvements were required to provide adequate containment of fire. The building was subdivided with construction that would resist the passage of fire and smoke in most cases; however, significant deficiencies were noted in terms of the integrity of the elements of construction providing fire resistance. Breaches in the fire rated enclosure to a room or corridor that requires fire resistance, results in a passage for fire and smoke to compromise escape routes. A number of areas requiring suitable fire stopping to complete the fire rated enclosure, were noted during the inspection. For example, the wall separating the sluice room from the escape route at first floor had a significant gap where the wall met with the external glazing system. The wall between the lower ground floor bedroom corridor and the adjacent room containing ironing equipment contained a hole approximately 100 millimetres in diameter. The stairs adjacent to the laundry room was not adequately enclosed with fire rated construction. A ventilation duct from the laundry room terminated directly into the escape stairs, potentially allowing smoke and fire from the laundry room to compromise escape through the stairs.

The inspectors also identified a significant number of deficiencies to fire doors. These included doors with large gaps, non-functioning self-closing devices, damaged door leaves and missing or damaged heat and cold smoke seals. There were a significant number of store rooms not provided with appropriate fire rated doors.

Bedroom doors in the main part of the building were not provided with self closing devices. Inspectors were informed that there was a plan in place to upgrade these doors with the provision of self closing devices and appropriate hold open devices which would be capable of releasing the door upon activation of the fire detection and alarm system. A date for the commencement of this work was not available to inspectors at the time of inspection.

The fire detection and alarm system was provided with a fire panel which was capable of identifying the location of an activated device. The coverage provided from the fire detection and alarm system was not in line with a category L1 type fire detection and alarm system, which would be required in a building of this type. The coverage provided by the fire detection and alarm system did not extend to a number of areas including, but not limited to some lobbies, linen stores and general stores. If a fire was to start in

one of these areas, it would only be detected after smoke has reached the smoke detector in the adjacent escape route, which would significantly affect escape routes for residents in the adjacent areas.

Inspectors found that the needs of residents in the event of a fire were assessed by way of a monthly fire mobility assessment, most recently updated in October 2016. This was a collective document which determined if the resident was mobile and how many staff were required to assist the resident in the event of an evacuation. Inspectors found this document would benefit from additional detail on cognitive ability, method of evacuation for both day and night time and details on supervision requirements after evacuation.

Infection control systems are not usually reviewed on a fire safety inspection, however there was a risk observed by inspectors during the inspection. While reviewing the premises on the 2nd floor, inspectors observed a resident rummaging in an open laundry bin that was stored in the corridor. This laundry bin was filled with contaminated and soiled laundry. Staff and management were immediately informed. Staff removed the bin from the corridor. The person in charge informed the inspectors that this had not been a previously identified risk and thus there had been no risk assessment carried out for residents in this regard. The person in charge assured the inspectors that the systems around the storage of contaminated laundry on corridors would be reviewed.

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:

Niall Whelton
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:	Blainroe Lodge
Centre ID:	OSV-0000016
Date of inspection:	08/11/2016
Date of response:	21/12/2016

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:

The storage of contaminated laundry on corridors posed a possible infection control risk for residents.

1. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with

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

the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The storage area for laundry baskets was reviewed immediately. Laundry baskets are now stored off the corridor and only taken from the storage area during the periods they are required. They are then emptied immediately and returned to their storage area.

Proposed Timescale: completed 10th November 2016

Proposed Timescale: 10/11/2016

Theme:

Safe Care and Support

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

The arrangements around the storage of oxygen at the centre required review.

2. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Following on from the inspection FirstCare have retained the services of a Fire Consultant for their input and expert opinion on the issues raised during the inspection. FirstCare are committed to ensuring this report and any actions arising from same will be made available to HIQA. We are also committed to ensuring we submit to HIQA our proposed action plan on any/all recommendations arising from the findings/recommendations of the report.

The Fire Consultant reviewed the individual cylinders locations and arrangements and confirmed that they were on a suitable stand and that the daily checklists were being completed.

The Fire Consultant and gas provider have advised with regard to the required upgrading of the Oxygen storage room in the Seafeld wing of Blainroe Lodge and the materials have being ordered by the small works division and they will start these upgrade works immediately on their arrival.

In the interim Oxygen which had been previously stored on the corridors is now contained in a locked storage area. Where this was not possible the oxygen has been fixed to the wall to prevent any injury to residents/staff and or visitors. The appropriate oxygen key is not stored on this oxygen tank but is the possession of the nurse on duty. These changes have been reflected through the appropriate risk assessment in the risk management folder.

Proposed Timescale: 30/01/2017

Theme:

Safe Care and Support

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

The fire detection and alarm system was not extended to all areas consistent with a Type L1 system.

The provision of fire resistant doors throughout the building required assessment to ensure that fire resistant doors are provided where they are required and that any existing fire resistant doors have all the necessary features necessary to ensure they can perform as required.

The fire rated enclosure to some rooms was not imperforate and contained holes or gaps breaching the line of fire resistance.

The 'Strand Lounge' and visitors' room at first floor were open to the adjacent escape route.

The door to the kitchen was found to be wedged open.

3. 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:

1. The Fire and Detection Alarm System- The Fire Services Company, who are contracted to Blainroe Lodge have carried out an audit of the entire system and have been given the go ahead to carry out any required upgrades to bring the system to full L1 standard. They have scheduled this work to commence on Monday December 19th and envisage the work will be completed by December 20th.

2. Fire Doors- All doors within the building have been audited to ensure they have the required features necessary to contain a fire and react in the case of an emergency. The small works division have commenced any required remedial works. In addition, they have ordered the required materials where replacement of fire doors was deemed to be required. As advised previously FirstCare have retained a Fire Consultant to work with them in respect of all issue raised during the inspection. We are committed to following through on all recommendations noted regarding doors within the Nursing Home in her report.

3. Fire Rated Enclosure- The small works division, having taken advice from the Architect and the Fire Consultant have commenced the required remedial works.

4. The Strand Lounge- this area has been reviewed by the Registered Provider,

Architect and Company Builder. The small works division, having taken advice from the Architect and the Fire Consultant have ordered the materials required to close these openings, and will commence the works immediately on their arrival.

5. Kitchen Door- wedge has been removed from kitchen door and is no longer in use.

Proposed Timescale: 30/01/2017

Theme:

Safe Care and Support

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

The procedures to be followed in the event of a fire were not displayed throughout the centre.

The drawings on display did not accurately portray the evacuation routes and exits.

4. 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 Fire Consultant has commenced an immediate review of the drawings in relation to the actual building layout and fire exits. FirstCare are awaiting her advices regarding same. The Fire Consultant is also currently reviewing and advising us in relation to our fire procedure documentation. FirstCare are committed to implementing all recommendations immediately upon receipt of her proposal. All actions arising from the Fire Consultant report will be acted on immediately and HIQA informed of all actions taken in respect of the report findings and recommendations.

Proposed Timescale: 15/01/2017

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 lower ground floor require review, as the escape routes proposed to be used in an evacuation were not clear to the inspector.

The exit from the ground floor 'Bay Lounge' was found to have two steps outside the door which may result in unnecessary delay for wheelchairs to be manoeuvred through the exit.

The escape stairs near the laundry facilities was not adequately separated from the adjoining areas in fire rated construction.

The exits leading from the 'Seafield' dayroom were fitted with curtains/blinds which may cause unnecessary obstruction to the exit.

5. 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:

1. Means of Escape- The lower Ground Floor of Blainroe Lodge currently has three separate Fire escape routes which all bring people to the ground floor. The Fire consultant is currently reviewing and advising us with regard to the clarity that the Inspector is stating is required.

2. Bay Lounge Exit- this exit is currently being reviewed by the Fire Consultant and we are awaiting a recommendation for the small works division to execute immediately.

3. Escape Stairs- this area was also reviewed by the Fire Consultant. Consultation. The small works division have commenced the required remedial works near the laundry facilities.

4. Curtains in Seafield- these curtains/blinds have been removed to ensure any unnecessary obstruction is eliminated. Advice sought from Fire Consultant in relation to a safe alternative.

All actions arising from the Fire Consultant report will be acted on immediately and HIQA informed of all actions taken in respect of the report findings and recommendations.

Proposed Timescale: 30/01/2017

Theme:

Safe Care and Support

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

A significant number of staff had not received the appropriate training in the previous 12 months.

6. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Fire Training was scheduled in the Nursing Home on November 23rd and December 6th. All staff were required to attend despite having had training throughout the year. The trainer simulated a fire evacuation for both a day and night shift. Staff were trained on the fire prevention and emergency procedures including evacuation. Staff also received training on use of Ski Sheets during evacuation, extinguishers, fire blankets and aprons. Staff also received training on horizontal evacuation (as per FirstCare Policy), compartment evacuations and the location of fire alarm call points. All staff experienced the simulated event and procedures involved in the event of an emergency. Provisions have been made for this exercise to be repeated in the New Year to ensure staff understanding and compliance.

Proposed Timescale: completed 6th December 2016

Proposed Timescale: 06/12/2016

Theme:
Safe Care and Support

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

The programme of fire drills requires review to as the drills simulated staff response to the alarm being raised only and did not follow through to replicate a real fire scenario.

7. 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:

In house training post inspection ensured staff were aware of the policies and procedures in place in the event of an emergency. Drills take place monthly within the Nursing Home. An additional drill was managed by the Home Manager on 14-12-2016. Improvements were noted on response time, understanding of the procedure and staff knowledge.

Drills will continue to be conducted with both day and night staff.

Proposed Timescale: completed 14-12-2016 and ongoing.

Proposed Timescale: 14/12/2016

Theme:
Safe Care and Support

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

The system of in house fire safety checks required review to ensure they were of adequate extent, frequency and detail.

8. 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:

Blainroe Lodge is provided with emergency lighting , fire detection and alarm systems , fire escape routes, fire-fighting systems and equipment and it is all serviced at appropriate intervals and the maintenance operative in Blainroe Lodge also carries out regular checks and audits linked to his daily/weekly and monthly checklists.

The documentation within the home was reviewed post inspection. Same was also reviewed by the Fire Consultant. Weekly audits by the Maintenance Man, House-keeping Team and Home Manager have commenced on all fire equipment, building and environment. Escape routes and means of escape are reviewed and inspected daily by the Nursing Team. These inspections continue to take place. The Fire Consultant will review all our documentation to ensure it meets the regulatory requirement. All recommendations from the Fire Consultant will be taken on board in respect of audits and documentation. FirstCare are committed to ensuring all recommendations arising from the Fire Consultants report will be acted upon immediately and we will provide HIQA with our action plan arising from the report findings.

Proposed Timescale: 30/01/2017