



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Lake House Nursing Home
Name of provider:	Sheephaven Properties Limited
Address of centre:	Portnablagh, Dunfanghy, Donegal
Type of inspection:	Unannounced
Date of inspection:	20 September 2018
Centre ID:	OSV-0000353
Fieldwork ID:	MON-0025084

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Lake House nursing home is located by the coast in Portnablagh in Donegal. It provides full-time nursing care to 49 residents, male and female who require long-term and short-term care. Residents assessed as having dementia can be accommodated. There are single, twin and triple bedded rooms.

The ground floor contains a number of communal spaces and dining areas. Household facilities including the kitchen and sluice room, clinical room and offices are also located on the ground floor. Bedroom accommodation is located on both floors. There are suitable sanitary facilities on each floor. The laundry is located nearby in a separate building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
20 September 2018	09:30hrs to 17:00hrs	Paul McDermott	Lead

Capacity and capability

Improvements are required to ensure that the systems of governance and management in relation to fire safety and building maintenance are effective and ensure that the service provided is safe.

This was an unannounced risk inspection of the premises by a specialist inspector in fire safety.

The last inspection of this centre was on 5 July 2018. During that inspection concerns were raised regarding the accommodation of seven residents with high dependency levels on the first floor of the premises, an area that was only served by a single escape route and stairs.

Following that inspection, the Office of the Chief Inspector requested that the provider should prepare and submit a Fire Safety Risk Assessment of the first floor area, escape stairs and the ground floor escape corridor serving the first floor area. This was submitted by the provider on 31 August 2018 and identified that improvements were required.

The report included a number of recommendations to mitigate the identified risks along with a timeline for their implementation.

At the time of this inspection construction works arising from the fire safety risk assessment had commenced at the front of the premises. The bedrooms for seven high dependency residents were still located on the first floor of the premises. Due to the risks associated with the single escape route, these residents will require to be moved to the ground floor to ensure they can be safely evacuated.

An inspection of the staff rosters confirmed that night time staffing levels had been increased to five staff in accordance with the fire risk assessment submitted following the last inspection. A member of staff confirmed the additional night time staff member significantly improved the effectiveness of evacuation drills from the first floor of the building.

Following a review of the premises, and the documentation available for inspection including training records, maintenance records and fire drill records, the inspector was not assured that appropriate management systems were in place to ensure the service provided was safe.

Due to the findings of this inspection, a referral was made to the local fire authority, on notice to the provider.

Regulation 15: Staffing

Not all aspects of the outcome were reviewed. An additional staff member was on night duty.

Judgment: Compliant

Regulation 16: Training and staff development

Not all aspects of the outcome were reviewed. A review of training records confirmed that 8 staff out of a total of 41 had not attended appropriate fire safety training within the previous 12 months.

Judgment: Not compliant

Regulation 23: Governance and management

Appropriate management systems were not in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored by the provider.

- There was no system in place for the identification and management of fire safety risk in the premises.
- There were poor records of equipment servicing.
- There were gaps in maintenance records.
- Poor management systems meant the provider had no oversight of issues.
- Appropriate training was not being provided.
- Concerns raised by staff had not been addressed.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Not all aspects of the outcome were reviewed. While there was a policy for fire safety management it was not being fully implemented in practice. For example:

- There were no records of periodic checks of fire alarm testing which conflicts with stated policies.
- There was no documented process for identifying and mitigating fire risks in

the centre.

- There was no premises specific risk register available for review.

Judgment: Substantially compliant

Quality and safety

Residents were not protected from the risk of fire in the centre. Fire safety arrangements were not adequate to ensure prompt warning of the outbreak of a fire in the centre or the safe and effective evacuation of residents in the event of a fire.

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire or ensure that adequate systems were in place to provide prompt warning of the outbreak of a fire in the centre and ensure the safe and effective evacuation of residents.

The inspector spoke with a number of members of staff who had good knowledge of the procedures required for evacuating residents, and the procedures to be followed in a fire emergency. They understood the fire alarm panel and could quickly identify the part of the building in which the alarm system was activated. Staff had participated in fire drills, including evacuation from the first floor, and could describe the different evacuation methods that may be required. There was a clear system in place to determine who was in charge of making decisions if a fire should occur.

It was observed by some staff that there had been a significant increase in the awareness of the fire risks and evacuation requirements for the building, particularly those relating to the first floor level since the last inspection. Staff also observed that the recent increase in night time staffing levels from four to five staff members has significantly improved their confidence and ability to carry out the required fire evacuation procedures. However, 8 out of 41 staff had not received fire safety training within the past 12 months. During the inspection, the inspector was presented with written confirmation that fire safety training had been arranged for all staff for 1 and 2 October 2018 which would bring all staff fire safety training up to date.

The fire procedures and floor plans indicating alternative escape routes were displayed throughout the centre. To assist staff in identifying the location of a fire in the event of an alarm activating, a zoning floor plan of the building was displayed next to each fire alarm panel that clearly indicated the locations of all compartments, and their corresponding alarm panel zone reference.

Personal emergency evacuation plans (PEEPS) were prepared for all residents. The assessments were up to date and included their mobility level and methods of evacuation. The PEEPS were arranged by building compartment and retained in a fire procedures folder next to the nurses' station and fire panel.

Due to the lack of up to date maintenance records along with the failure to identify the poor operation of some fire doors and, the infrequent servicing and maintenance of various pieces of critical equipment such as the kitchen extract system and automatic smoke vents, the inspector was not assured that maintenance of the building was being adequately managed.

As reported during the previous inspection, there was inadequate storage throughout the building for larger items such as hoists and wheelchairs.

Regulation 17: Premises

Aspects of the premises required improvement to conform with Schedule 6 of this regulation with particular regard to:

- the identification and planning of regular maintenance works throughout the centre
- the provision of adequate storage for equipment remains outstanding from the previous inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire or ensure that adequate systems were in place to provide prompt warning of the outbreak of a fire in the centre and ensure the safe and effective evacuation of residents.

The centre did not meet the requirements of the regulations in the following areas:

The registered provider did not take adequate precautions against the risk of fire.

- Adequate safe storage was not provided for oxygen supplies being retained on site. The inappropriate storage of oxygen has been identified on the two previous inspection reports for this centre.
- Risk assessments were not being used to identify fire risks throughout the premises.

The registered provider did not provide adequate emergency lighting throughout the centre.

- Directional emergency escape lighting was not visible from all locations along escape corridors
- Directional lighting locations did not correspond with the alternative escape

routes indicated on wall mounted floor plans throughout the premises.

Adequate means of escape was not provided from the first floor of the premises.

- There was only a single means of escape from the first floor, an area accommodating non ambulant residents.
- The internal stairs was not enclosed in fire resisting construction or adequately protected from the remainder of the ground floor.

Adequate arrangements had not been made for maintaining all fire equipment, means of escape, building fabric and building services.

- There were no documented maintenance inspections of the premises or of the fire detection and alarm panel, emergency lighting installation, escape routes, fire doors or smoke vents.

Adequate arrangements had not been made for reviewing fire precautions.

- There was no documented process for identifying and mitigating fire risks in the centre.

Adequate arrangements had not been made for testing fire equipment.

- Prior to a certificate dated the 17 July 2018, there was no evidence of prior servicing or maintenance of the emergency lighting installation.
- Testing, commissioning or servicing certificates presented for the fire detection and alarm system were not in the format prescribed by I.S. 3218:2013. No annual testing and \ or servicing certificate for the overall system was provided.

Staff in the premises did not receive suitable training in fire prevention and emergency procedures.

- Training in fire prevention and emergency procedures was out of date for 8 of the 41 staff working in the centre.
- Fire drills were being carried out, but there was no evidence that actions and learning was being followed up. For example, a fire drill record observed that new staff stated that they needed more training, but the next drill did not take place for a further five months.

Adequate arrangements had not been made for detecting and containing fires.

- The fire detection and alarm system was unclassified and due to the absence of detectors in offices, treatments rooms and day rooms it did not meet the required L1 standard.
- The inspector was not assured of the performance of all fire door sets (door leaf, frame, hinges, closers, fan lights and ironmongery). The doors indicated as being fire doors were not fitted with plates or tags confirming their fire performance. In many cases fire doors failed to self-close and catch properly while in other cases there were considerable gaps between the bottom edge

of the doors and floors.

- Storage rooms and electrical switch rooms located along bedroom corridors were not fitted with fire doors and are inadequately compartmented from the escape corridors.
- Due to the combination of sub standard compartment fire doors with the considerable number of ceiling mounted services, the inspector was concerned about the effectiveness of fire compartmentation throughout the building, including the roofspace.

Adequate arrangements had not been made for the safe placement of residents and for their evacuation where necessary.

- The bedrooms for some high dependency residents were on the first floor of the building, an area that is not compartmented and from where vertical evacuation is only available by a single escape stairs.
- Ski sheets were provided for most beds. However, they were not fitted to the mattresses but were rolled up at the foot of the bed, underneath the mattresses. This would delay the evacuation of the rooms and compartments.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Lake House Nursing Home OSV-0000353

Inspection ID: MON-0025084

Date of inspection: 20/09/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Fire training was provided for all staff on the 1st and 2nd of October 2018</p> <p>Training for the Registered Provider and the Person in Charge in the new IT program called Xyea to assist in the logging of all risks, complaints, incidents and audits in the Lakehouse Nursing Home. 5th of November 2018</p> <p>All mandatory training and other training is recorded on a matrix and is carried out when required.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new fire safety register is now in place and is filled out by the maintenance man and PIC in order to ensure all checks such as Fire Drills, Fire Fighting Equipment, Emergency Lighting, Fire alarm log, Fire resisting doors and Weekly checklists.</p> <p>Equipment serving Log is now in place in a format that is obtained in one folder.</p> <p>Maintenance records are now recorded in a log book.</p>	

The Registered provider has completed an assessment on the Governance and Management structures in the Lake House. Changes have been implemented to allow for immediate and continual improvement. The introduction of a new IT system called Xyea has been installed to identify risks, log risks, risk management. This will allow audits to be carried out to provide management with key performance indicators on risk management and governance issues. The registered provider will have access to this program through remote access.

This system is to reduce risks, increase operational efficiency, prepare for external and internal audits and improve governance and management within the Lake House.

Weekly meetings will be held with the Registered provider and the PIC and minutes will be logged.

All governance and management issues will be discussed and KIPs will be dealt with on a monthly basis as well as the registered provider carrying out a Registered Provider Audit six monthly.

All concerns that care staff have are dealt with on a daily basis as the PIC has an open door policy that she is available for staff to voice concerns daily if they so need. They also have a chance to do this at their appraisals and at staff meetings.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 Fire policies and evacuation policies have been updated and will be continually updated as the works continue to upgrade the fire safety in the Lake House. This will be reviewed again by the PIC and the RP before the 30th of Nov 2018

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Regular maintenance works have been reviewed and have been recorded since the 19/10/2018 in a fire safety register and a maintenance log.

A container has been purchased and installed adjacent to the building in order to aid the stoage of large items that are not always required in the building. Office and

administration files have been relocated to the building next door to the lake house to allow that storage space to be used for other items. This will be complete by the 1/12/2018

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regular maintenance works have been reviewed and have been recorded since the 19/10/2018 in a fire safety register and a maintenance log.

A container has been purchased and installed adjacent to the building in order to aid the storage of large items that are not always required in the building. Office and administration files have been relocated to the building next door to the lake house to allow that storage space to be used for other items. This will be complete by the 1/12/2018

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/03/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	01/12/2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	20/11/2018
Regulation	The registered	Not Compliant	Red	02/10/2018

28(1)(a)	provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	01/10/2018
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/11/2018
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	20/11/2018
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	01/11/2018
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and	Not Compliant	Orange	02/11/2018

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	24/12/2018
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	24/12/2018
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	02/10/2018
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on	Substantially Compliant	Yellow	31/01/2019

	the matters set out in Schedule 5.			
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