



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Lystoll Lodge Nursing Home
Name of provider:	Lystoll Lodge Nursing Home Limited
Address of centre:	Skehenerin, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	03 April 2019
Centre ID:	OSV-0000246
Fieldwork ID:	MON-0026723

About the designated centre

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

Lystoll Lodge Nursing Home is situated in the countryside in peaceful surroundings approx one mile outside the heritage town of Listowel. The Nursing Home is serviced by nearby restaurants/ public houses/ libraries/ heritage centre and various shops. 24-hour nursing care is available which is led by the person in charge, who is a qualified nurse. Staff participate in regular training courses to maintain and improve the level of care for residents. Lystoll Lodge Nursing Home employs 50 staff. All staff and visiting therapists have the required Garda Vetted (GV) clearance in place. Accommodation is available for both male and female residents requiring continuing care, respite care, convalescence care, dementia care, psychiatric care and end-of-life care. Admissions to Lystoll Lodge Nursing Home are arranged by appointment following a pre-admission assessment of needs. This is to ensure that the centre has all the necessary equipment, knowledge and competency to meet residents' needs. On admission all social activities/hobbies, leisure interests and local amenities available to residents, are discussed. For example, local social events such as Listowel races and Listowel writers' week can be accessed. A care plan will be developed with the resident's participation within 48 hours of admission. This will be individualised for personal care needs and will provide direction to staff members. All food is prepared freshly and cooked by the chefs who tailor meals to meet the preferences and requirements of residents. Residents meet on a quarterly basis to discuss any improvement or changes that they would like to see in the operation of the centre. An open visiting policy operates within Lystoll Lodge Nursing Home. Complaints will be addressed and the complaints policy is set out in the statement of purpose.

The following information outlines some additional data on this centre.

Current registration end date:	09/12/2019
Number of residents on the date of inspection:	44

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
03 April 2019	11:00hrs to 19:30hrs	Niall Whelton	Lead

Capacity and capability

This was an unannounced inspection by a specialist inspector in Estates and Fire Safety from the Chief Inspector's office.

Further to poor findings in relation to fire precautions from previous inspections, the office of the Chief Inspector requested that the Registered Provider should submit a Fire Safety Risk Assessment of the centre. This was subsequently submitted to the office of the Chief Inspector.

The purpose of this inspection was to assess fire safety in the designated centre, with a particular focus on the progress made on required fire safety works identified at previous inspections and the outcome of the fire safety risk assessment. A time frame of the end of March was set by the Provider to have the works complete.

It was evident on inspection that the registered provider had made significant progress in relation to the programme fire safety works, however a number of risks remained outstanding.

The inspector sought a status update from the Registered Provider, on works completed to date and those outstanding. This was submitted to the office of the Chief inspector subsequent to the inspection. A number of outstanding risk items did not have a completion date assigned to them.

On this inspection, through discussion and observations, the inspector identified that adequate arrangements for containing a fire were not provided in the east and west wing of the first floor. The ceiling at first floor had multiple penetrations with recessed lighting and speakers; therefore the integrity of the fire resistance of the ceiling was compromised. Furthermore, the compartments identified to the inspector for evacuation purposes were not adequately separated from each other, which would result in residents being evacuated into areas which may not be safe. The evacuation procedure explained to the inspector, by the provider and staff, were on the basis that these areas of the building were sub-divided into three compartments.

To this end, the inspector was not assured that adequate arrangements were in place to ensure the safety of residents in the event of a fire.

The inspector issued an urgent compliance plan on 04 April, the day following the inspection, and a response was received from the registered provider on the 05 April. The urgent compliance plan sought assurance from the registered provider that they would make adequate arrangements for;

- Containing a fire
- Evacuating where necessary in the event of fire, of all persons in the

designated centre and safe placement of residents.

The response from the provider included proposals to; provide further sub-division of fire compartments, appropriately enclose the escape stairs in fire rated construction and carry out remedial works to upgrade the ceiling over the first floor.

Furthermore, assurance was sought at the inspection to ensure the safety of residents in areas of the first floor. To this end, the registered provider confirmed that half hour patrols of the east and west wing would take place at night until the risk had been reduced and confirmed that that all staff would be made aware of any variations to the evacuation procedure. The registered provider also arranged for a fire safety engineer to visit the premises on Friday 05 April.

There were on-going building works comprising of an extension to the building. While this did not form part of the designated centre, improvements were required in the management of fire safety in the designated centre during the course of the building works. For example, an electrical extension cord was observed plugged into a resident's bedroom and extended into the construction site. This would have prevented the fire door to the bedroom from closing. This was brought to the attention of the registered provider who arranged to have it removed.

Records of fire safety training showed that the provider had made adequate arrangements for staff of the designated centre to receive appropriate fire safety training. All staff had attended fire safety training within the previous twelve months.

Regulation 23: Governance and management

Not all aspects of this regulation were assessed.

Appropriate management systems were not in place to ensure that the service provided was safe.

Fire safety precautions and fire safety management were not appropriately reviewed to reflect the risk to residents while on-going construction works were taking place. The Registered Provider, subsequent to the inspection, completed and submitted a risk assessment for the risk of fire due to construction activity.

It was evident on inspection that the registered provider had made significant progress in relation to the programme of fire safety works, however a number of risks remained outstanding.

Judgment: Not compliant

Quality and safety

The findings of this inspection are that further improvements are required to ensure the safety of residents living in the designated centre if a fire was to occur. While there had been significant progress on the programme of works, the risks were not addressed in their totality.

The designated centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system throughout. There was an electrician on site, at the time of inspection to complete upgrading works to the fire detection and alarm system and the emergency lighting system to bring them up to standard. The electrician confirmed that both systems were functioning correctly and the required documentation would be furnished upon completion of the work. The registered provider confirmed these works would be complete by the end of April 2019.

Other than the containment issues identified in the first floor of the building, the centre was subdivided with construction that would resist the passage of fire and smoke. Fire doors had been upgraded and in the main were found to be in good condition and would be capable of restricting the spread of fire and smoke. However, minor deficiencies were observed such as smoke seals missing from the staff room door and the heat and smoke seals were loose on the door to the lounge preventing it from closing fully. There was a door to a protected stairs, where the timber beading holding the glazing in place was loose.

The risk associated with the storage of combustible materials along escape routes had not been addressed. The inspector observed storage presses which were not enclosed in fire rated construction.

In general the designated centre was laid out in a manner that provided an adequate number of escape routes and fire exits. Escape routes were sufficiently wide enough for the identified methods of evacuation. It is noted that the on-going construction work for the extension to the building did have an impact on the means of escape from the building. While escape routes through the extension were kept free and clear of obstruction, improvements were required externally where the escape routes discharged to open air, to ensure the surface for escape was suitable, as they were found to be rough and uneven. The registered provider confirmed that these would be improved in the coming weeks.

Subsequent to the inspection, in response to assurances sought by the office of the Chief Inspector, the registered provider arranged for, and submitted records of, a fire drill to simulate the evacuation of the first floor west wing for a night time

scenario. This drill resulted in an evacuation time in excess of eight minutes. Inspectors were not assured that adequate arrangements were in place for evacuating, where necessary in the event of a fire, all residents in the centre. Correspondence from the competent fire engineer confirmed, based on drill records that a compartment should have not more than six residents to achieve a safe evacuation time with the staffing resources available at night.

The inspector found that the needs of residents in the event of a fire were assessed. The assessments were in the form of a personal emergency evacuation plans (PEEPs). The PEEP determined if the residents required assistance and which evacuation aid, if any, was required. It also outlined the number of staff required and any supervision requirements during an evacuation.

The inspector reviewed the policy on smoking for the centre. There was a dedicated smoking room available for residents who wished to smoke. There were smoking aprons available nearby and a fire blanket and fire extinguisher in the corridor outside the room. There was appropriate ventilation, both mechanical and an openable window, glazed panels to assist supervision and there was a air diffuser in the room. The policy indicates that residents who wish to smoke are assessed and appropriate control measures applied where necessary.

Staff spoken with were knowledgeable on the procedure to follow in the event of a fire and confirmed they had attended fire safety training, which included the use of 'ski sheets'. They also confirmed to the inspector that fire safety training was centre specific. Staff were mindful of fire prevention and keeping escape routes clear. Staff confirmed that there was always a pre-determined person who would take charge during an evacuation and this was displayed in the main office.

Regulation 28: Fire precautions

Residents were not protected from the risk and impact of fire in some areas of the building.

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

Improvements were required in the management of fire safety in the designated centre, while building works were taking place.

The risk associated with the storage of combustible materials along escape routes had not been addressed. The inspector observed storage presses which were not enclosed in fire rated construction.

Adequate arrangements had not been made for containing fire;

The East and West Wings of the centre were not provided with adequate

containment measures to enable progressive horizontal evacuation, in line with the identified evacuation procedure for these areas. The evacuation procedure was on the basis that each wing was subdivided into three compartments for progressive horizontal evacuation, however, the walls sub-dividing each of these three areas were carried up to the ceiling only and would not be considered adequate to facilitate progressive horizontal evacuation.

The two escape stairs at the end of the East and West wing were not adequately separated from the first floor accommodation in fire rated construction. Inspectors noted numerous penetrations of the ceiling throughout the first floor, and the walls enclosing the escape stairways were not adequately continued vertically up to the roof covering.

Adequate means of escape was not provided from all parts of the designated centre;

While escape routes through the extension were kept free and clear of obstruction, improvements were required externally where the escape routes discharged to open air

Adequate arrangements had not been made for evacuating, where necessary in the event of a fire, of all persons in the designated centre;

Considering the containment issues detailed above, the registered provider did not have adequate arrangements in place to evacuate all the residents in the west wing (10 residents) or the east wing (9 residents) as the evacuation procedure was developed on the basis of a maximum of five residents in a compartment. A significant number of residents in these areas would require to be evacuated using a ski sheet.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Lystoll Lodge Nursing Home OSV-0000246

Inspection ID: MON-0026723

Date of inspection: 03/04/2019

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regulation 23(c) - The designated person responsible for overall fire safety within the centre is the registered provider representative. A fire risk assessment has been carried on the centre and a substantial amount of works have been completed to date. Time lines have been established for the remaining works. The services of a competent person have been engaged to ensure compliance and that the centre meets its statutory obligations. Both passive and active fire system have been improved. The centre has a strong awareness around fire safety with a culture of staff training and regular fire drills. It is envisaged to undertake a full fire audit in the near future so as to ensure compliance and that the fire safety management system is robust.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Regulation 28(2) - The registered provider has submitted a proposal to the Authority to provide further sub division of the fire compartments, appropriately enclose the escape stairs in fire rated construction and carry out remedial works on the ceiling over the first floor in the East and West Wings. These works are in hand with a completion date of 27th May 2019. A letter of confirmation with regard to the prescribed works will be provided by the competent person on completion. In the interim while such works are being carried out, the registered provider has ensured half hour patrols are being carried out nightly on the East and West Wings on the first floor.</p>	

Regulation 28(1); The registered provider submitted a risk assessment to the Authority as part of a request for further information with regard to ongoing building works to the rear of the centre. It set out the control measures to be adopted and complied with to mitigate the risk of fire and ensure good fire safety management practices. This risk assessment will be kept under review for the duration of such works.

Regulation 28(2) - Upgrade works have been carried out on the fire detection system with additional smoke detectors being installed in attic spaces, bedroom ensembles, lift shaft and other areas to ensure compliance with I.S. 3218. Fire rated lighting has been installed in the penetrated ceiling on the first floor. A schedule of works undertaken by the contractor accompanies this compliance plan.

Regulation 28(1)(b) - Upgrade works have been carried out on the emergency lighting system internally within the centre and also externally on the perimeter area in line with I.S. 3217.

Regulation 28 (1)(c) - An extensive programme of fire and smoke seal replacement has been carried out on all fire doors within the centre. The deficiencies identified by the inspector are being addressed.

Regulation 28 (1)(c) -Provision is being made in the new planned extension at the centre for additional storage and these storage units will be decommissioned.

Regulation 28 (1)(c) -The external areas from the exits at the rear of the centre have been made good to ensure a suitable and appropriate surface.

Regulation 28 (1)(e) - Residents are being made aware of procedures to be followed in the event of fire at our residents meetings.

Regulation 28 (1)(e) - Fire drills are ongoing and further fire drills are planned

Regulation 28(2)(iv) - The registered provider has submitted a proposal to the Authority to provide further sub division of the fire compartments, appropriately enclose the escape stairs in fire rated construction and carry out remedial works on the ceiling over the first floor in the East and West Wings. This will result in any fire compartment having no greater than six occupants in line with the confirmation from the fire drill over seen and confirmed by the competent fire engineer. The fire drill was simulated to night time conditions. The centre has a culture of carrying out fire drills and evidence of fire evacuation drills carried out from August 2018 to date have been submitted to the Authority as part of a request for further information.

Regulation 28(3) - Procedures to be taken in the event of fire is displayed on the notice board. PEEPS are in place in the residents bedroom

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 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	31/05/2019
Regulation 28(1)(a)	The registered 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.	Not Compliant	Orange	31/05/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency	Not Compliant	Orange	31/05/2019

	lighting.			
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.	Substantially Compliant	Yellow	31/05/2019
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/07/2019
Regulation 28(1)(d)	The registered provider shall 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.	Substantially Compliant	Yellow	20/05/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at	Not Compliant	Orange	31/05/2019

	suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	27/05/2019
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	27/05/2019
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	20/05/2019