Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Elmgrove House Nursing Home
Name of provider:	Catherine Gallagher
Address of centre:	Syngefield, Birr, Offaly
Type of inspection:	Unannounced
Date of inspection:	24 April 2019
Centre ID:	OSV-0000035
Fieldwork ID:	MON-0026724

About the designated centre

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

Elmgrove Nursing Home provides accommodation for a maximum of 24 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The centre is located on a mature site, at the end of a short avenue and within walking distance from Birr town centre. The premises is a listed period building. Residents' accommodation consists of 24 single bedrooms, located over three split floor levels. Shared toilets and washing facilities are available on each floor. The upper floors are accessible by stairs and stair lifts. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, activity, housekeeping, administration and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15

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
24 April 2019	11:40hrs to 18:00hrs	Niall Whelton	Lead

Capacity and capability

The findings of this inspection are that improvements are required to ensure systems of governance and management in relation to fire safety measures, are effective and to ensure the safety of residents living in the designated centre.

This was an unannounced risk inspection, which included assessment by a specialist inspector in estates and fire safety.

The last inspection of this centre was on 18 February 2019. While improvements had been made, concerns remained in relation ot the management of fire safety in this centre, including;

- The processes for identification and management of fire safety risk was not adequate.
- Deficient in measures for containment of fire
- There were poor records of equipment servicing
- Poor management and gaps in maintenance records
- The in-house fire safety checks were not of adequate extent, frequency or detail
- The arrangements for the storage and use of oxygen cylinders required review; there was no risk assessment, nor was there a policy in place.
- The management of keys for the main exit and rear exit gates required review and improvement
- The assessment of residents needs was inadequate; they were incomplete, not signed and no date of assessment was included.

The inspector reviewed the risk register for the centre. The latest version available to the inspector was dated 16 May 2017 and did not appear to have been reviewed since that date.

At the time of the inspection, the inspector observed the door to the treatment room held open with a chair and the door to the office was held open with a plastic case. A device for holding a bedroom door open, which would release on activation of the fire alarm, was sticking to the floor covering.

The centre was not at full occupancy and in the main, residents were assessed as being mobile. The provider was strictly adhering to the statement of purpose which restricts the accommodation at first floor to residents who are mobile.

However, the inspector had concerns and was not assured that if the centre was at full capacity, there would be adequate resources available to ensure a safe evacuation of all residents.

A room at first floor, which was an inner room, was identified as a resident's

bedroom. This means that the only escape route from the bedroom was through a living room. This would present as a risk if a resident was accommodated there, as they would not have an adequate means of escape. An inner room being used as a bedroom is not acceptable. Since the last inspection, the provider ceased using the bedroom and confirmed to the inspector that it would not be used until measures were put in place to ensure an adequate means of escape was provided. A number of proposals was explained to the inspector, however no confirmed time bound plan was in place for this room.

There was a dedicated smoking room in the centre, however there was no smoking policy, nor was there a risk assessment available for the use of the smoking room.

The provider had made arrangements for staff in the centre to receive appropriate training in fire safety. A staff training matrix was not available to assure the inspector that all staff had received this training.

The records for fire evacuation drills were not sufficiently detailed to assure the inspector that the evacuation procedure for the centre were effective. The only drill for night time scenario simulated the evacuation of two residents only. To this end, the inspector was not assured in relation to the evacuation of residents, particularly at night if the centre was at full capacity.

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, appropriate, consistent and effectively monitored by the provider. This is detailed in the capacity and capability section of this report.

While improvements had been made since the previous inspection, there was outstanding works remaining, with no time bound plan for completion of same.

Judgment: Not compliant

Quality and safety

Residents were not protected from the risk of fire in the centre. Fire safety arrangements were not adequate to ensure the safe and effective evacuation of

residents in the event of a fire.

Staff spoken with were knowledgeable in relation to residents' needs and evacuation procedures and confirmed attendance at mandatory fire safety training. However, the evacuation strategy was not clear to the inspector. The Emergency plans and Procedures Policy in the centre indicated that a 'Horizontal Evacuation procedure' would be adopted. It also states that residents would 'be moved towards a fire exit door but hopefully should not have to go outside as each door can resist a fire for 30 mins'. The procedure explained by staff to the inspector indicated that evacuation would be straight to the outside. This required review to ensure a consistent and appropriate approach to evacuation.

The designated centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system. While there were records to indicate that they were being serviced at the appropriate intervals, the appropriate reports and certificates were not readily available when requested.

The documentation for the fire detection and alarm system identified the system as a type L2/L3 category system and did not meet the required L1 standard. The system was divided into zones, each of which referred to a named area of the building. There was a list of the zones and the corresponding 'wing' displayed, however, there was no zoned floor plan adjacent to the panel to assist staff in identifying the location of fire in the event of a fire alarm activation. Staff would be required to rely on their knowledge of the building. In the main, not all, but most of the staff spoken with, could identify the various areas of the building. The inspector found that a floor plan identifying the zones in the building, would be required to ensure staff could readily identify the location of a potential fire.

The emergency lighting to the external escape routes required additional coverage to ensure the escape routes would be sufficiently lit in the event of power failure. the inspector also noted that some emergency exit signs were not lit at the time of inspection.

Other than the inner room referred to in the 'capacity and capability' section of this report, residents and staff were provided with an adequate number of exits. This was on the basis that the building at the time of inspection was not at full capacity. Due to the poor containment measures in the building, the inspector was not assured in relation to the effectiveness of compartment boundaries if horizontal evacuation was adopted. Staff may be required to fully evacuate the building and the inspector was not assured that two staff on duty at night would be effective in this regard.

The inspector found that improvements were required in terms of providing adequate containment of fire. The building is an old period property which required significant work to provide adequate containment. Since the previous inspection, a programme of work included upgrading of existing old fire doors with the provision of new smoke and heat seals. This work was completed on the principle fire doors in the centre, i.e. the doors to the protected stairways and the doors subdividing escape corridors. While this improved the means of escape for residents, the

inspector was not assured that the doors to bedrooms were adequate and capable of restricting the spread of fire and smoke through the building. Two storerooms were not fitted with fire doors, each of which opened onto a protected escape route. Assessment of fire doors throughout the centre by a competent person, should be carried out to ensure the required performance of each fire door.

The inspector noted breaches in the fire resistance of fire partitions which required fire stopping. For example, there were gaps noted where a decorative cornice went through a fire rated partition.

The inspector reviewed the smoking room in the centre. It contained furnishing and drapes that did not have appropriate labels to demonstrate they were fit for purpose and would resist the spread of fire. There was a window which could be opened for ventilation. There was also a fire extinguisher and fire blanket available for use.

The inspector reviewed documentation in terms of regular in-house fire safety checks in the centre. There were daily, weekly and monthly checklists which included checks for the fire detection and alarm system, escape routes, fire doors and so on. While this is considered good practice, improvement was required to ensure the checks were of adequate extent, frequency and detail. For example, the inspector noted some fire doors didn't fully close and smoke and heat seals were missing in some cases. Inspectors noted the door to the treatment room was held open with a chair and the door to the office was held open with a plastic case. This was brought to the attention of the provider. The records also indicated that the checks stopped eight days before the inspection, due to sick leave. The inspector was told there was no arrangement in place for the checks to be carried out when this occurs.

The inspector looked at the kitchen and laundry facilities in the centre. The Inspector 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 gas shut off valves to the inspector. It was noted that the shut off valve was awkwardly located near the back of the cooking appliance and staff would be required to go externally to the gas storage tank to turn off the supply. There was a commercial scale dryer located in the laundry room. Good practices were observed such as the lint screen was observed to be kept clean. The lock to the exit door from the staff room adjacent to the laundry room was operated with a key lock only, with the key hanging nearby on a nail. This required review to ensure a safe escape route for staff in this area.

The provider had made arrangements for the needs of residents to be assessed. This was in the form of a Personal Emergency Evacuation Plan (PEEP). These required review, as they were not sufficiently detailed to ensure the safe evacuation of residents. They were not signed by the person who completed the assessment, nor did they include the date of the assessment.

There were emergency evacuation drawings displayed around the centre and included the location of exits and the routes leading to those exits. However, the procedures to be followed in the event of a fire were not adequately displayed in a

prominent location in the centre.

Regulation 26: Risk management

The latest version of the risk register, available to the inspector, was dated 16 May 2017 and did not appear to have been reviewed since that date.

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 ensure the safe and effective evacuation of residents.

The provider was not taking adequate precautions against the risk of fire and providing suitable bedding and furnishings:

- Three oxygen cylinders were located in a treatment room adjacent to electrical appliances plugged in. Another oxygen cylinder was observed in a bedroom corridor on first floor.
- Some furniture and drapes did not have appropriate labels to demonstrate they were fit for purpose and would resist the spread of fire. For example, some chairs and the curtains in the smoking room.

Adequate means of escape were not provided from all areas of the designated centre:

- An inner room, with escape through a living room, was identified as a bedroom for residents. While options for mitigating measures were being explored, there was no time bound plan in place.
- The external routes required review, one was overgrown with planting and others led across a grass route.
- One of the external stairways required maintenance as the surface was showing signs of rust and corrosion.

Adequate emergency lighting was not provided throughout the centre:

- The emergency lighting to the external escape routes required additional coverage to ensure the escape routes would be sufficiently lit in the event of power failure.

- Some emergency exit signs were not lit at the time of inspection.

Adequate arrangements were not in place for maintaining all fire equipment and means of escape:

- Improvements was required to ensure the in-house fire safety checks were of adequate extent, frequency and detail

Adequate arrangements had not been made for reviewing fire precautions:

- The process for identifying and mitigating fire risks in the centre was not adequate

Fire safety management and fire drills did not ensure that persons working in the centre were aware of the procedure to be followed in the event of a fire:

- The evacuation strategy was not clear to the inspector. The Emergency plans and Procedures Policy in the centre indicated that a 'Horizontal Evacuation procedure' would be adopted. The procedure explained by staff to the inspector indicated that evacuation would be straight to the outside.

Adequate arrangements were not in place for detecting and containing fires;

- The documentation for the fire detection and alarm system identified the system as a type L2/L3 category system and did not meet the required L1 standard. There was no zoned floor plan adjacent to the panel to assist staff in identifying the location of fire in the event of a fire alarm activation.
- Improvements were required in terms of providing adequate containment of fire.
- The inspector noted breaches in the fire resistance of fire partitions, which required fire stopping

Adequate arrangements were not in place for evacuating, where necessary in the event of a fire, of all persons in the centre when it is at full capacity:

- Due to the poor containment measures in the building, the inspector was not assured in relation to the effectiveness of compartment boundaries, if horizontal evacuation was adopted. Staff may be required to fully evacuate the building and the inspector was not assured that two staff on duty at night would be effective.

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

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 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Elmgrove House Nursing Home OSV-0000035

Inspection ID: MON-0026724

Date of inspection: 24/04/2019

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

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Before the inspection we had been working alongside our architect and Local Fire Department to strive to become compliant and had made some headway. Since the inspection we have retained the services of Building Surveyors who have inspected and have made recommendations to ensure identification & management of fire safety risks.
Oxygen cylinders have been removed and have been replaced with CD2 Cylinders
All equipment servicing and maintenance is up to date.
The management of keys has been addressed.
All PEEPS have been updated and dated.
Risk Register has been updated.
Dorgards are now in place in office & treatment room, they were in the process of being fitted on inspection.
Staff Training matrix has since been sent to the Inspector.
In House fire safety checks have been deputized on absence.
We have always adopted a very strict admission policy ensuring that all residents on the upper floor are mobile.

"The inspector has reviewed the provider compliance plan. The actions proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that the actions will result in compliance with the regulations."

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The Building Surveyors have reviewed and updated our Risk Management which has been sent to the Chief inspector.

"The inspector has reviewed the provider compliance plan. The actions proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that the actions will result in compliance with the regulations."

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All non-fire retardant furnishings have been removed from the smoking room.
External routes are clear and the exterior stairwell is being repainted.
Extra Emergency lighting is being fitted.
Evacuation plans have been updated & clarified.
The Fire alarm is being updated to an LI system.
Fire procedures are prominently displayed.
All doors have been upgraded.
Staff room lock has been upgraded.
Containment measures are being addressed with our Building Surveyors.

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	17/07/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	17/07/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the	Not Compliant	Orange	17/07/2019

	measures and actions in place to control the risks identified.			
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	30/08/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/07/2019
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	30/08/2019
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	17/07/2019
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	17/07/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for	Substantially Compliant	Yellow	30/08/2019

	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.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at 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.	Not Compliant	Orange	17/07/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2019
Regulation	The registered	Substantially	Yellow	31/07/2019

28(2)(ii)	provider shall make adequate arrangements for giving warning of fires.	Compliant		
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	Orange	17/07/2019
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	31/07/2019