Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Ailesbury Private Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>A N H Healthcare Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>58 Park Avenue, Sandymount, Dublin 4</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>23 June 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000002</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0029814</td>
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About the designated centre

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

Ailesbury Nursing Home is situated beside St Johns Church on Park avenue near Sandymount Village. Ailesbury Nursing Home is a 45 bedded facility, accommodating residents with low to high levels of dependencies. Accommodation is provided in single, twin and multi occupancy rooms. Ailesbury Nursing Home is managed by a Director of Nursing who is supported by a clinical nurse manager and a team of nurses, healthcare assistants, activities coordinators and other ancillary staff. The director of nursing is further supported by the person in charge who is in daily contact. The nursing home is serviced by nearby restaurants, public houses, libraries and community halls.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 38 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>Tuesday 23 June 2020</td>
<td>10:45hrs to 17:30hrs</td>
<td>Michael Dunne</td>
<td>Lead</td>
</tr>
<tr>
<td>Tuesday 23 June 2020</td>
<td>10:45hrs to 17:30hrs</td>
<td>Niall Whelton</td>
<td>Support</td>
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What residents told us and what inspectors observed

On entering the centre it was observed that the centre had processes in place to ensure protocols relating to infection protection and control were being observed and practised by the staff team.

Throughout the day residents were seen to be engaged by a staff team who were familiar with their health and social care needs. Staff were observed to encourage residents to participate in decision making while affording them time and space to give their views and comments.

Residents with high support needs were attended to by staff in a timely manner. Equipment to aid resident’s mobility and seating was observed to be appropriate to residents needs and was clean and in good repair.

Residents spoken with acknowledged that they felt lonely during the period of self isolation as a result of COVID-19. They spoke about not seeing their family and friends but also about not being able to circulate around the home as normal. However residents went on to add that the staff team explained the reasons why they had to self isolate to them on a regular basis. Residents also said that staff made them aware of their test results when they were received and were thankful for this. Residents were well supported by the staff team.

Residents told the inspector that they were happy at being able to circulate in the home again and were particularly happy with being able to see their friends again.

Residents told the inspector that group activities had resumed in the centre and that staff were very supportive during the period of self -isolation. All residents liaised with complemented the staff team in supporting them keep in contact with their families and friends.

Capacity and capability

This was a short notice announced inspection of the centre by two inspectors of social services, one of whom was a specialist estates and fire safety inspector to seek assurances regarding fire safety arrangements. Prior to the inspection Inspectors of Social Services had been in communication with the provider regarding the submission of a current fire safety risk assessment.

Inspectors found that care and services were well managed for the benefit of the residents who lived in the designated centre. The provider had ensured there were sufficient resources available to maintain safe care for residents during the
COVID-19 pandemic. This included additional staffing resources at night time, additional cleaning input and the provision of PPE (Personal protective equipment) and other equipment to monitor residents such as vital signs monitoring equipment.

The provider also sourced extra resources to maintain the safety of the staff team in ensuring that they did not unwittingly spread COVID-19 infection in the centre such as the provision of accommodation for staff which reduced the need use public transport. There was also evidence to show that the provider had proactively engaged with the HSE (Health Service Executive) and Public Health in managing the COVID-19 outbreak along with carrying out a post outbreak analysis to identify areas for improvement which looked at testing, cohorting of residents, cohorting of staff, staff training, end of life care and communication with families.

The were low levels of complaints recorded and the provider worked hard to ensure that complaints or concerns were resolved at an early stage and did not impact adversely on residents overall enjoyment of the service.

The building was reviewed in the presence of the registered provider representative and the person in charge. Inspectors noted many good practices in relation to fire precautions; staff spoken with were knowledgeable on the evacuation procedures in place in the event of a fire. Inspectors were told of the daily handover between shifts which assigned fire safety roles to staff and included any changes to resident’s dependencies.

The registered provider representative confirmed that a consulting fire engineer had been retained to complete a full review of fire safety in the centre. Documentation obtained on inspection confirmed the report of the fire safety assessment was due to be complete within five weeks. The findings of this inspection were that the aforementioned fire safety assessment was required to provide the necessary assurances to the chief inspector.

The registered provider and person in charge were proactive in their response to risks identified during the inspection and provided assurances to the chief inspector of interim measures put in place to mitigate identified risks until such time as the fire safety assessment is complete. Details of the findings of this inspection are in the Quality and Safety section of this report.

**Regulation 15: Staffing**

The provider had ensured staffing levels were maintained to meet the needs of the residents during the outbreak of COVID-19. An additional staffing resource was secured to assist staff cover during the night. The provider also liaised with the HSE to secure additional nursing support for the centre. Inspectors noted that there were sufficient numbers of staff on duty with the required skill mix to meet the needs of
the current residents.

Staff were seen to be supportive of residents and it was evident that staff were aware of residents individual care needs. Staff were seen to be supportive of residents communication needs and were observed listening to residents giving them time and space time to express their views.

Staff were able to confirm that they had received training regarding COVID19 and on how to minimise the spread of infection. They were aware of national guidance and mentioned that handovers were used to receive updated information regarding the management of COVID-19.

Judgment: Compliant

Regulation 23: Governance and management

The provider and the person in charge had taken effective steps in ensuring the centre was in strong position to manage the spread of COVID 19 infection in the centre.

The person in charge and the provider maintained daily input in the centre during the outbreak and worked hands on as part of the care team to ensure residents received the required levels of care and support they needed.

A COVID-19 management plan was created and detailed the duties assigned to senior staff in the centre. A breakdown of guidance issued by the HPSC (Health Protection Surveillance Centre) was conveyed to the staff team on a regular basis through daily briefings held at handovers, this helped to maintain vigilance and reinforced appropriate infection prevention and control protocols.

The provider maintained regular contact with public health and the local CHO 6 (Community Health Organisation) which ensured that the centre was able to raise issues regarding testing and results, the delivery of PPE supplies and concerns relating to staffing shortages.

The centre was able to avail of staffing support as a result of this liaison and maintained its staffing levels throughout the outbreak. The provider increased staffing levels at night to provide extra support to residents who were self-isolating. In addition extra resources were allocated to the staffing complement during the night was provided along with extra resources.

From a fire safety perspective, due to the fire safety matters identified, improvements were required to the management systems in place, to ensure that the service provided was safe and effectively monitored. The registered provider representative and person in charge were proactive in their response to the risks identified during the inspection.
**Judgment:** Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place which was advertised in a prominent location in the centre. This policy clearly laid out the procedure to follow in the event of a resident or family member wishing to lodge a complaint and included details relating to feedback and appeal should the complainant be unhappy with the complaint outcome.

Records seen confirmed that complaints were well managed in the centre with one formal complaint received for 2020. Inspectors followed up on an unsolicited receipt of information relating to a resident movement in the centre being restricted. Discussion with the resident involved and the management of the home indicated that restrictions were in place due to risk of COVID-19 infection spread and the management of health related issues. A review of the restrictions that were in place indicated that the least restrictive option was in place and kept under review.

**Judgment:** Compliant

### Quality and safety

Residents could expect good outcomes regarding their care and welfare. Records seen on inspection confirmed that residents rights were being upheld and that residents were well supported during the pandemic. There were clear arrangements in place to manage the risk of infection with staff knowledgeable of their role in this process. There were processes in place to ensure that family members were kept informed of the condition of their loved ones during the pandemic and it was noted that communal activities had recommenced.

There was an effective appreciation of risk with the risk register well maintained. There were however improvements required regarding fire safety arrangements in the premises. The storage of items in corridors had improved with mobility equipment observed to be stored in the appropriate storage area. Handrails were observed to be free from obstruction which allowed residents to mobilise safely. There was a four bedded bedroom on the first floor which is noted not to have the required dimensions to meet the requirements of SI 293 of 2016 Health Act 2007 (Care And Welfare Of Residents In Designated Centres For Older People) (Amendment) Regulations 2016 which comes into effect on the 01/01/2022.

Improvements were required to ensure adequate containment of fire. Fire doors to bedrooms were not fitted with automatic self-closing devices nor was there a procedure in place to ensure staff closed the doors during evacuation. Inspectors
were told that the decision to remove them was based on the risk of falls for residents on a day-to-day basis. However, an assessment of the risk of not providing a means to close the door to contain fire was not available. The practice of keeping doors open and the absence of a procedure to ensure doors were closed in the event of a fire, meant that inspectors were not assured that fire safety arrangements in place adequately protected the residents from the risk of fire in the centre. In the event of a fire, fire doors which are left open may cause uncontrolled spread of smoke and fire. The registered provider and person in charge provided assurance in this regard.

At the last inspection, deficiencies to seals on fire doors were identified. Inspectors found that this had been addressed to a good standard with new seals and hinges in place on fire doors. This meant that the spread of smoke would be hindered and preventing it from spreading through the building. However, this is contingent on fire doors being closed in the event of a fire.

Inspectors spoke with the registered provider representative and the person in charge in relation to evacuation strategies for the various areas of the centre. While escape routes were narrow and convoluted, assurance was provided to the inspector that all evacuation aids and methods of evacuation were suitable for the residents in the locations they were accommodated in. The registered provider representative explained they had previously changed the type of evacuation aids in use throughout the centre to ensure this. Staff spoken with reaffirmed this. Each resident’s dependency was colour coded which also determined the evacuation requirements for the resident. However, having reviewed the evacuation drills and residents dependency schedule, inspectors were not assured that a compartment at first floor with capacity for nine residents could be evacuated in a timely manner.

Inspectors observed two locations where a fire rated roller shutter door had been provided to provide a fire compartment boundary. Upon activation of a smoke detector, the roller shutter would close, potentially obstructing an escape route. Assurance was sought and received during the inspection and subsequently in writing; advice from the fire consultant was to disable the roller shutter doors and replace with conventional fire doors. Following the inspection, the registered provider representative confirmed that there was now a plan in place in this regard and arranged for an extra staff member at night to mitigate the risk in the interim.

Inspectors reviewed documentation for the emergency lighting system and fire detection and alarm system. While it was evident that the systems were being serviced at the appropriate intervals, the servicing reports and certificates were not available to demonstrate that the systems were free from fault. The records viewed by inspectors indicated that the emergency lighting system requires upgrading and the category of fire alarm system was not evident. The registered provider confirmed that there was a plan in place for the fire consultant to meet with the service contractors to determine what works are required to ensure effective systems are in place.

Improvements were required in the management of keys to exit locks. Inspectors observed a number of locks which required a key to open them. In some instances
the key to the lock was not secured in the break glass unit adjacent to the door and was hanging on a hook. This meant that the key could easily go missing resulting in the exit not being easily opened. The registered provider representative and person in charge explained that due to COVID-19, additional entry points to the building were required which was the reason for the key to be moved. Confirmation following the inspection was provided that locks were changed and each one was opened with the same key. Inspectors were assured during the inspection, that a key would be kept in the break glass unit also.

**Regulation 13: End of life**

Residents who were approaching end of life had care plans in place which identified their spiritual, physical, emotional and psychological care needs. There was evidence that residents relatives were kept up to date about residents conditions and were encouraged to be actively engaged in the end of life process.

There were appropriate records which indicated DNAR (Do not attempt resuscitation) forms were signed by the appropriate personnel and that they too were subject to review. The home ensured that residents symptoms were well managed through utilising anticipatory prescribing. The home facilitated family visits during the pandemic for residents who were at end of life whilst adhering to Infection protection and control protocols.

**Judgment: Compliant**

**Regulation 17: Premises**

The centre was registered to accommodate 45 residents in total and provides accommodation in a selection of single, twin, three and four bedded rooms. There were 14 residents accommodated on the ground floor and 31 accommodated on the first floor. There was a lift available to assist residents with mobility needs to gain access to the first floor.

One of the four bedded rooms on the first floor did not provide residents with 7.4sq metres of individual space and therefore would not adhere to the requirements of SI 293 of 2016 Health Act 2007 (Care And Welfare Of Residents In Designated Centres For Older People) (Amendment) Regulations 2016 when it comes into effect on the 01/01/2022. On the day of the inspection it was observed that the provider had reduced the occupancy of this room to three residents. This allowed for residents to be accommodated according to social distancing guidelines but also afforded residents a greater degree of privacy and dignity. The maintenance of this space as a three bedded room would mean that the centre would be in compliance with SI 293
Residents were seen during the day use the sitting room, living room and dining room which were all accessible on the ground floor. Some residents were seen to have their meal in the sitting room with sufficient numbers of staff to attend to their needs.

The premises was clean and warm and presented in a homely manner. There was equipment in place to assist residents enjoy their lived experienced such as hand rails, appropriate seating and sufficient numbers of accessible toilets. There were four facilities available for residents who required a showers or a bath with two located on the first floor and two located on the ground floor. It was noted that storage had improved since the last inspection with corridors free of mobility equipment and cleaning trolleys however inspectors observed a medicine trolley stored near the top of a flight of steps. While there was sufficient space to pass it, it may move during an emergency and create an obstruction. The registered provider representative arranged for the medicines trolley to be moved immediately during the inspection.

There was a well-appointed front garden which contained a range of seating for residents and visitors however there was limited access to this facility due to the present COVID-19 pandemic.

**Judgment:** Compliant

### Regulation 26: Risk management

There was a risk management policy in place which described the centres response to risk. This included a risk register which detailed a list of both clinical and operational risks applicable to the centre.

Risks assessments were in place and provided a clear identification of the risk involved and the control measures in place to mitigate against the risk identified. Inspectors were not assured however that the centre had an effective fire risk assessment in place to identify the measures required to mitigate the risks of fire. Although there were fire safety interventions identified to deal with a fire it was unclear if these measures were sufficiently robust or effective to deal with such an event. These issues and other fire related topics will be described further under the regulation which deals with fire safety.

There was an added focus on the risk of infection outbreaks due to the COVID-19 pandemic and for the risk of scabies infection which the centre had been dealing with since early 2020. The centres response to both of these infections will be dealt with under regulation 27.
Judgment: Compliant

Regulation 27: Infection control

The registered provider maintained a proactive role in the management of Covid 19 from the initial outbreak in the centre in April 2020. There was regular contact with public health by the centre participating in outbreak control conference meetings and regular communication with the local community health organisation was also maintained. This resulted in visits from consultants in geriatric care and infectious diseases to assess the levels of support the centre needed. Records seen on inspection confirmed a well-structured preparedness plan which adhered to the guidance issued by the HPSC (Health Protection Surveillance Centre) as set out in the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

- Staff training including the use of PPE (Personal Protective Equipment), guidance on hand washing and coughing etiquette and on social distancing.
- Arrangements to mitigate the spread of COVID-19 among the staffing cohort.
- The management of residents who were tested positive, including their transfer to acute settings.
- Arrangements for maintaining family contacts including the use of social media.
- The cohorting of residents and staff and the creation of contaminated and clean zones
- The deployment of additional cleaning resources and a review of existing cleaning schedules
- The management of clinical waste.
- The management of linen and laundry which is managed by an outside agency.

On the day of the inspection there were no positive or suspected cases of COVID-19 in the centre. The centre was awaiting details from the HSE (Health Service Executive) for the second mass testing of residents in the centre. Staff were observed to maintain appropriate hand washing technique throughout the day and all staff working in the centre were found to be wearing appropriate mask coverings. Staff were also observed to support residents maintain social distancing according to HSPC guidelines. In addition the provider had reduced the number of a four bedded room to three which ensured that residents living in this room could be accommodated safely according to social distancing guidelines.

The centre also had an outbreak of scabies earlier in the year which was well managed with interventions guided by a consultant dermatologist. The majority of residents had now recovered however two residents were still receiving treatment and were currently self-isolating. Staff were observed caring for these residents and were seen to don appropriate PPE before entering the resident’s room to provide...
Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

The registered provider was not taking adequate precautions against the risk of fire:

- A fire risk assessment was not available in line with the centre’s own fire safety policy.
- The decision to omit self-closing devices to bedroom doors was not risk assessed.
- Fire doors to bedrooms were not generally closed and a procedure to ensure doors were closed in the event of a fire was absent.
- Two oxygen cylinders were stored within the main escape stairway enclosure. Inspectors were told these were required for emergency use. The location where they are stored requires assessment.
- A door from a bedroom which opened out across the escape corridor was not risk assessed.
- The emergency shut off point in the kitchen required signage to alert staff to its presence.

Inspectors were not assured that adequate means of escape was provided throughout the centre:

- Small store rooms, including linen presses, located on bedroom corridors were not adequately protected with fire rated enclosures.
- Automatic fire rated roller shutter doors in two locations had been installed to provide a fire compartment boundaries. However, each closed across designated escape routes and may impact the escape route for residents and staff.
- An undivided corridor at first floor requires 17 residents to be evacuated through it when the centre is at full capacity, and a further four more if the roller shutter door at first floor is required to be open for escape. This requires review to ensure adequate means of escape is provided.
- Inspectors noted the lift opened both within the fire protected stairs and directly to the escape corridor at first floor. This does not accord with current guidance for existing nursing homes, which indicates that a fire protected lobby should be provided between lift doors and corridors, to afford adequate
means of escape. This requires review to ensure that the lift is adequately enclosed to ensure the spread of smoke and fire is restricted from spreading and adequate means of escape is provided.

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

- While daily and weekly checks were logged in the fire safety register, inspectors observed exits where the key was not in the break glass unit beside the door, but hanging loose on a hook. Improvements were required to ensure the checks were of adequate extent, frequency and detail.

Inspectors were not assured that adequate arrangements were in place for containing fires:

- Most bedroom doors were in the open position
- No measures in place to ensure fire doors would be closed
- Inspectors noted a gap in the fire door to ground floor day room.
- Where the fire rated roller shutter doors are required to be open to maintain the escape route, the fire compartment boundary is ineffective.

Adequate arrangements had not been made for detecting fires:

- Inspectors noted extended areas of the upper floor escape corridors which were not provided with adequate smoke detection.
- Inspectors noted a store room which was not provided with smoke detection

From a review of the fire drill reports and residents dependency levels, inspectors were not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available:

- While regular evacuation drills were being carried out, they simulated the evacuation of one resident only and did not prepare staff for the likely scenario of the evacuation of a full fire compartment in a timely manner.
- Inspectors were not assured that a compartment at first floor with capacity for nine residents could be evacuated in a timely manner. At the time of inspection seven residents were accommodated in the compartment and subsequently, the registered provider further reduced this to five residents. Information submitted following the inspection indicated that it may take up to eight and a half minutes to evacuate five residents from this compartment. Inspectors considered this time to be excessive, particularly when the compartment would be at full capacity. The registered provider should strive to reduce this time.
- Although verbally confirmed, evacuation drill records did not demonstrate the use evacuation aids along the narrow stairway.

The person in charge did not ensure that procedures to be followed in the event of a fire were adequately displayed:
• Inspectors noted additional exit signage was required from some areas of the centre to ensure escape routes are readily apparent.
• Drawings displayed included a lot of pertinent information but would benefit from showing the locations of fire compartment boundaries, used for phased evacuation in the centre.

Judgment: Not compliant

**Regulation 9: Residents' rights**

Staff were observed to respect resident’s rights by ensuring that they announced their presence when entering resident’s private spaces. Residents with high dependency needs were informed of care or support interventions and the reasons for them before they were carried out. The provider proactively reduced the number of a four bedded room to three which helped maintain social distancing but also had a positive impact in terms of privacy and dignity and increased the space available for each resident to use.

Staff assisted residents maintain links with their families through the use of social media platforms such as facetime, Skype and what’s app. Due to the volume of communication the provider allocated a staff member a dedicated task of liaising with families on a regular basis.

Two activity workers along with support from the staff team provided and maintained a schedule of activities for residents in their bedrooms during the self-isolation period as a result of COVID-19.

Communal activities had now restarted with residents supported to observe social distancing guidelines when attending these activities.

Residents who were in receipt of end of life care were facilitated to meet with family and loved ones whilst adhering to infection and protection and control guidelines. Residents care plans indicating their last wishes were reviewed and updated on a regular basis.

Residents were updated on their COVID19 status by the provider and the reasons behind the necessity to self- isolate were also explained. In instances where residents were unable to understand these reasons due to dementia or cognitive impairment then the resident’s family members were also informed.

Judgment: 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:

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<thead>
<tr>
<th>Regulation Title</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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Compliance Plan for Ailesbury Private Nursing Home OSV-0000002

Inspection ID: MON-0029814

Date of inspection: 23/06/2020

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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Provider is assessed as fully compliant with Regulation 26 (Risk Management) and has attended to procuring a belt-and-braces written assessment from its new fire safety consultants of advised fire precaution in the Centre with a view to assuring the Inspectors of the Provider’s commitment to addressing not only fire precaution issues as identified during the inspection but also all and any identifiable fire safety risks where specified by the Centre’s new professional fire safety consultants, Michael Slattery & Associates (MSA) in its comprehensive written report dated 24 August 2020, a copy of which is enclosed herewith.

The Provider, noting that it is already assessed by the Inspectors as substantially compliant with Regulation 23, believes that all steps taken by it to ensure the procuring of the MSA Report on 24 August 2020 and its commitment herein to deliver the actions advised by MSA in its Report by a latest time bound date of 31 March 2021, at the very latest, achieves compliance with Regulation 23 of the Care & Welfare Regulations.

| Regulation 28: Fire precautions       | Not Compliant             |

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In line with the recommendations of the MSA Report and with a view to assuaging the concerns discussed by the Inspectors during the Inspection the Provider’s Compliance Plan under Regulation 28 is as follows:

Works already underway to install upgraded certified fire alarm system by mid-to – 30 September 2020. Free-Swing fire alarm activated door closes and fire alarm activated magnetically hold open devices to be affixed to any existing or new doors to be completed by 30 October 2020 as advised by MSA. Where any additional works recommended by the MSA Report necessitate additional actions to the Fire Detection & Alarm system those actions will be completed by 31 March 2021.


Means of Escape: MSA Survey and Written Report Completed by 24 August 2020. All actions in line with the methodology proposed by MSA in page 6 of its Report will be completed by 31 March 2021, with earlier fire rating of all relevant door openings and windows in line with any further professional recommendations from MSA.

Use of Evacuation Aids, particularly in relation to Escape Stairs: MSA Survey and Written Report Completed by 24 August 2020. All actions in line with the methodology proposed by MSA in page 6 of its Report to be completed by 30 November 2020 under MSA supervision.

Ventilation of Protected Escape Stairs MSA Survey and Written Report Completed by 24 August 2020. All actions in line with the methodology proposed by MSA in page 6 of its Report will be completed by 31 March 2021, to include possibility of retrofitting option of vents if and where advised by MSA.

Internal Smoke Curtains across Escape Routes: MSA Survey and Written Report Completed by 24 August 2020. Though these curtains were previously professionally advised by the Centre’s former advisers and the Provider followed these advices, MSA has recommended that these curtains be disabled and the Provider has attended to their immediate disabling with replacement new FD30 cross corridor door sets to be fitted under MSA supervision before 30 November 2020.

Fire Safety Certificate Layout Deviations: MSA Survey and Written Report Completed by 24 August 2020. MSA’s preliminary view is that same is compliant with the 1995 Fire Safety Certificate. However, should any further actions be required same will be addressed by 31 March 2021.

Existing Fire Doors: All Fire Doors not otherwise addressed in this Compliance Plan will be assessed under MSA’s supervision and where necessary and advised such Fire Doors will upgraded and/or replaced by 31 March 2021 at the latest having regard to the recommendations and ongoing advices of MSA, in line with the methodology advised in the MSA Report.

Compartmentation MSA Survey and Written Report Completed by 24 August 2020. All works necessitated under this heading will aim to be completed by 31 March 2021 in line with the methodology advised in the MSA Report, respectful of COVID-19 public restrictions and the contractual obligations of the Provider to its Residents in the Centre.
AOB: Any other items identified by the Inspectors in their Report concerning their views of compliance with Regulation 28 are now already addressed and in so far as any future works in the Centre to deliver the professionally recommended fire precautions might impact on those other items, those items will be delivered within the overall belt-and-braces fire precaution project before the outermost timebound deadline of 31 March 2021.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/03/2021</td>
</tr>
<tr>
<td>Regulation 28(1)(a)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2021</td>
</tr>
<tr>
<td>Regulation 28(1)(b)</td>
<td>The registered provider shall provide adequate means of escape, including emergency lighting.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2021</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(i)</td>
<td>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
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<tr>
<td>Regulation 28(1)(e)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
</tr>
<tr>
<td>Regulation 28(2)(i)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/11/2020</td>
</tr>
<tr>
<td>Regulation 28(2)(iv)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2021</td>
</tr>
<tr>
<td>Regulation 28(3)</td>
<td>The person in charge shall ensure that the</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
</tr>
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<td>procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.</td>
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