



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

## Issued by the Chief Inspector

Name of designated centre:	Strawhall Nursing Home
Name of provider:	Fermoy SNH Limited
Address of centre:	Strawhall, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	29 March 2022
Centre ID:	OSV-0000295
Fieldwork ID:	MON-0036606

## About the designated centre

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

Strawhall Nursing Home is a two storey building with a small third storey section, located within walking distance of the town of Fermoy. The centre was established in 1988 and can accommodate 30 residents. The centre accommodates both female and male residents, over 18 years who require convalescent, respite, long term and palliative care. There is 24 hour nursing care available and the provider is also the owner with family involvement ongoing. It is surrounded by a large mature garden with an enclosed courtyard which provides a safe outdoor area with suitable furnishings. The bedroom accommodation is laid out in 22 single bedrooms, 10 which are en-suite with shower, toilet and wash basin. There are four twin bedrooms, one of which has en-suite facilities. Admission to Strawhall Nursing Home is arranged by appointment following a pre-admission assessment. The centre operates an open visiting policy within Strawhall Nursing Home. An activities coordinator is employed daily to enable Strawhall Nursing Home to fulfil residents' personal, social and psychological needs. The following therapy services are provided following assessment and as required: physiotherapy, speech and language therapy (SALT), dietitian, occupational therapy (OT), psychiatric services, chiropody, dental, optical and aromatherapy.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	27
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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
Tuesday 29 March 2022	10:00hrs to 17:45hrs	Niall Whelton	Lead

## What residents told us and what inspectors observed

The inspector was met by a member of management on behalf of the registered provider, who facilitated the inspection.

Following an introductory meeting, the manager accompanied the inspector on a walk-through of the centre.

The centre was a two storey structure. The upper floor was split level with two single bedrooms three steps higher than the main first floor. The remainder of the upper floor had six single bedrooms and one twin bedroom. The ground floor had 14 single and three twin bedrooms.

There were three stairways leading from the first floor, two of which were identified to the inspector as the escape routes from the upper level. The main stairway and one set of three steps were fitted with a chair lift along the height of the stairway. There was also a lift providing access between floors. The inspector was told that the third stairway was not identified as an escape stairway. It wasn't part of the evacuation strategy nor did it form part of simulated evacuation drills. This is discussed in the quality and safety section of this report.

The inspector observed escape routes and exits to be clear and free of obstruction. Staff spoken with demonstrated a good knowledge of the evacuation procedures in place. There was an evacuation mat mounted on the wall of the main central escape stairway.

Bedroom doors were fitted with devices which afforded residents the choice to have their bedroom door open and door closers were not an impediment to their manoeuvrability through the building. Once the fire alarm activates, the doors would close.

The inspector saw a number of hoist batteries on charge in the escape stairway.

While walking through the centre, the inspector looked at a sample of fire doors. The smoke seals to a number of doors had been painted over, thereby reducing the effectiveness of the door to contain the spread of smoke. Others were noted to have gaps, be warped and sections of heat or smoke seals missing.

The inspector noted one section of the upper floor which required additional exit signage. An exit sign in another area was not lit.

The inspector saw rooms where oxygen was in use by the resident, signage for which was displayed on the bedroom door. There was an oxygen policy in place and this was in date. The provider also had a risk assessment complete for the use of oxygen. The inspector saw oxygen cylinders which were not in use and were

appropriately stored externally.

The inspector saw throughout centre that the evacuation procedures to follow in the event of a fire were prominently displayed adjacent to an associated evacuation floor plan in each fire compartment of the centre. The procedures were compartment specific and clearly displayed. Fire action notices were also prominently displayed.

The fire alarm was located within the main stairwell at ground floor and it was noted to be free of fault.

Externally escape routes were kept clear and provided escape away from the building. The location of the bin storage would benefit by being moved to allow a large swing space for mattress evacuation out the adjacent exit.

## Capacity and capability

This was an unannounced risk inspection carried out to review fire precautions and to follow up on fire safety risks identified in February 2022 at the previous inspection. The inspector assessed the progress made in coming into compliance with Regulation 28 Fire Precautions.

Fermoy SNH Limited was the registered provider for Strawhall Nursing Home. The company had two directors. At operational level, support was provided by one director of the company, representing the provider. The person in charge was supported in the delivery of care by an assistant person in charge, nurses, two administration staff, a health care team, as well as household and catering staff.

Effective governance and management systems supported a proactive response to the findings of this inspection. The provider had a comprehensive Emergency Action Plan in place. It was noted to be centre specific and documented the emergency procedures relevant for each area of the centre. Further, it detailed specific scenarios, examples of which include a fire alarm activation in the attic and a fire in the kitchen. It also included fire prevention measures and specific hazards associated with higher risk areas such as the kitchen and laundry.

There was a staff member with responsibility for health and safety, who reviewed the checks being carried out by staff.

The findings relating to fire safety are set out in greater detail in the quality and safety section of the report.

## Regulation 23: Governance and management

While effective governance and management systems supported a proactive response to the findings of this inspection, the provider had not recognised some of the risks found on inspection.

- The observed fire containment issues
- The observed issues with the means of escape
- The arrangements in place for evacuating residents
- The practice of charging hoist batteries on escape routes

Judgment: Substantially compliant

## Quality and safety

Overall, there was a good awareness of fire safety in this centre. The fire safety systems were serviced and up-to-date. The provider was conducting regular fire drills to identify areas for learning and improvement. The evacuation strategy for each compartment was thought out and considered, to reflect the layout of the centre. The inspector noted improvements were required with fire containment, evacuation strategy and ensuring adequate means of escape.

The inspector reviewed the drill records in place. Drill practices occurred frequently and they were simulated to reflect the evacuation procedure in place. Since the previous inspection, the focus was placed on ensuring staff were familiar with the secondary escape route and to ensure all staff were participating in fire drills. Apart from two beds at first floor, each bed was fitted with an evacuation sheet under the mattress. One bedroom was identified by the provider as having a narrower door and the provider had provided an evacuation mat for one resident, as it was easier to move the evacuation mat through the door. The dependency schedule reviewed by the inspector indicated that two further residents were identified as potentially requiring the evacuation mat in limited scenarios. The manager in the centre confirmed further evacuation mats would be purchased the following day.

The provider was setting a safe evacuation time for the evacuation of a compartment. The time set by the provider was excessive and required review to ensure the safe evacuation of residents from a compartment in a timely manner. The procedure included use of the chair lift on the stairs as part of the evacuation procedure. This required review by a competent fire safety professional.

The manager confirmed to the inspector that further evacuation drills were scheduled later in the week and they would review the procedure to reduce the time to evacuate the largest compartment at the upper floor. These were submitted by the provider and demonstrated an improvement in the time to evacuate the largest first floor compartment.

The provider had assessed the evacuation needs of residents and these were

documented in the form of a personal emergency evacuation plan. They included pertinent information, were clear and easy to follow and included the evacuation considerations for residents for both daytime and night time.

There were daily checks of the ski sheets and these were completed by the staff as part of their day-to-day routine work practices. This was reviewed weekly by the health and safety staff member.

The inspector reviewed the training matrix for fire safety training and all staff had received fire safety training.

The fire alarm system, emergency lighting and firefighting equipment were serviced and up to date.

The emergency lighting was in the progress of being upgraded and this was being completed incrementally. The inspector saw new emergency lighting fittings throughout parts of the centre. Upon completion, the upgraded emergency lighting system would further improve the means of escape in the centre.

## Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire. The inspector observed hoist batteries on charge in the escape stairs. A more suitable location is required for charging placing batteries on charge.

To ensure adequate means of escape, the provider was required to review the following:

- There was a third stairs from the first floor. This required review to determine if it was a suitable means of escape to further enhance the escape routes from the upper floor.
- One exit did not freely open as it was sticking to the door threshold.
- Additional exit signage was required in some areas to ensure escape routes are readily apparent.
- The alternative escape from the higher area of the upper level, was through a sliding door leading down three steps. This door was not in use for day-to-day circulation and used only for escape. This door was locked with a key, which was hanging next to the door. The management of the keys and the lock on this exit required review to ensure it would be immediately openable from both sides of the door.

The inspector noted areas where improvements were required to ensure adequate containment of fire. The ceilings contained attic hatches and recessed spot lights and assurance was required regarding the containment strategy for the ceilings in the centre. If this strategy includes fire rated ceilings, assurance is required to



ensure they provide an effective barrier to contain fire.

Owing to the deficiencies noted to fire doors in the centre, a review by a competent fire safety professional is required to review and advise on measures required to ensure fire doors provide an effective barrier to prevent the spread of fire and smoke.

The inspector found that improvement was required to ensure adequate arrangements were in place for evacuating residents, where necessary in the event of a fire.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Strawhall Nursing Home OSV-0000295

Inspection ID: MON-0036606

Date of inspection: 29/03/2022

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The observed fire containment issues. To address the Inspector’s concerns in this regard, we have recruited the professional services of a Fire Engineer/ Fire Consultant who previously work with us and is familiar with the home. This Competent Person will attend the Home this month of May to assess the building and address the concerns highlighted in this report.</li> <li>• The observed issues with the means of escape. The one exit sign that was not lighting has been replaced. Additional exit signage as suggested by the Inspector will be discussed with the Fire Consultant during his visit in May. The additional light as specifically recommended by the Inspector will then be installed with any further recommendations made by the a fire consultant. Upgrading of the emergency lighting will continue as per the Home’s statement of work.</li> <li>• The arrangements in place for evacuating residents. The extra ski pad, as discussed on the day of Inspection, has been purchased and is now situated for ease of use for the particular resident who may require same.</li> <li>• The practice of charging hoist batteries on escape routes. The hoist batteries were being charged on the corridor/landing proximal to where the hoist is safely stored. This charging point has been moved and staff are now aware that the batteries must be charged only in the new designated charging location.</li> </ul>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• There was a third stairs from the first floor. This required review to determine if it was a suitable means of escape to further enhance the escape routes from the upper floor. As discussed during the course of the inspection, this stairs was not deemed as a requirement for safe evacuation when the building was last inspected and thus it does not form part of our official evacuation plan. However, as per the Inspector's request, this will be reviewed and discussed with the Fire consultant during his visit in this month.</li> <li>• One exit did not freely open as it was sticking to the door threshold. This was fixed on the day of the Inspection (March 29th 2022) and there is no further issue with the door. Emergency exits are inspected by staff on a daily basis who have been reminded that each exit should be tested at this time with any issues being reported and recorded with Maintenance.</li> <li>• Additional exit signage was required in some areas to ensure escape routes are readily apparent. An additional sign has been placed highlighting the exit route, the additional emergency light will be installed as soon as possible following review and discussion with the Fire consultant to highlight and determine full statement of works to be completed.</li> <li>• The sliding door. Break glass boxes have been installed on both sides of the door to ensure ease of access in the event of any emergency.</li> <li>• Containment issues – ceilings, attic hatches, fire doors The Home has secured the services of a Fire Consultant/Competent person who will attend the Home this month of May. The concerns highlighted in relation to the containment of fire and smoke will be reviewed and assessed by this individual with any recommendations then to be completed. Work on fire doors has commenced, smoke seals damaged by paint and any missing sections have been replaced, door closers have been adjusted to ensure full and appropriate closing of doors, assessment of the fire doors by a professional company has been put to tender with a final decision to be made following the visit from the Fire consultant who will advise on same.</li> <li>• The inspector found that improvement was required to ensure adequate arrangements were in place for evacuating residents, where necessary in the event of a fire. The additional required ski pad has been purchased as recommended and has been installed in the building for ease of use. Advice on the use of the chair lift during an evacuation will be discussed with the Fire consultant during their visit to the Home this month of May. The program of fire drills will continue to ensure an appropriate safe evacuation time can be achieved to safely evacuate residents from each compartment.</li> </ul>	



## 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.	Substantially Compliant	Yellow	08/04/2022
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.	Substantially Compliant	Yellow	31/05/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/05/2022

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	31/05/2022
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.	Substantially Compliant	Yellow	30/03/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/04/2022
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.	Substantially Compliant	Yellow	30/03/2022