



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Kanturk Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Kanturk, Cork
Type of inspection:	Unannounced
Date of inspection:	08 August 2018
Centre ID:	OSV-0000572
Fieldwork ID:	MON-0024604

About the designated centre

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

Kanturk Community Hospital is a designated centre operated by the Health Service Executive (HSE) and registered to accommodate a maximum of 40 residents. The centre is a single-storey building located on the outskirts of Kanturk town. Accommodation is provided for residents in six single rooms and five wards where occupancy levels range from four to nine residents. The centre provides residents with access to a communal sitting and dining area, as well as a small visiting room and a secure garden area with seating. The service provides continuing care for people, mainly over 65 years of age, across a range of abilities from low to maximum needs, though in some instances younger residents can be accommodated. The service also provides respite, palliative and rehabilitative care. The centre provides residents with medical and pharmacy services, as well as a range of allied healthcare services that are accessible on referral. A registered medical practitioner regularly attends the centre. Residents are provided with relevant information about the service that includes advice on health and safety, how to make a complaint and access to advocacy services.

The following information outlines some additional data on this centre.

Current registration end date:	27/06/2018
Number of residents on the date of inspection:	34

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
08 August 2018	10:10hrs to 17:10hrs	Niall Whelton	Lead
08 August 2018	10:10hrs to 17:10hrs	Susan Cliffe	Support

Capacity and capability

This was an unannounced inspection by the Health Information and Quality Authority (HIQA), which included assessment by a specialist inspector in fire safety. The purpose of this inspection was to assess fire safety in the centre, with a particular focus on the arrangements in place to evacuate residents from this centre. Inspectors were not assured that adequate arrangements were in place in this regard.

The totality of the fire risks as encountered, have raised concerns about fire safety management in this centre.

The systems of governance and management in relation to fire safety required review and improvement to ensure that the service provided was safe. Inspectors were not assured that the fire safety arrangements in place were adequate to ensure prompt, safe and effective evacuation of residents in the event of a fire. On the day of inspection, there were twenty residents in the centre who were assessed as being maximum dependency.

Inspectors had concerns in that where fire risks were identified and documented; they were not acted upon to mitigate the risk. Inspectors saw a fire risk assessment dated May 2017 and revised in September 2017 and January 2018, which identified significant difficulties in relation to the evacuation of residents from the large multi-bedded rooms.

While the risks were being identified and interim remedial works were recommended by the HSE Fire & Estates officer, there was no evidence of follow up from the governance structure to ensure the identified risks were mitigated.

The existing control measures included a review of the building and associated plan of remedial works. Additional control measures included a suite of proposals such as reduction of numbers of beds, widening of exit doors and the commission of a fire safety risk assessment of the building, as one had not been carried out since 2011. The additional control measures had not been implemented in spite of the due date being 'as soon as possible'. It had also been identified in the aforementioned risk assessment form that there was insufficient staff at night time and it was only when the issue was highlighted by HIQA that the provider arranged for staff levels at night to increase from four to five from 13th August 2018.

Inspectors saw a report from the fire detection and alarm system maintenance contractor. It identified that the alarm system did not provide L1 coverage due to the absence of detection in some stores and lobbies. It also stated that a gas shut-off had been set up but had not been connected to the fire alarm system as per the recommendation from 2016. This had not been acted upon. This was highlighted by inspectors during this inspection, and only then was it confirmed that this work

would be carried out the following day.

The provider had made arrangements for fire safety training to be provided to staff, but these arrangements were not adequate to ensure that all staff attended training as required. Training records indicated that 34 of 56 staff members had not attended appropriate fire safety training within the previous 12 months, with four of those having not attended fire safety training since 2015.

Records of drill exercises detailed remedial actions and learning from the drills, but inspectors noted that the recommendations were not always followed up on. For example, the latest drill record viewed by inspectors recommended an audit of all evacuation sheets and additional training in the use of evacuation sheets. Inspectors found some evacuation sheets not correctly fitted to the bed and were told that the additional training for the use of evacuation sheets had not been implemented.

Regulation 23: Governance and management

The systems of governance and management in relation to fire safety required review and improvement to ensure that the service provided was safe. Inspectors were not assured that the fire safety arrangements in place were adequate to ensure prompt, safe and effective evacuation of residents in the event of a fire.

Where fire risks were identified and documented; they were not acted upon to mitigate the risk. Issues identified during drill exercises, although documented, were not always followed up on.

The arrangements for fire safety training were not adequate to ensure that all staff attended training as required

Judgment: Not compliant

Quality and safety

At the previous inspection, escape routes were impeded by the positioning of furniture and bins, compromising evacuation of residents from the centre. On this inspection, escape routes were, for the most part, kept clear and available for use.

Inspectors were not satisfied that sufficient measures were in place to ensure the safety of residents if a fire was to occur. The centre comprised of a number of multi-bedded rooms accommodating between four and nine residents in a room. Staff spoken with explained the procedure for evacuating residents. Some staff told inspectors that they were not confident that all residents could be evacuated due to the number of residents in the multi-bedded rooms and the escape routes from

these rooms.

The main issue of concern to inspectors was the ability of staff to evacuate residents either out of the building, or through to an adjoining compartment. In order to allay inspectors concerns, the person in charge arranged for four various bed types to be moved through doorways to corridors and final exits from some multi-bedded rooms. While the beds physically fit through doorways, they were a tight fit and required staff to remove or adjust side panels and staff experienced significant difficulties where the small leaf of the fire door caused a hindrance, requiring a third person to hold the door open.

While staff demonstrated a good knowledge of evacuation techniques, they indicated to inspectors that they were not confident they could safely evacuate all residents and noted particular difficulty moving beds through doorways. In some multi-bedded rooms, due to the width of doorways, it was not possible to turn the beds into the corridor, but could only be manoeuvred straight across to another multi-bedded room and the area evacuating to, may not fit all the residents being evacuated. Inspectors were told that staff would be required to first move beds in the receiving room causing significant delay in evacuation. There was not a clear system in place to determine who was in charge in terms of making decisions if a fire should occur. This was evident from staff spoken with during inspection.

There were areas in the building which required staff going through a large multi-bedded room to reach highly dependent residents. While there were exits from these areas, as the residents were highly dependent, they would require the assistance of staff to evacuate. In the event that the access room was unavailable due to the effects of fire, staff did not have a means to enter this part of the building from outside as there were no externally facing fastenings.

Inspectors reviewed the record of fire drill exercises in the centre. These were carried out in the presence of the HSE Fire & Safety Officer; however, independent drills with staff only were not being carried out. All drills simulated night time scenarios only as this was considered the time of highest risk from a resource perspective. However, some staff spoken with were unsure of the procedures for evacuation during the day and were not clear on their role in this scenario.

There were personal emergency evacuation plan checklists available for residents which included their mobility level and methods of evacuation. However, inspectors were told by the person in charge that the location of residents in the centre was not considered in line with their assessed needs, in that they were not located to ensure the most effective evacuation.

Inspectors reviewed documentation in terms of regular in house fire safety checks in the centre. There were daily and weekly checklists which included checks for the fire detection and alarm system panel, 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, inspectors noted that an exit door was difficult to open, some fire doors didn't close and smoke and heat seals were missing in some cases. Inspectors noted the doors to the staff tea room was

held open with furniture on two occasions during the inspection, and was twice closed by inspectors. This was brought to the attention of the person in charge.

Inspectors observed two oxygen cylinders located in a store room. Although the cylinders were stored on a stand, they were haphazardly located in the store room and the valves were noted to have a review date which was in excess of six years out of date. The store opened off an escape route providing escape in one direction only from an area where highly dependent residents were accommodated. Oxygen is a high risk material which strongly supports combustion. When not in use they should be appropriately stored in a well ventilated area remote from any possible ignition source. At the previous inspection, storage arrangements for oxygen was raised as a concern. Inspectors at this inspection were informed that a risk assessment for the storage of oxygen was available, but when requested, was not furnished. A risk assessment was carried out prior to inspectors concluding the inspection and the oxygen cylinders were removed.

The building was subdivided in construction that would resist the passage of fire in most cases, however deficiencies were noted to some fire doors. These included doors not closing fully, heat and smoke seals partially missing and gaps around the door. In one case a store room was noted to be not fitted with an appropriate fire door. Breaches to the integrity of the fire resistance of a fire door may result in the passage of fire and smoke from one area to another, thus potentially compromising escape routes.

Inspectors noted that the centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system throughout. Records showed that the fire fighting equipment, emergency lighting and fire detection and alarm system was being serviced at the appropriate intervals, however the certificate for annual inspection and testing of the emergency lighting system was not available when requested by inspectors.

Inspectors looked at the kitchen facilities in the centre. There was a suppression system over the cooking facilities and a release handle in the kitchen. Inspectors noted that, although it had been recently serviced, staff were unsure if it worked and were not confident they could rely on its use.

There were fire procedures in place in the centre; however they were not displayed as required. The extent, size and location of fire compartments necessary for phased evacuation were not clearly defined on the drawings displayed around the centre.

Regulation 28: Fire precautions

Inspectors were not assured that the provider had adequate arrangements in place to ensure that all residents could be safely evacuated. Some staff spoken with were unsure of the procedures to follow in the event of a fire during the day as they had only practiced night time scenarios.

Inspectors were told by the person in charge that the location of residents in the centre was not considered in line with their assessed needs, in that they were not located to ensure the most effective evacuation.

Inspectors noted deficiencies to some fire doors, examples of which include doors not closing fully, heat and smoke seals partially missing and gaps around the door.

The arrangements for the storage of oxygen cylinders required review.

The in-house fire safety checks also required review to ensure they were of adequate extent, frequency and detail

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Compliance Plan for Kanturk Community Hospital OSV-0000572

Inspection ID: MON-0024604

Date of inspection: 08/08/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• The Registered Provider has engaged the National Service Improvement Team to conduct a comprehensive review of the current management structures in Kanturk Community Hospital to ensure clear lines of authority and accountability and that the service provided is safe, appropriate, consistent and effectively monitored. The SIT carried out a 2 day inspection in July 2018. The SIP report and its recommendations have been reviewed and are being implemented in Kanturk Community Hospital.• The recruitment campaign for a permanent Director of Nursing for the hospital is with the HSE National Recruitment Service and it is hoped that the post will be advertised by the 15th October 2018.• A management and governance plan is currently being finalized between Nursing Management and General Managers Office and will be completed and submitted to HIQA by 15th October 2018.• The General Manager and the DON are currently engaged in clearly setting out the roles and responsibilities of the DON, CNM and Senior Nurses. Job descriptions have been agreed and discussions with staff are planned in the next two weeks. Planned agreement and implementation to be completed by the 18th October 2018.• An experienced Clinical Support Manager has been assigned from the General Manager's office to provide management support to the team in Kanturk Community Hospital one day per week, in order to drive and improve compliance. This support will remain in place until the end of October 2018 when the arrangement will be reviewed.	

- When the DON is not on duty, the CNM2 or Senior Nurse will be in charge of the centre. Management arrangements are in place to manage fire safety and evacuation of residents in the event of a fire in a safe and effective way.
- The HSE Fire and Safety Officer has provided significant input and support to the management team in relation to all fire safety matters and has been actively engaged in providing training in fire safety and evacuation drills in the centre.
- Hospital management have carried out a review of all fire safety training for staff and have identified a cohort of staff who require refresher training. Fire safety training sessions for those staff have been scheduled for October 2018 with the clear intention that all staff will have completed this training by 31st October 2018.
- A safety pause meeting is held each day with all staff to address any issues, including fire safety so that staff are fully informed of issues that need to be addressed.

Regulation 28: Fire precautions

Not Compliant

- A comprehensive Fire Safety Strategy and Plan has been developed by the HSE Fire & Safety Officer for Kanturk Community Hospital which clearly outlines all fire safety and fire evacuation procedures to be followed in the event of a fire. (Copy attached for your information)
- The HSE Fire and Safety Officer has recently undertaken an evacuation training drill where improvement in evacuation times have been greatly improved. Further evacuation drills will be carried out over the next number of weeks.
- A PEEP (Personal Evacuation Plan) has been put in place for each resident and will be reviewed on a monthly basis or when resident's condition changes.
- The relevant certificate confirming up to date maintenance and service checklist of the fire alarm, emergency lighting, fire equipment and electricity have been reviewed. The Fire Alarm Certificate confirming L1 coverage and Certificate confirming that the system is in line with Annex D of SI 3217 are attached for information.
- In relation to the evacuation of residents, a Work Plan has been developed by the HSE Fire and Safety Officer, in conjunction with the Estates Department which will greatly assist in the evacuation process in the event of a fire. The planned work is due to begin after the 2nd October 2018, which is the date the HSE Fire & Safety Officer is due to meet with Cork County Council Fire Authority on site to discuss the planned works and to ascertain if any additional works may be required by the Fire Authority. These works will involve the widening of doors in a number of wards and will entail the reduction of beds in the hospital from 40 to 33, for which the Chief Officer has approved. The removal of these 7 beds has already taken place to allow for evacuation drills to happen and also to prepare for the necessary works to commence immediately after the meeting with the Cork County Council Fire Authority. In addition the fire door in the kitchen is to be replaced. Some works have already been carried out in that all final exit doors are

easily opened in the direction of escape without the use of a Key and all doors can be easily opened from the outside in the event of a fire so that patients are not isolated. It is anticipate that the planned works will commence immediately after the Fire Authority visit which is scheduled for 2nd October 2018 with completion of all works expected by end of December 2018. A detailed plan of the proposed works will be forwarded to HIQA following the inspection of the Fire Authority.

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	15 th October 2018
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 th September 2018
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31st December 2018
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31st December 2018

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	2 nd October 2018
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	20 th September 2018
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and 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.	Not Compliant	Orange	31 st October 2018
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	Yellow	31 st October 2018
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	11 th November 2018
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31 st December 2018
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	15 th September 2018