Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mount Sackville Nursing Home
Name of provider:	Sisters of St Joseph of Cluny
Address of centre:	College Road, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	29 November 2022
Centre ID:	OSV-0000176
Fieldwork ID:	MON-0038511

About the designated centre

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

Mount Sackville Nursing Home is located in Chapelizod, Dublin 20 and is close to the Phoenix Park amenities, schools and bus routes. The centre has 33 single bedrooms all laid out over three floors, and can accommodate both male and female residents. Floors can be accessed by stairs or passenger lifts. Full-time long-term general nursing care is provided for persons over the age of 65, and people living with dementia. Admission takes place following a detailed pre-admission assessment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 29 November 2022	10:40hrs to 19:40hrs	Niall Whelton	Lead
Tuesday 29 November 2022	10:40hrs to 19:40hrs	Frank Barrett	Support

What residents told us and what inspectors observed

This was an unannounced one day risk inspection to monitor compliance with the regulations made under the Health Act 2007 (as amended). The inspector was met by the registered provider representative (RPR), who facilitated the inspection. This inspection primarily focused on a review of fire precautions. The centre was registered for 34 residents and there was one vacancy on the day of the inspection

Mount Sackville Nursing Home was within a large period building with the designated centre occupying portions of each floor. The building extended from basement up to second/third floor level, with a central stairway extending from ground floor to each floor above. There was also a lift that provided access to each floor. There was an external staircase from the top floor to the ground floor which provided a secondary emergency exit route from the upper floors. There were 34 single bedrooms and 32 of them were en-suite. Residents in the other two bedrooms had access to bathrooms that were located next to their bedrooms. The building accommodated two other occupants. All three shared a single fire alarm system. The main entrance was ground floor level. Residents' bedroom accommodation was spread out across the ground, first and second floor. The second floor was a split level with a short stairs and ramp linking the two levels. The basement consisted of a large laundry room and staff ancillary facilities, for example, staff changing rooms, cleaners' stores and staff lockers. The ground floor contained the main communal spaces for residents and included a day room, parlour, oratory, activities room, large dining room and a chapel. The main kitchen and administration offices were also located at this level. The upper floors were primarily bedroom accommodation. There was a small conservatory at ground level providing nice views of the gardens. Externally the gardens were vast and had attractive planting and mature trees. There was a pet goat roaming the grounds.

On the day of inspection, some residents were observed moving throughout the centre with the support of staff as required. Inspectors also met some residents who were sitting out of bed in their rooms watching television. Residents were noted enjoying activities in the day room and attending medical appointments in the centre. Residents who spoke with the inspectors remarked that they were happy in the centre and with the care they received. The centre had a pleasant and homely atmosphere. Staff were noted speaking with residents in a respectful manner. They were attentive and responded quickly to residents when they asked for help.

Following an introductory meeting, the registered provider representative accompanied inspectors on a walk-through of the centre. During this walk-through, inspectors reviewed the measures that had been put in place by the provider to protect residents from the risk of fire. Some good practices in relation to fire safety were noted. The provider had ensured that there was ample emergency lighting throughout the centre. Fire extinguishers were located in the appropriate areas of the building. The extinguishers were serviced and well-maintained. The provider had commenced works in relation to the improvement of fire safety arrangements in the

centre. The inspectors saw a bedroom at second floor, which was emptied to facilitate opening up works to the floor and ceilings to investigate the fire containment measures in place. There was a zipped hygiene cover placed over the door and dust mat outside the door to prevent the spread of dust. There were pictorial prompts affixed to bedroom doors to alert staff to the mode of evacuation for the resident in the room. However, some were noted to be missing from the door.

However, overall, there were a significant number of issues noted in relation to fire containment, fire detection, and the maintenance of fire evacuation routes. Inspectors observed that in relation to fire containment, the provider had removed a fire compartment door to facilitate the building of a ramp and handrail in one section of the building. Fire compartments are identified sections of the building that are constructed in a particular manner to contain a fire for a period of time. Fire compartments contain fire and any damage within a particular section of a building. This allows residents to be evacuated to a place of relative safety for a period of time and onwards to an external exit. The impact of the removal of this door will be discussed later in the report in relation to regulation 28. Further, inspectors noted that one section on the top floor of the centre did not contain any fire doors. Bedrooms and storage rooms in this area were fitted with standard doors and not the required fire doors. In addition, fire doors within the centre were not always kept in full working order. Inspectors noted that smoke seals were missing from some fire doors. Other fire doors had gaps and some smoke seals had been painted over making them ineffective in the event of a fire. The inspectors noted one bedroom where the automatic closing device to the fire door had been disconnected. Inspectors also noted that some fire doors were wedged open. These wedges were removed immediately during the walk-around of the centre. In the laundry, the fire compartment was compromised. Fire seals around cabling was missing in this room. In addition, the fire compartment around the laundry was compromised as the back door to the laundry was not a fire door.

Regarding fire detection, the provider had a fire detection system installed in the centre. However, inspectors noted that the head of a smoke detector was missing on one bedroom corridor. In addition, there was no smoke detector in one storeroom that contained oxygen cylinders. The cylinders were immediately removed from the store room during the walk-through of the centre.

The inspectors noted a number of issues that impacted on the safe evacuation of residents from the centre in the event of a fire. There were evacuation pads on the two corridors leading to the external stairs. Beds were also fitted with ski-sheets under mattresses for immobile residents. However, inspectors noted that residents' bedrooms on the top floor were not equipped with evacuation ski-sheets despite the fact that residents in these rooms had significant needs in relation to their mobility. On the second floor, a cabinet was stored on the escape stairs that restricted the exit route. Sluice areas had been set-up at the access points to the external emergency stairs on the first and second floor. This blocked access to this staircase and impeded the evacuation route. In addition, a dryer had been located in the sluice area on the second floor that created a potential fire hazard at an emergency exit point. It was difficult to open an emergency exit door on one corridor as the

thumb-turn lock in the door was damaged. There was a number of storage cupboards along the fire evacuation corridor that did not have adequate fire containment measures and were fitted with non-fire rated doors. Externally, bins blocked one fire exit door. These were removed immediately on the day of inspection.

Inspectors spoke with staff in relation to fire safety arrangements in the centre. Staff were knowledgeable on how to activate the fire alarm, how to contact the emergency services, and how to read the fire panel. Staff gave details of the procedures that were in place to support residents to safely evacuate the building in the event of fire via the main access routes in the centre. However, it was noted that staff had not been given adequate information or training in relation to supporting residents with significant mobility needs to evacuate the centre. Staff had also not been informed of the procedure to safely evacuate residents via the emergency external staircase.

Overall, inspectors noted that the provider had taken some steps to improve the fire safety arrangements in the centre. However, significant action was required in relation to fire containment and fire evacuation procedures. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

While there were some systems in place, action was required by the registered provider to ensure the risk of fire safety was appropriately managed.In particular, the maintenance of the fire alarm system and risks to residents at second floor.

Sisters of St Joseph of Cluny was the registered provider for this designated centre. The clinical management of the centre was led by the person in charge (PIC) and was supported by a clinical nurse manager, nursing staff, health care assistants, kitchen staff, housekeeping and laundry staff, administration and maintenance staff.

Immediate actions were issued on inspection regarding the storage of oxygen cylinders, a deficient lock to an exit door and a smoke detector which was broken. The provider immediately addressed each action during the inspection.

The provider was proactive in their response to the Chief Inspector and submitted a robust response to the urgent compliance plan issued. An additional staff member was immediately placed on night duty and additional fire safety training was quickly arranged to enhance staff knowledge and to review evacuation procedures. The fire alarm system was serviced in the days following the inspection.

The provider had commissioned a fire safety risk assessment of the designated centre which identified significant fire safety risks. To this end, the provider had

developed a programme of work with input from technical experts in the area of fire safety and construction to address the identified fire safety deficits. The time frame for completion of this work was extensive and the provider agreed to review the time lines to expedite the completion of works.

This inspection was a focused review of fire precautions and of the systems in place to manage the risk of fire until the programme of work was complete.

Regulation 23: Governance and management

In consideration of the findings of the fire safety risk assessment and the fire safety matters identified during inspection, the inspector was not assured that appropriate management systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored by the provider. For example;

- ineffective management systems to ensure that residents were adequately protected from the risk of fire
- risk to residents at second floor which did not have adequate containment of fire thereby not affording residents with an adequate means of escape
- inconsistencies with staff knowledge and the mode of evacuation along certain escape routes
- The fire alarm system had not been serviced since February of this year
- The management and oversight of evaluation aids for residents was not effective

Judgment: Not compliant

Quality and safety

The safety of residents in the centre was negatively impacted by significant issues in relation to fire containment and issues relating to the evacuation of residents in the event of a fire. These were noted on inspection and subsequently highlighted to the provider in a meeting following the inspection.

This centre was previously inspected on 6 July 2022. This inspection found that significant improvement was required in relation to the fire safety arrangements in the centre at that time. Since the time of that inspection, the provider had taken measures to address a number of these issues. Most notably, the provider had undertaken works to investigate the fire compartmentalisation of the building. However, these works had not yet been completed on the day of inspection. The provider had updated and improved the emergency lighting in the centre since the

previous inspection. This lighting system was tested and certified on a quarterly basis by a competent external fire professional. The records for this testing were reviewed on the day of inspection.

As outlined in the first section of the report, Inspectors noted a number of significant issues in relation to the safe evacuation of residents from the centre in the event of a fire. Also, a number of significant issues in relation to fire containment throughout the centre. These containment issues had been identified by the provider on the centre's fire safety risk assessment that had been completed by an external competent fire safety professional. The provider had a plan to address these issues and they were included in the centre's fire safety refurbishment plan.

Inspectors reviewed the records maintained regarding fire drills and found that they were unclear. Fire drill records were not specific to high-risk areas and simulated night-time evacuation. On the day of inspection, there were no records in relation to the certification and testing of the fire detection and alarm system in the centre.

Regulation 28: Fire precautions

Action was required regarding the fire safety management systems in the centre in relation to the issues identified below.

The registered provider had not made adequate arrangements for the detection of fire:

- The fire detection and alarm system had not been certified or serviced.
- Smoke detectors were not located in one storage room
- One smoke detector had been removed from a hallway

The registered provider had not made adequate arrangement for the containment of fire:

- A fire compartmentalisation door had been removed creating a breach in a fire compartment
- Fire doors were not fitted in all bedrooms, storage rooms and the laundry, as required.
- Fire containment doors were not fitted on cupboards on evacuation routes
- Fire door seals on some doors were damaged or ill-fitting
- Fire door closer was broken on one fire door
- Some fire doors did not close fully when tested by inspectors.
- Inspectors noted that a number of fire doors were wedged open.
- Fire sealing around services in the laundry were not adequate.

The registered provider had not provided adequate means of escape:

- Exit routes were obstructed. For example, the exit route onto the external escape stairs on one floor was blacked with a cabinet.
- An exit door had a broken thumb-turn lock making it difficult to open.
- Bins blocked the emergency exit route on the ground floor.

Fire safety management approaches in the centre did not ensure staff were clear on evacuation and fire drills:

- Staff had not received adequate training in the evacuation of residents with limited mobility and using the external staircase.
- Ski-sheets were not available for residents with limited mobility
- Fire drill records did not include details in relation to the evacuation of residents in higher-risk areas of the building. They also were not reflective of the night-time scenarios in the centre.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

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

Compliance Plan for Mount Sackville Nursing Home OSV-0000176

Inspection ID: MON-0038511

Date of inspection: 29/11/2002

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In response to Regulation 23: Fire engineer has carried out comprehensive Site Inspection Report and outlined a Plan of work to address all issues. • Floor Two Rooms will be replaced by a new Build. Planning permission expected by 31st January 2023. Building to start on 14th February 2023. • In the meantime only ambulatory residents allowed on Floor 2 :06/12/2022. • A dedicated member of Staff allocated to Floor 2 day and night: 29/11/2022. • Kitchenette and all storage removed from area outside floor 2 front and back. Fire rated partitions in place in both areas: 13/02/2023. • Staff Fire Training has taken place 09, 13,14, and 16/12/2022; also 15, and 17/01/2023. • Staff have weekly Fire Drill day and night practices since then. • Residents have been assessed to determine the appropriate evacuation aids. 03/12/2022. Appropriate aids have been put in place and staff trained in their use. PEEPs are reviewed monthly at a minimum and prompts affixed to bedroom doors to alert staff to the mode of evacuation for the resident in the room are reviewed monthly at a minimum too: 09/12/2022. In response to 23(a) resources have been put in place : 03/01/2023	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulation 28. Compliance Plan

• Fire smoke detector replaced on 29/11/2022.
• Fire Alarm system serviced on 08/12/2022 with contract in place for quarterly services going forward.
• Broken Thumb lock replaced on 30/11/2022.
• All exit route obstructions with exception of large cabinet removed on 29/11/2022.
• Large cabinet removed 30/11/2022.
• All door wedges removed 29 and 30/11/2022
• All storage on fire exit routes removed and storage presses either removed or emptied and locked.
• Fire exits inspected twice daily by either DON or Senior named Staff member.
• The rest of the compliance with Regulation 28 is tied in with retrofitting the building. We have sourced an excellent, well qualified and experienced Fire Engineer who is prepared to come on site promptly to certify the retrofitting to the Providers satisfaction. The contractor put more men on site after Christmas to speed up the work.
• Work on the retrofitting of Floor 3 that includes among other things, increased compartmentalization, Fire Doors on all bedrooms should be completed on 10/02/ 2023.
• Retrofitting of rooms on Floor 1 is also in progress and should be completed on 24/02/2023.
• Work on the main staircase should be completed by 13/03/2023.
• Work on Ground Floor and installing ramps outside Chapel and corridor Fire exit doors should be complete by 31/03/23. This includes putting in place Fire Doors where we connect with the school.
• Installing Fire Doors in Sacred Heart Unit 14/04/2023
• Fire sealing around services in the laundry and basement retrofitting will finished by 31/ 04/2023
• 28(d) The proprietor is satisfied that compliance is in place 17/01/2023
• 28(e) Compliance with this regulation is part of our policy and procedures have been in place 17/01/2021

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	03/01/2023
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	Red	05/12/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting	Not Compliant	Red	05/12/2022

	equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	05/12/2022
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.	Not Compliant	Red	05/12/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	05/12/2022
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	Not Compliant	Orange	17/01/2023

	and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	17/01/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	05/12/2022