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:	Aras Mhathair Phoil
Name of provider:	Health Service Executive
Address of centre:	Knockroe, Castlerea, Roscommon
Type of inspection:	Unannounced
Date of inspection:	09 December 2021
Centre ID:	OSV-0000652
Fieldwork ID:	MON-0035131

About the designated centre

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

The designated centre provides 24-hour nursing care to 30 male and female residents over 18 years of age, who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre premises is a single story building. Accommodation consists of six twin bedrooms and 18 single bedrooms. Communal facilities include a dining room, a sitting room, a sunroom, an oratory, a visitors room and a safe internal courtyard. There are two assisted bathrooms each with a bath with chair hoist, wash hand basin and toilet facilities, one assisted shower room with easy accessible shower, wash hand basin and toilet facilities One assisted bathroom is located adjacent to single rooms 1-9 and the other is located adjacent to single rooms 10-18.
There are also five additional toilets which are located adjacent to single rooms, the lounge and the dining room. The provider states that the centre's philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20

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
Thursday 9 December 2021	10:50hrs to 18:15hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

Aras Mhathair Phoil is a single storey nursing home with residents and facilities all accommodated on one level. The centre was very homely, had nicely decorated communal rooms and was clean. The day room and dining rooms were spacious and comfortably furnished. However residents did not have access to an outside courtyard at the time of inspection due to issues with the ground surface and potential trip hazards for residents.

A designated visitor's room had been set up for visits between residents and their family members and visitors were observed coming and going throughout the day.

There were 20 residents living in the centre on the day of inspection, and it was evident that the staff knew residents well and were familiar with their personal preferences and daily routines. Staff were observed to treat the residents with dignity and respect in their interactions and when giving care.

The dining room was a pleasant space for residents and inspectors observed a number of residents enjoying their lunch in a clean, bright and calm dining area. Dining tables were arranged neatly. Residents were assisted in a discreet manner without compromising their dignity and respect.

During the morning the inspector walked around the centre with a senior member of staff. Social distancing and infection control protocols were generally followed. The provider had undertaken a programme of works in the centre in 2015 based on the findings of a fire safety risk assessment and had completed those works prior to this inspection.

Capacity and capability

This was an unannounced risk inspection of the centre by an inspector of social services, who is a specialist estates and fire safety inspector.

The inspector followed the centre's infection control protocol for coming in to the centre. This included hand sanitising, wearing appropriate personal protective equipment (PPE) and recording temperature. The inspector was met by a senior member of staff who facilitated the inspection and were available throughout the day as the the person in charge and the registered provider representative were not on the premises.

The previous inspection on 31 August 2021 identified non compliances relating to fire safety precautions in Aras Mhathair Phoil. In particular the arrangements that

were in place regarding the timely evacuation of residents to a place of safety and the effective containment of smoke, fumes and fire in the event of a fire emergency in the centre. The provider had been required to take urgent action to provide the Chief Inspector with assurances regarding resident's safety in the event of a fire in the centre. The provider's response to the urgent compliance plan had failed to assure the Chief Inspector that residents were adequately protected from the identified fire risks in the designated centre. In addition the actions proposed by the provider to address the regulatory non-compliance's did not adequately assure the Chief Inspector that the provider would bring the designated centre into compliance with Regulation 28.

During this follow up inspection fire precautions were assessed with a particular focus on the fire safety management practices that were in place in the designated centre and the physical fire safety features in the building.

The inspector noted some good practices in relation to fire precautions. For example some staff who spoke with the inspector were knowledgeable about the procedures to follow in the event of a fire. The inspector also observed that internal fire escape routes were kept clear. Weekly fire drills were being carried out by staff. Records showed that emergency lighting quarterly tests were up-to-date and the required checks of fire-fighting equipment, means of escape and fire alarm system were carried out on a weekly basis.

However improvements were still required in relation to fire safety management in the centre. For example,

- The fire safety risks identified in a recent fire door inspection report had not been addressed and there was no clear time bound plan to address the risks identified in the report.
- The previous fire safety risk assessment for the centre had been carried out in 2015 and did not reflect a number of risks found on this inspection.
- Staffing levels required review to ensure that there were enough staff available in the centre to safely evacuate residents in the event of a fire at night time.

Details of the findings of this inspection are found under the Quality and Safety section and the Regulation 28 Fire Precautions section of this report.

Regulation 14: Persons in charge

The provider appointed a person in charge on 25 October 2021 who did not have three years experience of nursing older persons within the previous six years and had not completed a post registration management qualification in health or a related field and therefore did not meet requirements as set out in Regulation 14.

Judgment: Not compliant

Regulation 23: Governance and management

In consideration of 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. The management systems in place did not ensure that a number of significant fire safety risks were identified, managed and effectively mitigated.

For example;

- Deficiencies were noted in the maintenance and fire performance of fire doors in the centre.
- Deficiencies were found in measures for containment of fire to the building fabric due to pipe-work, holes and non fire rated attic hatches.
- Night time staffing levels were not adequate for the evacuation of the two largest compartments in the centre which is registered to accommodate up to nine residents.

The provider had not submitted a satisfactory compliance plan to address the non compliance's in Regulations 28 and 14 identified on the previous inspection in August 2021.

The provider did not appoint a person in charge of the designated who met the regulatory requirements.This is addressed under Regulation 14.

Judgment: Not compliant

Quality and safety

The inspector was not assured that the fire safety management procedures and precautions in place in the designated centre adequately protected residents from the risk of fire emergency and did not ensure that residents could be safely evacuated in the event of a fire.

While some staff who spoke with the inspectors had a good knowledge of the fire evacuation procedures and had participated in fire drills, staff had not completed a vertical fire evacuation drill using an external escape staircase located at the end of corridor five. This was an identified evacuation route in the centre and staff may have needed to use this route to evacuate residents accommodated along corridor five.

The Inspector was not assured that two staff on duty at night would be able to safely evacuate all residents in a timely manner particularly as the largest compartment accommodated eight residents on the day of inspection.The inspector reviewed the fire evacuation drills for this compartment which required seven residents to be evacuated using ski-sheets and one resident to be evacuated using a wheelchair.The fire drill records did not provide adequate assurance that two staff could safely evacuate all of these residents in a timely manner and adequately supervise the remaining residents in the centre during an evacuation. As a result an urgent compliance plan was issued to the provider following the inspection and requiring them to review and increase staffing levels to three staff for night time.

In addition the inspector was not assured of the likely fire performance of all door sets (doorleaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery). The inspector also found that the final fire exits in the centre were not easily accessible. the inspector also found that improvements were also required in the centre to ensure adequate containment of fire. For example deficiencies were noted to fire doors as mentioned above and penetrations through ceilings, walls and unprotected glazed areas meant that the fire stopping was not robust and did not adequately protect the residents from the risk of the spread of flames and smoke in the event of a fire in the centre. This is discussed further under Regulation 28 of this report.

As a result of the identified fire safety risks found on this inspection an urgent compliance plan was issued to the provider following the inspection and requiring them to review and increase staffing levels to three staff for night time and to address the risks relating to containment of fire and smoke, the integrity of fire doors and the safe evacuation of the residents in the event of a fire emergency.

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. 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:

- The identifications and management of fire safety risks was not adequate. In light of the findings of this report the fire safety risk assessment from 2015 was not representative of the current risks identified on this inspection and was required to be fully updated.
- A door closer to a bedroom was not working properly when the door was released which could potentially cause inadequate containment of smoke and flame
- The lint from a dryer in the laundry room had not been emptied and resulted in a build-up of lint. This could potentially increase the risk of fire occurring.

- The registered provider had not introduced mitigating measures to manage and reduce the risks relating to identified fire door deficiencies considering the registered provider had furnished a fire door inspection report dated 15 November 21 to this authority prior to the inspection of the centre.

The inspector was not assured that adequate means of escape, including emergency lighting was provided throughout the centre:

- The compartment boundaries used for phased evacuation were not clearly defined.
- An external escape route to the side of the nursing home was partially obstructed by rubbish bins
- The fire exit doors needed a code to release the door locking mechanism and there was no manual override fitted to the door in order to release the doors locking mechanism if a fault occurred at any time. The code for the keypad was not kept beside the door. This could potentially cause a delay in the event of an evacuation if the door locking mechanism failed or a staff member did not know the keypad code for the door.
- There was no evidence of fire exit signage or emergency lighting fitted in the external courtyard to indicate fire exits and to illuminate this area in the event of an evacuation.
- Assurances were required relating to the fire rating of timber panelling applied to the walls and ceiling to the entrance of the conservatory which is adjacent to a protected corridor.

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

- While weekly checks of fire doors were taking place and faults were recorded, not all faults had been identified. Due to the observed deficiencies to fire doors in the centre, improvements were required to ensure the checks of the fire doors were of adequate extent, frequency and detail. For example a store room was missing a smoke seal, ironmongery was not appropriate for some fire door and a door closer for a fire door to the medical store was not connected.

From a review of the fire drill reports, the inspector was 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, the inspector noted the fire drills lacked detail. The time recorded for each fire drill was unclear if it included the total time from when the fire alarm was activated to when the full evacuation had been completed. It was not clear what location the residents had been evacuated to from the source of the fire to the place of safety.
- Fire drill records and night time staff resources did not provide adequate assurances that the residents in the centre could be evacuated in a timely, safe and effective manner in the event of a fire at night. The provider did not

demonstrate adequate assurance that two staff could safely evacuate residents in the event of a fire emergency. Subsequently an urgent compliance plan was issued to the provider that required them to review and increase staffing levels to three for night time duty to the roster.

Adequate arrangements had not been made for detecting fires:

- Confirmation was provided by staff that the fire panel had been updated with new room names, however the inspector observed a list of previous room names beside the fire panel. This could potentially cause confusion or delay in detecting the location of a fire if staff referred to this list of previous room names in the event of a fire emergency.

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

- The inspector was not assured of the likely fire performance of all fire door sets (doorleaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery). Some doors were missing either portions or all of the required heat and smoke seals around the head and sides of the fire doors. for example a set of double doors located at the visitors room had a gap in excess of the allowable tolerances for a fire door. Prior to this inspection, the provider had submitted a fire door inspection report dated 15 November 21 to this authority and confirmed works to the fire doors were due to begin in January 2022. However there was no completion date provided for this work.
- The inspector noted a number of gaps or holes within fire barriers which required sealing due to cable or pipe penetrations. For example: there were cable penetrations through fire resisting ceilings that were not adequately sealed up and needed to be fire stopped. Also some attic access hatches were not fire rated.

The procedures to be followed in the event of a fire were not displayed in a prominent place in the designated centre:

- Drawings were not up-to-date in some areas of the centre. Staff acknowledged this and confirmed the provider was in the process of updating the floor plans to accurately reflect the layout and new room names.

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 14: Persons in charge	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Aras Mhathair Phoil OSV-0000652

Inspection ID: MON-0035131

Date of inspection: 09/12/2021

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations - for Regulation 14(3)" Interviews were held for Director of Nursing posts in CHO2 area on21st January 2022. No qualified applicants expressed interest in Aras Mhathair Phoil Castlerea. The Clinical Nurse Manager 2 currently acting in the post remains in place. She now has a post registration management course completed or qualification. While she currently only has 23 months in Older People nursing in the last six years she has fourteen years experience in total in Older People nursing. The OPS manager provides weekly on-site support and the General Manager/ Registered Provider Representative monthly on site support.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: "The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations - for Regulation 23(c)" 1. Fire Door works underway with the works ,other than receipt of ordered replacement fire door , scheduled to be completed by 11/02/2022	

2. There are four ceiling panels outstanding and on order. Expected completion date 04/03/2022.
3. The maximum number of residents has not exceeded 23 since the commencement of the pandemic and will not be increased above 20 residents until there are three staff rostered on at night. There are currently 17 residents in the centre.
4. In the absence of a PIC being recruited from the interviews of 21st January 2022 the best interim arrangements as set out under Regulation 14 are in place.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1.The Fire Evacuation plan is based on horizontal evacuation with the evacuation of residents from compartment 6 planned to compartment 3 or compartment 8 based on the location of any fire. The Evacuation Plan does not include vertical evacuation using external stairs.
2. Staffing levels at night were reviewed. The current occupancy of the centre is 17 residents and the occupancy will not exceed 20 residents unless there are 3 staff rostered on at night. Furthermore the review established that there were fire doors which created sub compartments (with attic fire stopping) that allowed 3 residents, despite high levels of sheet evacuations, to be moved past the sub compartment door within 2 minutes and out of the compartment within 3 minutes 50 seconds.
3. HSE Estates are satisfied that Aras Mhathair Phoil Castlerea had a Fire Risk Assessment completed in 2015 at which point the building received a Fire Certificate. There has been no substantial change to the building since 2015 which would affect the Fire Safety Certificate. It is accepted that there are some non-compliances identified in this inspection concentrating on Fire Regulations over the 7.5 hour inspection by the HIQA inspector who has been identified as a Fire Officer by HIQA. All identified and accepted non compliances are being dealt with in this action plan.
4. A competent authority who has competed an inspection on the fire doors commenced work on 10th January 2022 on addressing all deficits noted. They have remained on site every working day since and are expected to have completed all repairs by 11th February 2022.
5. The lint has been removed from the dryer and a protocol has been put in place to monitor that lint is removed on a regular basis.
6.The compartment boundaries are clearly marked on the Fire Evacuation Plan with the zones corresponding to the one hour compartments and the fire doors in the corridor denoting the sub compartments in the residents bedroom areas of zones 4,5, 6 & 7.
7. The external escape route is not part of the horizontal evacuation. The bins have however been relocated and the footpath repaired.
8. A fire override is to be provided for the doors currently fitted with coded locks. This is expected to be completed by 28/02/2022.
9. The external courtyard is not in use since April 2021 with residents having access to alternative outdoor spaces on site. Emergency lighting and illuminated fire signage will be provided before the courtyard is used again.

10.The timber paneling at the entrance has been painted with fire retardant paint.
11. All fire drill timings are based on the fire alarm activation being the starting point. All evacuations are on a horizontal basis to the nearest sub compartment and the full 1 hour compartment, in the direction opposite to the fire.
12. The fire evacuation plans have been updated in September 2021 and are an accurate reflection of the building, fire zones, compartments, room designations, location of exit points etc. A competent fire alarm authority is cross referencing the fire evacuation plan with the fire alarm text. Once this has been completed the information on the room details beside the fire panel will be cross referenced and amended as necessary to align with the information in the Fire Alarm text and the floor plans.
13. Fire stopping work has been completed in respect of cable penetrations through fire resisting ceilings.
14. Those Attic Hatches that are not compliant will be updated to the required standard

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 14(3)	Where the registered provider is not the person in charge, the person in charge shall be a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years.	Not Compliant	Red	31/03/2022
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Red	03/02/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in	Not Compliant	Red	31/03/2022

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	Red	31/03/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	28/02/2022
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	07/04/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	30/04/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Not Compliant	Red	08/03/2022

	event of fire, of all persons in the designated centre and safe placement of residents.			
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.	Not Compliant	Red	30/09/2021