



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

Issued by the Chief Inspector

Name of designated centre:	Fairlawns Nursing Home
Name of provider:	Fairlawns Nursing Home Limited
Address of centre:	Cavan Road, Bailieborough, Cavan
Type of inspection:	Unannounced
Date of inspection:	17 August 2023
Centre ID:	OSV-0000136
Fieldwork ID:	MON-0041192

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 37 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a single story building. Communal facilities and residents' bedroom accommodation which consists of a mixture of single and twin bedrooms are laid out around an internal courtyard. The philosophy of care is to provide good quality individual care to residents requiring residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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
Thursday 17 August 2023	10:20hrs to 18:00hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

The inspector was met by the person in charge and the provider, who facilitated the inspection.

Following an introductory meeting, the person in charge accompanied the inspector on a tour of the designated centre. The Inspector saw that staff were being very attentive and respectful to residents who were mobilising around the centre and were using the communal areas as they wished. There was a busy but pleasant atmosphere during the inspection.

Fairlawns Nursing Home is a single storey building throughout and located close to Bailieborough village. The centre is registered to provide care for 37 residents with communal spaces available for residents including two sitting rooms, a dining room, library, hairdressing salon, conservatory and oratory. The building comprises of a mixture of single and twin bedrooms which are laid out around a central internal courtyard.

A painter and decorator was painting the sitting room on the day of the inspection. The inspector noted new flooring had been laid in some areas, a new hand wash sink had been fitted in the laundry room and a new clinical sink had been fitted in the nurse station.

The fire detection alarm system had been upgraded to a fully addressable L1 category system. Remedial works to fire doors had been progressed and were ongoing in the centre. Notwithstanding this the works that had been completed by the provider, the inspector identified a number of fire safety risks on this inspection that required immediate action. These are discussed under the Quality and Safety section of this report.

Internal corridors were tidy and clutter free and there was a sufficient number of escape routes and exits from of the building. However, the inspector noted a number of final fire exits were not fitted with a green break glass unit on the internal side in order to override the magnetic locking system and there was a lack of cross corridor fire doors in two long corridors to prevent smoke logging the a fire emergency.

Staff spoken with demonstrated a good knowledge of the evacuation procedure in place. The fire alarm panel was located in the main reception and was noted to be free of faults. Fire extinguishers were present throughout the centre and were serviced.

Fire evacuation floor plans were displayed along the various corridors and on the back of residents' bedroom doors. The inspector noted a designed fire exit from the

kitchen area was indicated on the evacuation floor plans. However, the inspector observed an emergency exit sign was not provided above this fire exit.

The next two sections of this report presents 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

The provider had a history of non-compliances in regard to fire precautions. Following an inspection in September 2022 the provider was required to carry out a fire safety risk assessment of the designated centre which they did. The report was completed in March 2023 and had identified 50 high rated fire risks and 31 medium rated fire risks. A time frame of one month was recommended by the provider's competent person to complete all red rated risks and two months for the medium rated risks. However the time frames provided by the provider for completion of the fire safety actions did not provide assurance that the significant risks would be addressed in the recommended time frames.

This unannounced risk inspection was to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), to follow up on the provider's progress with addressing actions from previous inspections and to review the progress by the provider to address the findings of a fire safety risk assessment and fire door assessment.

On the inspection, it is acknowledged the provider had progressed some of the fire safety works in the centre in regards to deficiencies found to fire doors and the upgrading of the fire detection alarm system. However, overall the inspector found that the provider had not taken all necessary steps to ensure compliance with Regulation 28. This was evidenced by a number of outstanding fire risks that had yet to be addressed which are outlined in detail under Regulation 28.

The registered provider of Fairlawns Nursing Home is Fairlawns Nursing Home Limited. The centre is registered for 37 residents. On the day of this inspection, there were 35 residents living in the centre with one resident currently in hospital. The inspection was facilitated by the registered provider representative and the person in charge, both of whom worked in the centre on a full-time basis and were highly visible throughout the day of the inspection. The management team was supported by a team of nursing, care, housekeeping, catering, maintenance and activities staff.

The inspector carried out a review of the provider's governance and management systems and found that they were not sufficiently robust to ensure the provider came into compliance with Regulation 28. The oversight of fire safety management systems and the processes to identify, and manage fire safety risks were ineffective

to ensure the safety of residents living in the centre. This included the identification of risks which meant that the inspector found significant fire safety risks on the day of the inspection which resulted in immediate actions having to be issued to the provider. These are outlined in detail in the quality and safety section of the report and under Regulation 28.

In addition to this, the provider had failed to address the significant risks identified in the fire safety risk assessment report in relation to the compartmentation and fire stopping in the centre. The provider was not able to tell the inspector which compartments were affected or how many. Furthermore, they had not taken any steps to mitigate these risks. This had significant consequences for the containment of fire and the evacuation design strategy of the centre which is based on progressive horizontal evacuation and ultimately for the care and welfare of residents living in the centre.

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

The oversight of fire safety in the centre was not robust and did not adequately support effective fire safety arrangements to keep residents safe.

The provider had failed to provide the resources that were required to address the significant fire safety risks identified in their own fire safety risk assessment of March 2023.

Furthermore, the day to day management of fire risk in the centre did not ensure that risks were identified and managed effectively. These findings are set out under Regulation 28.

Judgment: Not compliant

Quality and safety

This inspection found that the provider's fire safety arrangements did not adequately protect residents from the risk of fire in the centre and did not ensure the safe and effective evacuation of residents in the event of a fire.

While it is acknowledged the provider had taken measures to address some of the risks identified in the fire safety risk assessment completed in March 2023, this

inspection found that there had been a lack of progress by the provider to address the high and medium risks identified in the report.

As a result the registered provider was failing to meet the regulatory requirements on fire precautions in the centre and had not ensured that residents were protected from the risk of fire. More effort and resources were now required to ensure that high rated fire risks were addressed in a timely manner.

The inspector found uncertainty over means of escape, fire-containment, compartmentation boundaries, visual deficiencies in the building fabric, fire doors, inappropriate storage of flammable and combustible material and inadequate emergency lighting which could lead to serious consequences for residents in an emergency. The findings of this inspection aligned with the findings of the provider's own fire safety risk assessment.

The inspector found additional fire safety issues on the day of the inspection that had not been identified by the provider and required immediate action. For example, the inspector noted inappropriate storage practices of flammable and combustible items. In one situation, two gas cylinders were being stored in a boiler room. In another situation, flammable items such as cardboard, clothing and shoes were being stored in an electrical room. These events presented potential fire risk--if a fire did develop, it would be accelerated by the presence of these items. This was brought to the attention of the person in charge and arrangements were made for the immediate removal of these items before the end of the inspection.

While there was sufficient fire exits provided, the means of escape and levels of emergency lighting required a review by the provider. The inspector observed a large area of ceiling was covered with timber cladding and was not assured this would meet the required fire resistance.

Furthermore, the inspector noted key locking mechanisms were fitted to some cross-corridor fire doors. This compromised the fire doors to contain smoke and fire and presented a risk of the doors being locked.

In addition to this, the inspector noted adequate external emergency light was not provided in some areas to illuminate a path to the fire assembly point from fire exits during a night time evacuation and a car was parked in such a way that it obstructed an external evacuation route.

As outlined above, the deficiencies found in regards to means of escape and emergency lighting could potentially have a significant impact on the safety of residents in the event of an evacuation and required a review by the provider.

The provider had also failed to address a number of high risks associated with compartmentation and containment of fire in the centre. Furthermore, it was stated during the inspection that not all compartment boundaries in the attic space align directly above the compartment fire doors. As the location of evacuation zones are based on the location of fire doors in each corridor, these may not be accurate. As the compartmentation boundaries are compromised, the inspector was not assured there was adequate compartmentation arrangements in place to; facilitate

progressive horizontal evacuation, to ensure the safety of residents and staff in the event of a fire and to provide adequate containment from the spread of fire and smoke from one compartment into the adjoining compartments.

Staff who spoke with the inspector demonstrated a good knowledge of the evacuation procedure in place and had received training for progressive horizontal evacuation. Staff were able to demonstrate to the inspector the location of the largest compartment in the centre and where the fire assembly point was located. The inspector noted directional signage was erected externally to direct staff and residents to the fire assembly point in the event of an evacuation.

Regular fire drills were being carried out on a regular basis and staff were up-to-date with fire safety training. Weekly and monthly in-house checks were being carried out and documented in the fire register by staff. Firefighting equipment and fire safety monitoring systems were being regularly serviced.

From a review of fire safety policies and procedures, the inspector concluded there was no policy or procedure available to ensure satisfactory controls, precautions and supervision measures are put in place for works carried out in the centre by outside contractors. This had also been identified in the provider's fire safety risk assessment. Furthermore, the providers own fire risk register had not been updated to reflect the significant on-going fire risks that had been identified in the providers own fire safety risk assessment.

Regulation 28: Fire precautions

The registered provider was failing to meet the regulatory requirements on fire precautions in the centre and had not ensured that residents were protected from the risk of fire. The provider was non-compliant with the regulations in the following areas:

Day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire. For example:

- In a boiler room, the inspector identified inappropriate storage practices regarding two gas cylinders being stored in this room.
- In an electrical store room, the inspector observed cardboard sheets, clothing and shoes were being stored.

In both examples, this presented a potential fire risk - if a fire did develop, it would be accelerated by the presence of these flammable and combustible items. These risks were highlighted to the provider and were addressed on the day as they required immediate action.

The provider needed to improve the means of escape for residents and emergency lighting in the event of an emergency in the centre. For example:

A commode store had a window that overlooked an internal means of escape. As this window was previously an external window, the inspector was not assured it would meet the criteria for a fire rated window in this location. As a result, if there was a fire in this store room it could potentially spread with little resistance into a corridor used as a means of escape. This required a review from a competent person.

A number of final fire exits were not fitted with a green break glass unit on the internal side. This is required in order to manually override the magnetic locking system on these door in the event of a fault were they do not release when the fire alarm is activated. This requires a review from a competent person.

The inspector noted several internal bedroom corridors to be over the maximum allowable distance. In these situations, cross corridor fire doors are required to prevent the corridor becoming smoke logged in the event of a fire. As there was a lack of cross corridor fire doors in these corridors, this requires a full review from a competent person in regard to smoke logging and travel distances.

From a review of the evacuation floor plans, a designed fire exit from the kitchen area was indicated. However, the inspector noted an emergency exit sign was not provided above this fire exit. This created confusion and requires a review.

Externally, the inspector noted adequate emergency light was not provided in some areas to illuminate a path to the fire assembly point from fire exits during a night time evacuation, this required a review from a competent person.

The provider needed to improve the maintenance of the means of escape and the building fabric. For example:

At the main entrance lobby, the inspector observed a large area of the ceiling was covered with timber cladding. As this timber cladding is above a means of escape, the inspector was not assured this would meet the required fire resistance. Furthermore, the inspector noted key locking mechanisms were fitted to some cross-corridor fire doors. This comprised the fire doors to contain smoke and fire and presented a risk of the doors being locked.

Externally, the inspector noted a car was parked in such a way that it obstructed an external evacuation route. As a result, this could delay and cause panic in a fire emergency.

The inspector was not assured of the ability of a selection of fire doors to prevent the spread of smoke and fire. While the provider had progressed works to address the deficiencies in regard to fire doors in some areas, a number of fire doors observed by the inspector had door-closer mechanisms and fire door seals missing. Gaps were noted at the bottom and between doors. Furthermore, a number of fire doors did not meet the criteria of a fire door, had non-fire rated ironmongery fitted and some did not close fully when released. These deficiencies posed a significant risk to residents in the event of a fire.

As identified in the providers fire safety risk assessment, numerous areas in the centre and attic spaces were noted to have utility pipes, ducting and holes that penetrated through fire-rated walls and ceilings (walls and ceilings built in a way to provide a certain amount of fire resistance time), and these required appropriate fire sealing measures.

The provider needs to review fire precautions throughout the centre. Inappropriate storage practices noted on the day of the inspector had not been identified in the provider's in-house routine check. Numerous fire safety risks had been identified by the providers competent person in a fire safety risk assessment prior to this inspection. However, the providers own fire risk register had not been updated to reflect these significant on-going fire risks.

In addition, while the provider had been progressing the required fire safety works in the centre. This involved external contractors coming into the centre to carry out works. From a review of fire safety policies and procedures, the inspector concluded there was no policy or procedures available to be followed when works were being carried out in the centre by external contractors.

The inspector was not assured by the arrangements for containment of fire in the event of a fire emergency in the centre. For example, containment deficiencies and recommendations highlighted in the fire safety risk assessment were as follow;

- There was limited compartmentation in the attic spaces.
- Compartmentation was not provided to a reasonable standard.
- Attic hatches appeared to not be of the required fire rating to maintain the homogenous fire rating of the ceiling.
- Establish what additional compartmentation was required.
- Upgrade the compartmentation to 60 minutes were required.
- Define the compartmentation boundaries in the centre.
- Review the sub compartmentation walls to ensure they continued up through the attic spaces to the underside of the roof finish.

This has consequences for the containment of fire and the evacuation design strategy of the centre which is based on progressive horizontal evacuation and ultimately for the care and welfare of residents living in the centre.

Furthermore, the inspector was not assured the fire door and glazed assembly of an office located that the main entrance fire exit door was of the required fire rating to contain a fire.

The arrangements for detecting a fire require improvement. For example, the inspector was not assured that a gas detector was provided in the kitchen. This was identified in the fire safety risk assessment.

The provider failed to provide adequate arrangement for evacuating all persons in the designated centre and the safe placement of residents in the event of a fire emergency. For example:

The inspector was informed during the inspection that the attic compartmentation boundaries did not align with the ground floor cross corridor fire doors. In addition to this, compartmentation was not provided to a reasonable standard. The provider was unaware of where the compartmentation was compromised or which compartments did not align with cross corridor fire door to form a complete compartment/sub-compartment boundary.

This has significant consequences for the evacuation design strategy of the centre which is based on progressive horizontal evacuation. The integrity of compartment boundaries are paramount to ensure that when residents are moved to a place of temporary safety from a fire, they remain safe from the spread of smoke or fire before moving on to the next compartment.

The displayed procedures to be followed in the event of a fire required a review by the provider. For example, fire evacuation plans were not up-to-date as a designed fire exit from the kitchen area was indicated. However, the inspector noted an emergency exit sign was not provided above this fire exit. Furthermore, the inspector noted two external storage units used as a maintenance shed and to store equipment associated with the day to day running of the centre were absent from the registered floor plans.

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 Fairlawns Nursing Home OSV-0000136

Inspection ID: MON-0041192

Date of inspection: 17/08/2023

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> <p>The Risk Register has been updated to include Fire risk assessment as identified in the Fire Action Plan. The Emergency Plan has also been updated to include Fire preventative measures as well as Fire procedures. Since our inspection our daily fire checks have been enhanced to include outside buildings, lighting and outside exit routes. Staff are also aware not to obstruct exit routes.</p> <p>Governance meetings now include Health and safety as part of the agenda where Fire risks are identified and actioned.</p> <p>A hots works policy is now available as part of the risk assessments. Complete 20/10/23</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A Fire safety engineer carried out an assessment in March 2023 and on receipt of their report a plan of works was put in place. The fire engineer will continue to supervise the works and on completion will certify the works. To be completed 28th February 2024.</p> <p>Compartmentation works in the attic were completed 7/9/23. All fire zones have their own compartment and all compartments are fire proofed. Attic hatches have been replaced with Fire rated hatches. Complete 7/9/23. A list of the compartment zones are highlighted at the fire panel.</p> <p>New cross corridor fire doors have been measured and ordered August 23 and awaiting</p>	

delivery. The new cross corridor doors will not have locks fitted and will have a fire rating of 60 minutes. They will all be fitted with fire rated ironmongery. A new door and glazing for the office is also awaited. All remaining fire doors to be replaced are ordered and await fitting. The fire engineer is currently drawing up floor plans indicating travel distances to ensure that the travel distances are within regulations.

To be completed December 31st 23.

The timber cladded ceiling in the reception area has been removed. Complete 19/10/23

The window in the commode store has been removed. complete 19/10/23

Regarding the Green break glass units, this has been reviewed by the Fire contractors and will be installed at each final fire exit door. To be completed 31st December 2023.

The 2 gas cylinders and work clothing, shoes and cardboard were immediately removed.

The cylinders have a designated area outside. Complete 17.8.23

Since the inspection daily checks have been enhanced to include outdoor buildings, lighting and outside escape routes. The risk register has been updated to ensure fire safety risks are identified.

A hot works policy including a risk assessment is now included in the risk register.

Although there is an emergency exit sign in the kitchen another emergency exit sign will be fitted over the final exit door. To be completed December 31st 23.

Areas of external lighting has been reviewed and is awaiting a commencement date. To be completed January 31st 2024.

All staff are aware to not park in external evacuation routes. Complete 17.8.23

A gas detector for the kitchen is ordered and awaits fitting. To be completed Dec 31st 23.

The floor plan will be updated to include the 2 external storage units. To be completed 31st December 23.

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	31/12/2023
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	Orange	31/12/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting	Not Compliant	Orange	31/12/2023

	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	Orange	31/01/2024
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	Orange	31/12/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/12/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2023
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	Orange	31/12/2023
Regulation 28(3)	The person in charge shall ensure that the	Substantially Compliant	Yellow	31/12/2023

	procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.			
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