



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

## Issued by the Chief Inspector

Name of designated centre:	Fermoy Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tallow Road, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	22 September 2022
Centre ID:	OSV-0000560
Fieldwork ID:	MON-0037957

## About the designated centre

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

Fermoy Community Hospital is located on the outskirts of the town of Fermoy. It was originally built in the 1800s as a workhouse and has been a community hospital since the 1990s. It is a two-storey premises but all resident accommodation is on the ground floor. The centre comprises two units 'Cuisle', and 'Dochas'. The former 'Sonas' unit is now an administration block. The centre will accommodate 72 residents when the current renovations are completed. A number of bedrooms have full en-suites attached while the remainder share communal, bath, shower and toilet facilities. Bedrooms include, single, double, triple and four bedded units. The centre is registered to provide care to residents over the age of 18 years but the resident population is primarily over the age of 65 years. There is currently space to accommodate 44 residents with full time, 24 hour nursing care available. A range of meaningful activities are available and the centre is embedded in the local community who organise fund raising on an annual basis.

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

Number of residents on the date of inspection:	41
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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 22 September 2022	10:00hrs to 18:15hrs	Niall Whelton	Lead

## What residents told us and what inspectors observed

This was an unannounced one day inspection to monitor compliance with the regulations and to inform decision making for an application to vary the registration. The inspector was met by the person in charge, who facilitated the inspection. This inspection included a focused review of fire precautions.

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

Fermoy Community Hospital is within a three storey building, with the designated centre confined to the ground and first floor. The centre comprised three units with residents bedrooms within the Cuisle and Dochas units. Sonas extended to the first floor with staff accommodation at ground and first floor, and some day space for residents at Sonas ground floor.

The inspector reviewed the area subject to the application to vary the registration. This included alterations, to the area known as Sonas, from bedroom accommodation to staff facilities and offices. From a fire precautions perspective, this area was finished to a satisfactory standard and was found to be compliant with the requirements of Regulation 28, Fire Precautions. There were some minor actions required to meet the requirements of regulation 17, premises and this is discussed further under the quality and safety section of this report.

The inspector then accompanied the person in charge on a walk through of the remaining designated centre. During this walkthrough, significant fire safety risks were identified.

In the Cuisle wing, two exits were decommissioned to facilitate upgrade works. The remaining two exits were found to be not adequate to facilitate the adopted bed evacuation strategy. Effectively, the only escape from this area for residents evacuated by bed, was in one direction internally towards the adjacent units. Furthermore, in the Dochas Unit, two exits were also decommissioned to facilitate an extension to the building. Of the two remaining exits in this area, one was observed to be obstructed by two wheeled bins and encroached by buildings fencing.

There was active construction activity in the building, consisting of alterations to a portion of the Cuisle Unit, alterations to a day space in Sonas and an extension on to the rear of the Dochas Unit. From a hygiene perspective, these areas were separated from the residents accommodation by hygiene 'bubbles' to restrict the spread of dust, The oversight and management of fire safety risks as a result of these works required immediate attention, the details for which are outlined under Regulation 28.

The external areas available to residents were pleasant and well maintained. They

were nicely planted and provided with paved areas with outdoor seating.

## Capacity and capability

The Health Service Executive (HSE) was the registered provider for Fermoy Community Hospital. There was a senior HSE manager nominated to represent the provider. The person in charge had responsibility for the day-to-day operational management of the designated centre and was supported by a team of clinical nurse managers and a team of nurses, health care assistants, catering, household, administration and maintenance staff. There were 41 residents living in the centre on the day of inspection.

On this inspection, the oversight of fire safety management and systems to identify fire safety risks were not effective to ensure the safety of residents living in the centre. Significant fire safety risks were found and immediate action was required by the provider to address those risks during the inspection.

- Inadequate escape out of the building owing to decommissioned fire exits and unsuitable remaining exits.
- Risks to the designated centre from an area of the building as a result of the ongoing construction works.

In addressing the immediate action, the person in charge responded by arranging for the exits and external routes to be altered to ensure beds could safely be evacuated out of the building if required. An additional staff member was also immediately placed on duty at night time to mitigate risks and complete half hourly checks in the building.

There was a fire safety risk assessment completed in the centre in January 2021. This report identified a number of red rated risks, with a recommended intervention time frame of between three and six months. Some work had been completed to address those risks during the phased programme of work, but progress was slow and some red rated risks persisted. There was no updated version of this report available to the inspector.

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

In consideration of the fire safety matters identified during inspection, the provider

did not ensure that appropriate management systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored by the provider. For example:

- where exits were decommissioned to facilitate upgrade and construction work, the remaining exits were not effective to ensure safe evacuation.
- there were risks to the designated centre from an area of the building being used due to construction works and this had not been identified, nor mitigating measures put in place
- the delayed action to adequately address the findings of the fire safety risk assessment from January 2021 and the ineffective interim arrangements to manage those risks.
- where an external escape route was obstructed by wheeled bins and encroached by builders fencing.

Judgment: Not compliant

## Quality and safety

The provider had failed to effectively manage identified fire safety risks, and had not identifying day-to-day risks found on this inspection.

This inspection found that the combined risks associated with the inadequate exits, deficits to fire containment and poor management of the risks brought about during construction, led to an unsafe environment for the residents living in the centre.

It was of concern that the inadequate evacuation routes had not been identified by the provider prior to putting the exits out of commission. The inspector was told that the means of escape during construction had been assessed, however this was not available to the inspector on the day of inspection.

Staff demonstrated knowledge of the horizontal evacuation procedure, however, information and knowledge regarding the progression of the evacuation to the outside was limited. This was correlated in the drill reports reviewed by the inspector. Staff confirmed to the inspector that they had participated in fire safety training and drills. Staff further confirmed that they had received specific training to capture the decommissioned exits.

The fire doors to bedrooms were not fitted with automatic closing devices to close the doors and instead relied on staff intervention to manually close the doors in the event of a fire. While Staff did confirm to the inspector that bedroom fire doors were to be closed during evacuation, there was no risk assessment available for the absence of door closers and doors were found to be routinely open. It was confirmed during the feedback meeting that swing free door closing devices would be fitted to bedroom doors to mitigate the risk of doors being left open. Swing free door closers would give the resident the choice to keep their door open or ajar, but

would automatically close upon activation of the fire detection and alarm system.

With regard to upgrade works to the fire compartment strategy, it was confirmed to the inspector that work was completed in the attics in the Dochas and the fire doors were on site but not yet installed. Work had not yet commenced on the requisite compartment works in The Cuisle Unit. This meant that the fire compartment boundaries being used for phased evacuation may not be effective to contain fire and protect residents.

## Regulation 17: Premises

Action was required to ensure compliance with Regulation 17 and Schedule 6;

- hand soap and towel dispensers were not provided in some areas of Sonas, for example, the cleaners store
- the sink in the hair salon had been removed to reposition the sink to a more suitable location. This was not yet complete.
- the tap in the small kitchen servery was corroded.
- some ceiling tiles were displaced in a store room
- there was excess linen bins within the sluice room and prevented easy access to sluicing facilities
- the resident smoking areas were not fitted with a call bell
- the walls to some of the day spaces were marked. The section of a ceiling in a bathroom had fresh plaster which was not painted.
- there was damage noted to doors to bedrooms and circulation areas
- there was damage to the walls around doors where architraves had been removed for fire safety sealing up works and had not yet been repaired.

Judgment: Not compliant

## Regulation 28: Fire precautions

The registered provider had failed to meet the regulatory requirements in relation to fire precautions and had not ensured that residents were adequately protected from the risk of fire. Immediate action was required by the provider during the inspection to address risks identified, including:

- where exit doors had been decommissioned to facilitate alterations and extension to the building, the remaining exit doors were not adequate. The evacuation strategy in the building was bed evacuation and beds could not fit out a number of exits. This meant that in some areas of the building, there was only one route out of the building

- one of the external routes was obstructed by wheeled bins and the builders safety fencing encroached on the escape route
- an area to the rear of Sonas was creating a risk to the residents of the designated centre. This area was being used for storage as a result of building works. This area was not adequately contained and there was no detection provided
- there was an area in the corner of the Sonas area day room, which was separated from the dayroom with hygiene covering to prevent the ingress of dust. This resulted in an area without adequate detection.

In addition to the above, the registered provider was not taking adequate precautions against the risk of fire, for example:

- the process for the identification and management of fire safety risks was not adequate
- a risk assessment for the four decommissioned exits was not available for review
- fire doors to bedrooms were routinely left open and there was no risk assessment available for the absence of automatic door closers

Arrangements for maintaining fire equipment was not effective:

- fire doors were not being maintained in good working order. Examples of deficiencies included; excessive gaps where double doors met and where devices had been removed from doors and a door was observed getting stuck to the floor covering when opened. The automatic closing device to a dining room was not working and the closing device to an activities room had been removed.
- a smoke detector in an electrical cabinet was hanging from its wire and was not secured in place and may not function correctly.
- the service records available during the inspection for the emergency lighting indicated deficiencies to the system and confirmation that all items had been actioned was not available

The arrangements for containing fire were not adequate, for example:

- the inspector was not assured of the likely fire performance of all door sets (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery). The door to a store room was not fitted with a self closing device.
- service penetrations were noted in construction providing a barrier to fire
- the temporary walls erected to separate the occupied areas of the designated centre from the areas being altered or extended did not form adequate containment of fire while construction works were being carried out. One partition had a light fitting through the partition with the wall built around the light
- Recommendations for containment of fire in the fire safety risk assessment had not been completed. for example, the ceilings in the Cuisle unit were not adequately fire rated and contained recessed lighting units; this means that a

fire would not be contained and may spread through the ceiling cavity. There was outstanding work to the fire compartment boundaries in both the Dochas and Cuisle Units

Arrangements for evacuating residents required improvement:

- considering the findings of this inspection regarding the available exits, the provider did not have adequate measures in place to ensure the safe evacuation of high dependent residents. The evacuation strategy identified to the inspector was bed evacuation, and beds could not fit out some exits.
- residents evacuation requirements were assessed in the form of a personal emergency evacuation plan (PEEP). The date for review on each was not clear
- the registered provider had not ensured that the drills practiced prepared staff for evacuation, beyond the phased evacuation, out of the building if required

Instructional procedures were not displayed beside the emergency shut off points for the oxygen supply and this procedure was not recorded in the evacuation drill records.

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for Fermoy Community Hospital OSV-0000560

Inspection ID: MON-0037957

Date of inspection: 22/09/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In consideration of the fire safety matters identified during inspection, the provider responded immediately and appropriate managed the risks. Actions ensured the service provided was safe, appropriate, consistent and effectively monitored by the provider.</p> <ul style="list-style-type: none"> <li>• Where exits were decommissioned to facilitate upgrade and construction work, the remaining exits were immediately upgraded to ensure safe evacuation. This included immediate addition of tarmac surface to the 2 remaining exits. A safety pause was completed at each shift with emphasis on fire evacuation, additional fire education was completed and the information was communication in the communications books updated.</li> <li>• Weekly meetings are in place for ongoing review of the fire risk and all risks related to the building project with the Person in Charge, Fire Officer and the Lead Representative from Estates.</li> <li>• There were risks to the designated centre from an area of the Sonas building being used to store items during construction. These have been clearly identified and mitigating measures have been put in place. These include fire rated separation and installation of fire detection units.</li> <li>• The final risk inspection will be completed on 21.10.22. The formal report will be issued on 25.10.2022. All issues identified will be addressed.</li> <li>• External escape routes that were obstructed by wheeled bins has been cleared. Builders fencing encroaching on the exit paths have been moved back. Grassy verges have been trimmed. Addition tarmac has been added to exit areas. Additional signage and additional emergency lighting has been installed. A design to provide a permanent hard standing area is in consideration adjacent to Cuisle.</li> <li>• An additional staff member has been placed on duty from 18.00 to 8.00 to provide addition cover.</li> </ul>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Action was required to ensure compliance with Regulation 17 and Schedule 6;</p> <ul style="list-style-type: none"> <li>• Hand soap and towel dispensers have been provided in the deficient areas of Sonas.</li> <li>• The sink in the hair salon had been installed.</li> <li>• The tap in the small kitchen servery has been scheduled for replacement.</li> <li>• Some ceiling tiles displaced in a store room have been repositioned</li> <li>• Excess linen bins within the sluice room have been removed.</li> <li>• The resident smoking areas were been fitted an additional fire extinguisher and a mobile call bell is being sourced for mobile residents that used the area.</li> <li>• Painting is planned for the walls to some of the day spaces where marked.</li> <li>• Painting is planned for the damaged areas noted to doors to bedrooms and circulation areas</li> <li>• Work has commenced and is ongoing to the damaged architraves.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The registered provider has addressed the failure to meet the regulatory requirements in relation to fire precautions and has ensured that residents are adequately protected from the risk of fire.</p> <p>Immediate action was implemented on the day of inspection by the provider to address risks identified, including:</p> <ul style="list-style-type: none"> <li>• Where exit doors had been decommissioned to facilitate alterations and extension to the building, the remaining exits were fitted immediately with tarmac surface. A safety pause was completed at each shift in relation to the evacuation strategy in the building which is based on bed evacuation strategy. Each area of the building has two route available for evacuation. Other evacuation aids such as evacuation sheets and pads are under review as part of the residents personal emergency evacuation plans (PEEPs) and will form part of the existing strategy where deemed suitable.</li> <li>• The external route obstructed by wheeled bins was cleared immediately and the bins has been moved. A bin platform is planned for construction. Signage has also has also been erected. Additional emergency lighting had been installed along the routes from Dochas.</li> <li>• The builders safety fencing encroached on the escape routes was moved back to increase the evacuation route. In addition all grassy verges have been trimmed.</li> <li>• The area to the rear of Sonas used for storage as a result of building work has fire detection installed with fire rated separation to protect the escape route and this route is now segregated from the builders compound.</li> <li>• A smoke detection was inserted in the area of the Sonas area day room, which was</li> </ul>	

separated from the dayroom with hygiene covering to prevent the ingress of dust. The hygiene bubble has since been removed as with other corridor obstructions.

In addition to the above, the registered provider has also undertaken the following to mitigate against the risk of fire:

- There is a process to identify fire hazards which forms part of the hazard identification / risk assessment process such as chemicals, the management of oxygen and smoking as particular fire hazards. Staff are educated as part of the fire training and induction the risks associated with these hazards.
- The HSE has committed to upgrading the fire strategy and providing free swing door closers to all bedroom doors. Costs have been submitted for a funding allocation. This work will commence shortly.

Arrangements for maintaining fire equipment :

- A plan for the review of all fire doors has commenced. All doors have been tagged to allow appropriate recording of the necessary checks and a competent contractor has been appointed to commence the works immediately. All doors are being reviewed and will be repaired and upgraded as required.
- The smoke detector in an electrical cabinet has been secured in place and the electrical box has been covered.
- Areas where service penetration were noted in construction providing a barrier to fire has been remedied. A light fitting through the partition has been sealed and moved to ensure adequate fire performance.
- Temporary walls erected to separate the occupied areas of the designated centre have been upgraded to provide adequate containment of fire while construction works is being carried out.
- Recommendations for containment of fire in the fire safety risk assessment are being addressed as part of ongoing works and as residential areas can be provided to the contractor. Works on the cross corridor doors in Dochas will commence shortly and the Person in Charge will assess the likely disturbance to residents and if it is feasible to undertake the works in a live environment.

Arrangements for evacuating residents required improvement:

- Adequate measures in place to ensure the safe evacuation of high dependent residents. The evacuation strategy identified to the inspector was bed evacuation, and beds can now exit all units. This will be reviewed as necessary.
- Residents evacuation requirements are assessed in the form of a personal emergency evacuation plan (PEEP). These have all been reviewed and updated.
- Drills practices for staff for evacuation have been completed with the fire instructor.
- Instructional procedures are displayed beside the emergency shut off points for the oxygen supply and this procedure has been recorded in the evacuation drill record



## 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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/05/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/05/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	31/05/2023

	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	Orange	31/05/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	23/09/2022
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	Orange	31/05/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	25/10/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons	Not Compliant	Orange	30/11/2022

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2023
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	19/12/2022
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	30/09/2022