



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

## Issued by the Chief Inspector

Name of designated centre:	Friars Lodge Nursing Home
Name of provider:	G & T Gallen Limited
Address of centre:	Convent Road, Ballinrobe, Mayo
Type of inspection:	Unannounced
Date of inspection:	14 March 2023
Centre ID:	OSV-0000342
Fieldwork ID:	MON-0039620

## About the designated centre

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

Friars Lodge Nursing Home is a designated centre for Older People. The building is purpose-built. Residents are accommodated in single and twin bedrooms. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ballinrobe town. Residents have access to an enclosed garden area. The centre provides accommodation for a maximum of 64 male and female residents, over 18 years of age. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met.

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

Number of residents on the date of inspection:	57
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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
Tuesday 14 March 2023	09:55hrs to 17:00hrs	Gordon Ellis	Lead

## What residents told us and what inspectors observed

Overall, the inspector noted a relaxed, pleasant and happy environment in the centre. Some residents were up and about mobilising around the centre while others were still in their rooms. The inspector observed that staff were kind and responsive to residents' needs. Interactions between staff and residents were meaningful. Notwithstanding this the inspector observed a number of issues that impacted on the safety of residents in the event of a fire, which required improvements by the provider.

Following an introductory meeting, the inspector completed a walk around the designated centre. Friars Lodge Nursing Home is located close to Ballinrobe town in county Mayo. The centre is a purpose-built facility with accommodation for 64 residents on the ground floor and staff facilities and accommodation on the upper floor. There are a number of communal rooms in the centre including two day rooms, communal seating areas, a dining room, a chapel and access to two enclosed courtyards. The centre is divided into 13 separate compartments with 12 residents accommodated in the largest.

The communal seating areas are located within circulation areas, in separate occasions the inspector observed a large pile of cardboard boxes were being stored in these areas that needed to be removed elsewhere. This encroached on a designated seating area that is used by the residents and presented a fire risk on a protected route used by residents in the event of a fire emergency. The person participating in management verbally confirmed these would be removed on the day of inspection. The inspector noted this had been carried out before the end of the inspection.

In a store room, the inspector was not assured by the fire rating of a ceiling access hatch and noted utility services that penetrated a fire rated ceiling required sealing up.

The inspector saw pictures of residents displayed around the centre for multi-cultural day, some residents were enjoying tea in their rooms and one resident was being visited by a dog.

The inspector noted escape routes were free from obstruction and staff spoken with demonstrated a good knowledge of the evacuation procedures in place and were able to identify the location of compartments in the centre. However, in a dayroom a fire exit had a curtain and blind fitted over it which could cause an obstruction in the event of an evacuation from this area. This was removed by the person in charge on the day of the inspection.

In some internal corridors and at the main entrance lobby the inspector observed a lack of emergency directional signage to indicate an evacuation route and fire exit during a fire event. Furthermore, the inspector noted a lack of emergency lighting

above fire exits and external routes on the outside of the centre, which required a review.

The inspector noted a fault was indicated on the main fire detection alarm panel at the main entrance to the centre. The person participating in management arranged for a technician to visit the centre and corrected the fault on the day of the inspection. In the kitchen and rear corridor, the inspector noted fire doors being wedged open and it was not clear where the gas shut-off valve was located.

During the walk around, the inspector saw good examples where the provider had implemented measures to enhance fire safety in the centre. For example, the inspector noted in residents' bedrooms fire evacuation plans for that specific area were located. There was a fire warden kit box located beside the fire alarm panel at the main entrance and residents told the inspector how they like to get involved in the fire evacuation simulations, this was confirmed by the staff when spoken with. The provider had developed a fire safety manual booklet which was very informative.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection carried out to review fire precautions and premises in the designated centre. The centre has a good history of compliance with the regulations and there were no outstanding actions in relation to regulation 28 and regulation 17 from the previous inspection on 20 October 2022.

The registered provider of this centre is G & T Gallan Limited. There is a clearly defined management structure in place that identified lines of authority and accountability. On the day of the inspection there were 57 residents living in the centre which is registered to accommodate 64 residents.

The inspector found that there were adequate systems in place for the maintenance of fire safety systems. However, improvements were required in regard to the governance and management of fire safety in Friars Lodge Nursing Home. This was due to the provider not having identified some of the fire risks found on this inspection, which are detailed in the subsequent sections of this report.

There was good oversight of fire safety training for most of the staff. However, records confirmed on the day of the inspection that three staff members required a refresher course on fire safety. The inspector received assurances that fire safety training was scheduled for March 2023 for these staff members.

The provider had been proactive in regard to fire safety and had employed the

services of an external fire consultant to complete a fire safety risk assessment of the centre. The Inspector reviewed this report during the inspection and found that issues had been identified in regard to; fire doors, fire stopping and emergency lighting signage which had been completed by the provider.

Notwithstanding this, the inspector noted improvements were required in the review of emergency directional signage, emergency lighting, containment measures and fire precautions.

There was a fire safety management policy and emergency procedure plan in place. These were found to be comprehensive and informed robust fire safety management in the centre.

Further improvements that the provider needs to make in relation fire safety in the centre are set out in the quality and safety section of this report and are reflected in the opening section.

## Regulation 23: Governance and management

While effective governance and management systems supported a high standard of maintenance of effective fire safety systems, the provider had not recognised some of the risks found on inspection

- Cardboard boxes were found stored in numerous communal seating areas used by residents. This could potentially compromise the protected means of escape for residents in the event of an evacuation.
- Fire doors were found to be wedged open in the kitchen area. This allowed for the spread of smoke and flames in the event of a fire
- A fire door between the kitchen and dining room would not close fully. This compromised the containment measures of a high risk room.
- The lack of emergency lighting to the external escape routes of the centre did not provide adequate illumination in the event of a night time evacuation.

Judgment: Substantially compliant

## Quality and safety

Fire safety systems and the fire safety aspects of the physical premises were maintained to a good standard. The oversight of fire safety management systems and the processes to identify, and manage fire safety risks required improvements to ensure the safety of residents living in the centre. The most significant fire safety risks identified and required improvement included the following:

- The provision of adequate emergency lighting to external escape routes.
- The provision of adequate internal emergency directional signage
- The effectiveness of some fire doors to adequately protect against the risk of fire and smoke to spread.

Storage issues in the centre were found to be impacting on fire safety. For example, piles of cardboard boxes were found stored in numerous communal seating areas used by residents and located in corridors used for the purposes of means of escape in the event of a fire. This compromised the protected routes in the event of an evacuation. These were removed by the provider on the day of the inspection.

While the majority of fire doors and fire exits were connected to the fire detection alarm system, giving instant egress in the event of fire, some fire exits required a key to open. For example, an external gate can be locked with a key and a key is needed at certain times for the main entrance door which is kept in nurses' station. All fire exits should be readily openable without the need for a key on the internal side. This required a review.

Furthermore, management systems in place at the centre did not identify issues relating to fire safety. For example, weekly fire door and means of escape checks were not identifying issues which needed to be addressed.

The premises was well-maintained and clean. Fixtures and fittings were found to be in good order and suitable for their intended purpose. There were arrangements in place for maintenance and gardening support to maintain the premises and facilities for resident use.

There were a number of store rooms located throughout the centre which maintained the segregation of storage of resident and non-resident such as cleaning and maintenance equipment. However in a bathroom, the inspector observed the storage of inappropriate items such as hand gels, PPE items, a portable heater, facial masks and a cleaning trolley.

There was good knowledge among the staff team with regard to actions to take in the event of a fire emergency, this was reinforced by regular fire training, fire drills and participation in simulated fire evacuations. Records regarding the fire system in the centre were up to date and available for the inspector to review. Personal emergency evacuation plans (PEEPS) were in place for all residents and were kept under review.

The inspector reviewed the fire safety register and noted that it was well organised and comprehensive. The in-house periodic fire safety checks were being completed and logged in the register as required.

## Regulation 17: Premises

The centre was very clean and very well laid out. The premises provided was



sufficient for the number and needs of the residents at the centre. There were some areas which require attention:

- There were areas that required painting due to water staining.
- A sluice room door was damaged and a kitchen door would not close as it was caught on the floor finish.

Inappropriate storage was observed in some areas of the centre. For example

- Piles of cardboard boxes were found stored in communal seating areas and in a bathroom the inspector noted the storage of PPE gear, alcohol gels, a portable heater and a cleaning trolley.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The registered provider needed to improve fire precautions to ensure that residents were protected from the risk of fire. Improvements were required to comply with the requirements of the regulations. For example:

- In the Laundry room, a lint drawer needed to be emptied.
- Fire doors were found to be wedged open in the kitchen, vegetable store, and into a corridor.
- Gas pipework was found not to be painted yellow and didn't have signage to indicate it was a gas pipeline.
- The Location of a gas shut-off valve was not clearly sign-posted.
- A fire blanket located in a designated smoking room was undersized for its intended use to douse a clothes fire. A new fire blanket was ordered on the day of the inspection.

Means of escape and emergency lighting in the centre required a review by the provider. For example:

- External emergency lighting required a review as it was lacking in some areas of the centre. For example; emergency lighting was missing above various fire exits such as the main entrance and outside dayroom four. As a result, the Inspector was not assured that routes used for means of escape would be suitably illuminated in the event of a night time evacuation. This could cause a delay in the event of a fire emergency.
- Internal emergency directional signage was lacking in some corridors and above cross corridor doors. This made it confusing and unclear in some areas where the route to a fire exit was due to changes in direction and lack of signage to indicate a fire exit, such as at the main entrance.
- Photoluminescent signage was being used in some areas of the centre, which are not a suitable substitute for powered illuminated emergency signage.

Arrangements for maintaining the means of escape required a review. For example:

- The inspector noted in dayroom four, a curtain and blind was fitted over a fire exit. This was removed by the provider on the day of the inspection.
- The inspector noted some external gates and a fire exit had the option of being locked with a key. For example, external gates to enclosed areas and the main front door were able to be locked. All fire exits should be readily openable without the need for a key on the internal side to provide instant egress in the event of a fire.

Arrangements for staff of the designated centre to receive suitable training in fire prevention required improvement. For example:

- Most of the staff were up-to-date with fire safety training except for three staff members on the day of the inspection. Fire training was scheduled for March 2023 for these staff members.

Arrangements for containment of fire in the centre required improvement by the provider. For example:

- The inspector noted service penetrations through a fire rated ceiling in a store room required fire sealing and an access ceiling hatch did not appear to be fire rated.
- A kitchen fire door which opened into the residents dining room would not close and was missing fire seals on the top and side of the door to prevent the spread of smoke and flames. Again, this compromised the containment of a fire from a high risk room.
- The inspector observed general issues with some fire doors which required attention. For example; fire seals and door closers were missing, gaps were noted underneath and between doors, a dayroom door would not close as it was caught on a floor finish, brass screws which are not fire rated, were fitted to some door hinges.

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	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for Friars Lodge Nursing Home OSV-0000342

Inspection ID: MON-0039620

Date of inspection: 14/03/2023

## 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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Cardboard boxes which were stored in a communal area, not blocking any fire escape were removed immediately on the day of the inspection when the inspector brought it to the person in charge and providers attention, the inspector visually saw this area cleared before he completed the inspection on the 14/3/23.</li> <li>• The fire door between the kitchen and the dining room has been assessed, and adjusted to ensure that it closes fully.</li> <li>• Emergency lighting both internally and externally will be reviewed and more lighting will be installed.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• The water staining on an identified ceiling has been repaired and re painted.</li> <li>• The two doors identified by the inspector which attention, the sluice and the kitchen needed have been reviewed and adjusted to close fully.</li> <li>• All boxes containing PPE and equipment identified in the bathroom were removed on the day of the inspection 14/3/23.</li> </ul>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• All service penetration through fired rated ceilings will be reviewed and repaired.</li> <li>• Wedge removed immediately in the kitchen store areas.</li> <li>• Gas piping will be reviewed and re painted yellow and new signage applied including the gas shut off valve.</li> <li>• A larger fire blanket than the one which was in place and observed by the inspector was ordered and purchased on the day of the inspection 14/3/23, and has been in place since its delivery two days after the inspection, the previous smaller one has been removed.</li> <li>• The kitchen door opening onto the residents dining room has been reviewed, new door seals applied and the door has been adjusted to ensure that it closes fully.</li> <li>• The serving hatch will be reviewed.</li> <li>• All fire doors to be reviewed, floor finishes will be adjusted ensuring that the fire doors close fully.</li> <li>• External and internal lighting will be reviewed and new lighting installed</li> <li>• Signage throughout the building will be reviewed and additional signage required will be installed.</li> <li>• The stained glass panels which are situated in the oratory since 2004 and were passed by the Fire Inspector 2004 and 2011 as per the Fire Certificate remain in place.</li> </ul>	

## 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(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.	Substantially Compliant	Yellow	31/03/2023
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.	Substantially Compliant	Yellow	10/05/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	15/06/2023

	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	15/06/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	15/06/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/03/2023
Regulation 28(2)(i)	The registered provider shall	Not Compliant	Orange	15/06/2023



	make adequate arrangements for detecting, containing and extinguishing fires.			
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