



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

## Issued by the Chief Inspector

Name of designated centre:	Terenure Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	122 Terenure Road West, Terenure Road, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	29 March 2022
Centre ID:	OSV-0000047
Fieldwork ID:	MON-0036608

## About the designated centre

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

Terenure Nursing Home is located close to Terenure, and is serviced by a number of bus routes. The centre can accommodate 48 male and female residents, over the age of 18. There is a combination of single and shared accommodation. Some bedrooms have their own en-suite facilities. The accommodation is spread over two floors, and there is a courtyard and garden to the rear of the property. 24-hour nursing care is provided for residents. Palliative, respite and convalescent care is available in the centre. There are a variety of recreational activities available in the centre, and outings are often organised to various places of interest in the community.

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

Number of residents on the date of inspection:	37
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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 29 March 2022	10:15hrs to 18:15hrs	Gordon Ellis	Lead

## What residents told us and what inspectors observed

There were 37 residents living in the centre on the day of inspection. The inspector observed that staff were kind, caring and respectful to residents and supported them to have a good quality of life in the centre. Notwithstanding this, the inspector observed that there were significant fire safety issues and aspects of the layout and maintenance of the premises that posed risks to residents' safety and had a negative impact on residents' lives.

On arrival, a member of staff guided the inspector through the centre's infection prevention and control procedures necessary before entering the building. These processes included hand hygiene, face covering, and temperature check. Following an initial short opening meeting, a staff member accompanied the inspector on a tour of the premises. The centre is set out over two floors and access to the first floor bedrooms is via stairs or a lift. Bedrooms comprised of both single and double occupancy bedrooms and there were a number of shared toilets and bathrooms throughout the centre for residents' use.

Communal day spaces were available to residents including a sitting room on each floor, a dining room on the ground floor and a garden. The inspector observed residents in both sitting rooms sitting around the perimeter of the room. In the first floor sitting room, residents were observed watching television, drinking tea and soft drinks and listening to music with the aid of staff.

An area off the ground floor sitting room had been set up for visits between residents and their family members.

The inspector observed several fire doors wedged open. This would prevent the self-activating fire door closer closing the door and would not contain the spread of fire and smoke. This was a repeated non-compliance as it had been identified on the previous inspection in February 2022. The inspector noted the absence of evacuation floor plans displayed throughout the centre and a fire exit was blocked by cleaning equipment from the rear kitchen exit.

Significant improvements were required in relation to fire safety in the centre and these are set out in the next section of this report and in the Quality and Safety section of the report.

## Capacity and capability

This was an unannounced risk inspection of the centre by an inspector of social

service to:

- Monitor the centres compliance with the the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). In particular, Regulation 28: Fire precautions.
- To follow up on the non-compliances in respect of Regulation 28: Fire precautions identified on the previous inspection on 3 February 2022.

Significant improvements were required to comply with Regulation 28: Fire precautions.

The previous inspection of Terenure Nursing Home in February 2022 found that the provider had not completed a vertical evacuation drill from the first floor level. Deficiencies were identified in bedroom door closers and a bedroom door was wedged open. Furthermore, fire evacuation floor plans were not displayed throughout the centre and a review was required to ensure that residents who had maximum care needs and were accommodated on the first floor could be easily evacuated in the event of a fire emergency. During this current inspection, the inspector noted that the situation remained unchanged and the previous non-compliances had not been addressed by the provider.

Fire precautions were assessed with a particular focus on the fire safety management practices in place and the physical fire safety features in the building. The inspector noted many good practices in relation to fire precautions; for example, regular fire drills were taking place and fire fighting equipment was serviced and up to date. Staff had attended a fire procedure course and had been trained in vertical evacuation. Staff spoken with were knowledgeable on the procedures to follow in the event of a fire. However, staff when spoken with were unsure of the extent of the compartments in the centre. The registered provider had carried out a Fire Safety Risk Assessment (FSRA) in July 2021 of the designated centre but it was evident the risks identified in the report had not been addressed.

On this inspection, the layout and use of the sitting room and day space on the first floor required an immediate review by the registered provider as resident bedrooms occupied by residents with maximum dependency needs opened directly onto the sitting room which potentially created an inner room scenario (An inner room is a room that is not accessed from a circulation space, such as a corridor, and the only way in or out of the room is through another room [termed an 'access room']). The inspector observed 12 chairs positioned around the perimeter of the room with serving tables, walking aids and a group of five residents sitting on chairs and wheelchairs watching television, listening to music, drinking tea and soft drinks. Staff were observed attending to residents. Staff and residents had to walk around items of furniture in order to move through the room to gain access to the adjacent areas. This poses a risk as if a fire developed in the sitting room, staff would be unable to aid in the evacuation of residents from those bedrooms and the residents would be unable to safely access a means of escape from this area.

The corridor located on the first floor that provided a protected means of escape from bedrooms 27 and 28 was compromised by inappropriate storage of items

under a staircase. The inspector noted the storage of cardboard boxes, plastic container boxes and literature under the staircase. The same area was in use by the centre's activities coordinator as a desk and office space and contained office furniture, which again potentially also created an inner room scenario. This required a review by the provider to ensure adequate means of escape was provided to these bedrooms.

The inspector also identified that bedroom 32 opened directly into the escape staircase. This potentially meant that residents in this bedroom did not have direct access to a protected corridor to use as an escape route and must escape directly into the enclosed staircase. This could result in a risk to the residents of rising smoke in the event of a fire, and could potentially impact on their safe evacuation.

The aforementioned potential high risks had not been risk assessed by the registered provider, An urgent compliance plan was issued to the provider.

Details of additional fire safety non-compliance's are set out in the Quality and Safety section of this report.

## Regulation 23: Governance and management

The systems of oversight and monitoring of fire safety in the centre were not effective and did not adequately support fire safety in the centre. This was evidenced by the following:

- Risks to residents in relation to fire safety that were identified on the previous inspection had not been addressed by the provider. Fire evacuation route plans were still not displayed throughout in the centre, doors were still missing room numbers and several fire doors were again noted by the inspector as being wedged or propped open. This potentially could have serious consequences for residents in the event of an emergency evacuation, the ease in which fire and smoke could spread and the confusion for staff in identifying the location of the source of a fire.
- The inspector noted on the day of the inspection that the risks previously identified in the FSRA had not been addressed by the provider .
- The in-house fire safety checks were not adequate and had not identified deficiencies in the maintenance or fire performance of fire doors and emergency lighting in the centre. This meant that fire safety risks were not being adequately identified and managed by the provider to ensure the ongoing safety of residents in the centre.
- Deficiencies in measures for containment of fire were identified and carried a risk of fire and smoke to spreading more easily without adequate containment measures in place. This is further detailed under regulation 28.
- Deficiencies in the evacuation strategy of fire compartments were also identified. This has the potential to impact on the effective evacuation of residents to an area of safety in the event of a fire developing in the centre.

Judgment: Not compliant

## Quality and safety

The registered provider did not ensure that fire safety arrangements adequately protected residents from the risk of fire in the centre nor ensured their safe and effective evacuation in the event of a fire.

The procedure around fire exits and the management of keys required a review. The inspector noted that most fire exits required individual keys to open each fire exit and staff spoken with confirmed that they did not carry each individual key on their person. Fire exits should be readily openable with simple fasteners such as thumb turns. All staff should carry a master key on their person at all times if this is the procedure. There was no risk assessment carried out before the use of keys and locks were introduced to open fire exits and the fire procedure did not identify that each staff member must carry a master key.

Staff spoken with had a good knowledge of the fire evacuation procedures and had participated in fire drills. From a review of documentation the inspector noted that staff had not completed a fire evacuation on the first floor which accommodated residents who had maximum care needs. An urgent compliance plan was issued on the day of the inspection and the provider was required to submit evacuation drills with night time resources for the first floor. Furthermore residents occupying bedroom 21 have been assessed as requiring a hoist for safe evacuation. Hoists are not acceptable as an evacuation aid and this practice needed to cease.

The evacuation drill of the largest compartment on the ground floor which accommodated 10 residents was completed in a time that was excessive. As the drill was based on seven residents and not the full capacity of the compartment, it was not a full compartment evacuation. Extended times for the evacuation of a fire compartment imply a deficit in the evacuation strategy and require a review.

Based on the fire drills reviewed on the day, the current staffing numbers on night time did not provide assurance that residents could be evacuated and that safe placement would occur with the times recorded. In addition, the inspector found that a number of residents required an evacuation chair to evacuate; however, the chair was not readily available as it was located on the ground floor. This could lead to a delay in evacuation. Floor plans had not been displayed throughout the centre or beside the main fire alarm panel. This, coupled with insufficient fire drills and staff not familiar with the location of compartment boundaries, had the potential to cause significant confusion in the event of a fire.

While the provider had a fire safety risk assessment completed, the inspector noted risk items identified had not been completed by the provider. For example:

- Emergency light at room 31 was not working.



- There was a lack of floor plans displayed throughout, and a zoning map was not displayed at the fire alarm panel.
- The distribution board in a corridor had not been enclosed in fire-rated construction.
- A suppression system had not been fitted to the kitchen area.
- An external assembly point sign was still present in a internal courtyard with only one single means of escape.
- Breaches in the fire-rated construction had not been fire stopped.
- A review of the compartmentation, fire stopping and the passive fire protection had not been addressed.

The inspector identified deficiencies in respect of the effectiveness of containment measures, in particular the effectiveness of fire doors to adequately protect against the risk of fire and smoke. For example: a store room located under an enclosed staircase that stored cleaning products was not fitted with fire rated doors nor did it have a smoke sensor fitted. The inspector noted bedroom doors did not close fully when released, some fire doors were fitted with inadequate ironmongery, some did not have a door closer fitted or was not functioning properly and some fire doors had gaps over the maximum allowable tolerance for a fire door. Due to the deficiencies identified, the provider was required to carryout a fire door assessment by a competent fire door specialist.

Breaches in several areas of the premises required fire stopping to ensure the level of fire rating is maintained to protect against the spread of fire and smoke. For example:

- Fire stopping was required in the linen/hot press store due to pipework that penetrated the ceiling.
- There was a hole in the ceiling around electrical cables in a large cabinet off the kitchen lobby area.
- A door to the sluice room did not close fully and a fuse box located at the ceiling had a large hole.
- The ceiling area of the kitchen was fitted with a plastic material. The inspector required assurances on the material's fire rating.

Due to the deficiencies identified, the provider was required to carryout a containment assessment by a competent specialist.

## Regulation 28: Fire precautions

The registered provider failed to meet the regulatory requirements on fire precautions in the centre and had not ensured that residents were protected from the risk of fire which could lead to serious consequences for residents in an emergency. This included:

- The registered provider did not take adequate precautions against the risk of

fire. The inspector found oxygen cylinders stored in a treatment room with no cautionary signage in place, a gas shut off valve in the kitchen was not readily apparent and a room under an enclosed staircase did not have fire doors or a smoke sensor fitted.

- The inspector found uncertainty over adequate means of escape and emergency lighting. Emergency exit signage was missing above a kitchen fire exit and emergency exit signage on the first floor corridor was not illuminated. Additional directional signage was required at the end of a corridor at bedroom two and bedroom five. Due to the identified deficiencies the emergency light provision required a full review.
- Assurances were required in respect of the potential inner room risks on the first floor from the large sitting room and day space, as already detailed in this report. Assurances were also required in respect of bedroom 32 which opened directly into the escape staircase. The suitability of the escape routes from these areas required a review by a competent fire safety professional for the intended users of these escape routes.
- While weekly checks of fire doors were taking place, 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.
- The building fabric was noted by the inspector to be compromised in a number of areas. For example, service penetrations through ceilings breached the fire resistance of ceilings in the centre and the inspector required assurances over the fire rating of the ceiling area in the kitchen. Due to the deficiencies identified, the provider was required to carry out a containment assessment by a competent specialist.
- The provider did not ensure that people working at the designated centre were aware of procedures to follow in the event of a fire. The inspector noted that staff had not completed a fire evacuation on the first floor which contained residents with maximum dependency needs and vertical evacuation drills had not been carried out on the first floor by staff. The provider was required to submit these drills to provide assurances which they did at a later stage.
- The current staffing levels on duty at night time did not provide assurance that residents could be evacuated and that safe placement would occur with the times recorded in drills.
- Containment of fire and detection required review. The inspector was not assured of the likely fire performance of all fire door sets and noted that a fire door assessment was required in this regard. For example; en-suite doors between bedrooms had no door closers fitted and would not meet fire door requirements, an office door was missing a door closer, and so on. Furthermore, the fire doors to bedroom seven, eight and a sluice room did not close when released.
- From a review of fire alarm detection system certificates, the fire alarm was not fully compliant with an L1 category system and additional detection was required to the kitchen, lobby and the under staircase storage areas.

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 28: Fire precautions	Not compliant

# Compliance Plan for Terenure Nursing Home OSV-000047

Inspection ID: MON-0036608

Date of inspection: 29/03/2022

## 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> <ul style="list-style-type: none"> <li>• Fire evacuation plans are in place highlighting the compartments within the home and are displayed throughout the home.</li> <li>• All doors have room numbers.</li> <li>• Fire compliant door stoppers are ordered.</li> <li>• There is ongoing review of fire risks and where deficiencies are found they are recorded and actioned</li> <li>• There has been a comprehensive review of checks carried out within the home relating to fire doors and emergency lighting, and expanded documentation has been introduced to ensure that these checks identify any issues requiring resolution in a timely manner. There is overview of this process and required actions by the Person in Charge.</li> <li>• There is a plan in place to address the issues which require work within the home including works to address fire doors and upgrading of fire detection equipment.</li> <li>• Emergency lighting has been reviewed and updated.</li> <li>• Progressive horizontal fire evacuation drills remain ongoing within the home however in addition to this vertical evacuation training has taken place and a number of vertical evacuation drills have been conducted within the home on nighttime staffing levels.</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>• The Oxygen cylinder has been removed from the treatment room. A protocol for oxygen storage has been developed for the centre.</li> <li>• The gas shut off valve now has signage to clearly identify the location.</li> </ul>	

- Any materials that were based within the stores under the stairs have now been removed
- The emergency lighting and directional signage has been reviewed and updated.
- All evacuation floor plans have been updated and reflect location of the centre and are displayed throughout the centre. All staff will be trained by the 30th of August.
- Bedrooms 21,22,23 together with the day space directly outside and bedroom 32 are compliant with the Fire Safety Certificate, however remedial works are planned for the home and their layout is under review
- An internal monthly review of the fire doors is undertaken with supporting documentation introduced to evidence these checks and the actions taken to address any deficiencies identified
- We have engaged with a contractor and ordered 60-minute double doors for the compartment boundary. The delivery and installation of these doors is planned for the 22nd of August 2022.
- Service penetrations have been reviewed and remedial work carried out on any deficiencies that have been identified, however remedial works are planned for the home which will incorporate a full assessment of the ceiling construction.
- A review of dependencies on the first floor has been completed. Progressive horizontal fire evacuation drills remain ongoing within the home on nighttime staffing levels, however in addition to this vertical evacuation training has also taken place and a number of vertical evacuation drills have been conducted within the home, again, on nighttime staffing levels. Additional evacuation chairs have been purchased and are in place to facilitate reduced times for vertical evacuation.
- Informal education in the form of 'toolbox talks' have been implemented in the home to deliver education to staff on procedures to be followed in the event of fire alarm activation. These sessions are in conjunction with ongoing fire training delivered by an external training company.
- There is a plan in place to address the issues which require work within the home including works to address fire doors and upgrading of fire detection equipment.

## 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(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	30/06/2022
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	31/03/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	01/04/2022



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	31/03/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	01/04/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/08/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	01/04/2022
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	Not Compliant	Red	01/04/2022

	and safe placement of residents.			
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