



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

## Issued by the Chief Inspector

Name of designated centre:	Blair's Hill Nursing Home
Name of provider:	Blair's Hill Nursing Home Limited
Address of centre:	Blair's Hill, Sunday's Well, Cork
Type of inspection:	Unannounced
Date of inspection:	09 October 2025
Centre ID:	OSV-0000201
Fieldwork ID:	MON-0048462

## About the designated centre

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

Blair's Hill Nursing Home is a three-storey building located in a cul-de-sac, off a busy street on the north side of Cork City. Residents' bedroom accommodation is on the ground, first and second floors, which can be accessed by both stairs and lift. 33 of the bedrooms are single rooms and there are two twin bedrooms. 30 of the bedrooms are en suite with toilet and wash hand basin. There are eight residents accommodated in single rooms in each of the first and second floors and the remaining residents are on the ground floor. There are two bathrooms with shower, toilet and wash-hand basin on the first and second floors; there are showers and toilets alongside communal areas and bedrooms on the ground floor. Communal areas comprise a large conservatory day room, a smaller sitting room, seating along the corridor joining the conservatory and sitting room, two dining rooms, smoking room and oratory. Blair's Hill Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence and respite care is provided.

**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
Thursday 9 October 2025	10:00hrs to 18:00hrs	Niall Whelton	Lead

## What residents told us and what inspectors observed

This was an unannounced one day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to inform decision making for an application to vary the registration. The inspector was met by the person in charge and two directors of the provider, who facilitated the inspection. This inspection included a focused review of the premises and fire precautions.

Blair's Hill Nursing Home is located on an elevated site overlooking Cork City. The centre is within a four storey period building over a basement, with a number of extensions. The centre is registered for 37 residents, with resident bedroom accommodation at ground, first and second floor. The basement has a kitchen, storage rooms and staff canteen. At ground floor, the main entrance leads through a large sitting room, off which there is access to further communal spaces, the main nurse base, bedroom corridors and the lift and stairs to bedrooms on the upper floors. The communal spaces in the centre comprised a large conservatory, a smaller sitting room/activities room, an oratory and a smoking room. Throughout the inspection, residents spent most of their time in the large conservatory and dining in the rear dining room. Some residents spent time in their room by choice.

Externally there was a small patio to the front of the building with views over the city. There were a number of external buildings on the site, including storage buildings, staff changing facilities, an oxygen store and cleaning store.

The inspector saw that evacuation aids in use were a type that was intended to be fitted beneath the mattress so that a resident who requires assistance could be evacuated on the mattress. The inspector was told by staff and management that the mattress would not fit through bedroom doors and onto the corridor as it was too narrow, therefore they used just the evacuation aid without the mattress, posing a risk of injury to the resident.

From conversations with staff and management, it was confirmed to the inspector that the fire safety training delivered, identified that residents should be horizontally evacuated to an adjoining compartment, ideally to the large staircase, and await assistance from the fire service. This meant that residents may be subjected to the effects of fire and smoke for an extended period

The ventilation system from the smoking room was not an appropriate system; it consisted of pipework brought through the floor above, breaching the fire resistance of the floor. This arrangement and other fire containment elements in the building requires a thorough review to determine breaches in the fire resistance.

Fire doors in the building were mixed with varying standards of doors. Some were well fitted and contained appropriate seals, hinges and closing devices; others were

observed where seals were missing, automatic closers not fitted or large laps around the door.

There were an adequate number of exits from the building, however the inspector saw exits which had steps and some escape routes with uneven surfaces for escape. The inspector observed there was emergency lighting on the external routes.

The external buildings on site, some of which were used for storage did not have fire detection within, meaning a fire may go unnoticed allowing it to grow and spread to the main building.

The next two sections of the report present the findings of this inspection in relation to capacity and capability of the provider, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

Overall improvements were required by the provider in the management of fire safety in the centre to ensure appropriate systems were in place to protect residents from the risk of fire, in particular appropriate measures in place to safely evacuate residents. Following this inspection an urgent compliance plan was issued to the registered provider requesting assurances regarding the safe evacuation of residents, in particular immobile residents living on the first and second floor and staff ability to assist those residents down the stairs with suitable evacuation aids.

The previous inspection identified non-compliance regarding the supervision of residents who smoked, measures in place for the evacuation of residents in a timely manner informed by simulated drills and staff training. The provider had taken action as per the previous compliance plan in relation to the supervision of residents who smoked, however evacuation drills did not assure the safe evacuation of residents and there were some staff overdue fire safety training at this inspection also.

The registered provider was responsive to the findings of this inspection and gave a verbal commitment to commission a fire safety risk assessment of the full centre, including the area subject to the application to vary. This was confirmed in writing subsequent to the inspection and submitted to the chief inspector.

Blair's Hill Nursing Home Limited is the registered provider for Blair's Hill Nursing Home. It is registered to accommodate 37 residents. The registered provider company has two directors, one of whom is actively involved in the management of the centre and is the nominated person representing the provider. The centre had a full time person in charge, supported by a team of clinical nurse manager, nurses, health care assistants and kitchen staff.

The inspector reviewed the fire safety register and service records for the various fire safety systems. Records were adhoc and not all were available for review. The provider was conducting in-house fire safety checks but these were not documenting the issues which were identified on this inspection. Furthermore, while there was evidence that the fire alarm system and emergency lighting systems were being serviced at the appropriate intervals, the service reports were not all available.

Overall, the premises were clean and well presented, however some issues with call bells and maintenance of equipment required action, these are detailed under regulation 17: premises.

## Regulation 23: Governance and management

The management and oversight systems for fire safety management were not fully effective to ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by the following findings;

- Inadequate measures in place to ensure staff had the appropriate training and knowledge for the safe evacuation of residents
- Improper use of evacuation aids creating a risk of injury to residents and staff
- Drill records reviewed did not have sufficient detail to demonstrate if the evacuation strategy was fit for purpose, including; the number of staff who participated and where residents were assisted to. There was limited examples simulating the evacuation of immobile residents from the upper floors. The drills did not reflect the use of evacuation aids, nor did they demonstrate staff ability to assist residents vertically down the stairs. In some drill records, the beds identified did not align with the compartment boundaries
- Inadequate fire containment to higher fire risk rooms, such as the laundry and kitchen
- Incorrect records for the servicing of fire safety systems

Judgment: Not compliant

## Quality and safety

Improvements were required by the provider, to address inadequate measures in place to evacuate residents, in particular those on the upper floors, fire containment deficits and issues with the means of escape.

The inspector observed residents who smoked, being supervised in accordance with their risk assessment.

The inspector reviewed drill records and spoke to staff and management about the evacuation procedure; the procedure for evacuating immobile residents from the upper floor, was to assist them to the large stairway with the evacuation sheet and await assistance from the fire service on their arrival. The evacuation sheet required fitting to the underside of a mattress, to prevent injury of the resident. The practice in place was to fit the sheet to the top of the mattress and use the sheet only, as the mattress does not fit out the bedroom doors onto the corridor. The drill records reflected the evacuation of compartments, but not all matched the compartments in place. Furthermore, the time taken to evacuate fire compartments was excessive.

The provider committed to procuring equipment to facilitate evacuating residents down the stairs.

The building is sub-divided into a number of fire compartments, with the upper floors divided into at least two compartments. The compartment door on the corridor at first and second floor did not align with the compartment wall and required further review.

Issues were noted with escape routes, as some of the external routes did not allow for easy movement away from the building to the assembly point in the event of a fire. Internally, the doors and corridors at first and second floor bedroom areas were narrow and hampered the use of evacuation aids correctly. Furthermore, a number of exits at ground floor had steps, hindering ease of evacuation.

Significant issues were identified in relation to the fire containment measures in place, to prevent the spread of the effects of a fire. The kitchen in the basement included a food lift to the ground floor dining room and this was not appropriately fire rated. The wall between the laundry and another dining room appeared to not provide adequate fire containment also. While the building was confirmed to be sub-divided into a number of fire compartments, and these compartments were identified on floor plans, the inspector observed two examples where the position of the door did not align with the compartment wall it was part of.

There was an addressable fire detection and alarm system; this means that the system will display on the panel, the location of the detector which is activated. There were some areas identified which require additional detection.

Since the previous inspection, the provider had installed a new generator in order to have a contingency plan in place for when there is a disruption to essential services. This was due to be commissioned within the next two weeks.

Records for servicing of hoists and the heating boilers were up to date.

## Regulation 17: Premises

Action was required by the provider to ensure compliance with regulation 17 and schedule 6;

- The activities room was not fitted with a call bell
- The smoking room had a number of call bells fitted to the wall; one of these was not working which meant that if it was pressed to summon assistance, the bell would not activate
- The extract hood in the kitchen was overdue cleaning since July of this year
- Bedrooms were not provided with lockable storage for residents personal belongings

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Under this regulation an urgent compliance plan was issued to the provider to address a risk. There were up to eight residents who were immobile on the upper floors who required evacuation aids to assist them down the stairs. There was no plan in place to assist residents down, nor were suitable evacuation aids available. The procedure included moving residents horizontally to the adjoining large stairway and awaiting assistance from the emergency services. The response from the provider did provide assurance that the risk was being managed until such time as a fulsome fire safety assessment of the centre would be completed by a competent person.

The provider was not taking adequate precautions against the risk of fire, nor adequately reviewing fire precautions, for example:

- Hoists were being charged on within the protected escape stairway, introducing a risk of fire to escape routes
- There was an external store for oxygen cylinders, however they were not secured in the upright position and were stored in an adhoc manner

Action was required to ensure adequate containment and detection of fire, for example;

- High risk rooms, such as the laundry and kitchen had breaches in the fire rated construction and may not adequately contain a fire if one started
- The escape stairway in the four storey section was not appropriately fire protected
- The inspector saw areas where penetrations for services through fire rated construction were not appropriately sealed to maintain the fire resistance of the wall or ceiling it passed through. Recessed lights were also observed within the ceiling, potentially creating a pathway for fire and smoke to spread

- Linen stores were recessed into bedrooms from corridors in two locations, which impacted the fire protection of the escape corridor

Improvements were required to ensure there was adequate detection and warning of fire;

- The stairs down to the basement did not have a detector at the top landing; this landing contained electrical panels which were not within fire rated construction
- A number of small storage enclosures were not fitted with detection
- External buildings not connected to the fire alarm system; they are located within close proximity to the building

The arrangements in place for maintaining fire equipment, means of escape, building fabric and building services were not adequate, for example;

- Deficits to fire doors required action to ensure they would contain the spread of fire and smoke, including gaps, missing smoke and heat seals and absent door closers. The provider is required to review all fire doors to ensure they are functioning and effective to appropriately contain the spread of fire and smoke where required

The provider was not ensuring an adequate means of escape was provided, including emergency lighting, for example:

- The alternative external escape route from the rear exits was across a large area of gravel, which would not be suitable for residents who may use mobility equipment such as a wheelchair or rollator for example
- The ground floor of the period section of the building, had bedrooms where residents with limited mobility were living, and each exit had one or more steps
- The large escape stairs had a handrail on one side only; a second handrail is required to provide support for residents who can walk down the stairs during evacuation
- The lobby between the conservatory and the rear stairs was an escape route; it had storage presses which were not in fire rated construction to protect the escape route

The registered provider had not made adequate arrangements for staff of the designated centre to receive suitable fire safety training, for example;

- A shortfall in the fire safety training for vertical evacuation created a risk to the safety of residents on the upper floors of this centre. The incorrect use of the evacuation aids identified a further shortfall in the training

The registered provider did not ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is

reasonably practicable, residents, are aware of the procedure to be followed in the case of a fire. For example:

- As vertical evacuation had not been part of the fire drill programme, assurance is required that any and all evacuation aids in use fit along and from the escape stairs

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	Substantially compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for Blair's Hill Nursing Home OSV-0000201

Inspection ID: MON-0048462

Date of inspection: 09/10/2025

## 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>• Since inspection we have undertaken 3 separate training sessions with qualified Trainer for all the staff. A matrix has been put in place to identify all who have taken part and certificates have been issued. All the staff involved in the evacuation had training in the use of vertical evacuation chair and all staff participated in this skill. Two of these evacuation chairs have been purchased and are in place on each landing.</li> <li>• New evacuation sheets have been purchased and are now in use, those fire sheets that were previously on the beds have been removed.</li> <li>• Drill records have been reviewed to include sufficient details of evacuation including strategy used and adequate details demonstrating how we evacuated the resident and stating if successful and what aids were used and where we evacuated them to. We will be including the use of the fire evacuation chair for vertical evacuation for immobile residents where required. We have since also provided extra training on compartments and their purpose.</li> </ul> <p><b><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></b></p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

- A call bell is being installed in the activity room.
- The call bells in smoke room are now in good working order.
- The extract hood in hood in the kitchen has been cleaned since inspection.
- All rooms have been provided with a key- many residents request one- any resident requesting additional lockable storage will be provided for them. We also have safety deposit box in the office which the residents are aware of. And if they wish they can keep items for safe keeping in the safe in the office.

***The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.***

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Hoists have now been moved to safer area to be charged and the area under protected Fire Escape Stairway has been decluttered and cleaned out to ensure safe fire exit.

- Since inspection the oxygen storage shed has been cleaned and all the oxygen tanks checked and are now stored in upright position in orderly manner.

- Fire detector has been installed on landing near kitchen.

- Fire safety training for vertical evacuation has now been included in the fire training and we have already had 3 training sessions to demonstrate vertical evacuation, and all staff have been actively involved in use of vertical evacuation chairs.

***The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.***

## 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	
Regulation 23(1)(d)	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	
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	

	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	
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	
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	
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	Not Compliant	Orange	

	procedures to be followed should the clothes of a resident catch fire.			
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	
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	
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	Red	14/10/2025