



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

## Issued by the Chief Inspector

Name of designated centre:	St Josephs Nursing Home
Name of provider:	St. Joseph's Nursing Home Limited
Address of centre:	Lurgan Glebe, Virginia, Cavan
Type of inspection:	Unannounced
Date of inspection:	08 June 2022
Centre ID:	OSV-0005413
Fieldwork ID:	MON-0037142

## About the designated centre

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

The designated centre provides 24- hour nursing care to 52 residents, male and female who require long-term and short-term care (convalescence and respite). The centre is situated in a rural area but in close proximity to a small town. It is a three-storey building with views of Lake Ramon. There are a variety of communal rooms and single and twin bedrooms some of which are en suites. The aim of the centre is to provide a homely environment where the residents are cared for, supported and valued in a setting that promotes their health and wellbeing.

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

Number of residents on the date of inspection:	36
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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
Wednesday 8 June 2022	10:00hrs to 17:10hrs	Gordon Ellis	Lead

## What residents told us and what inspectors observed

The inspector was met by the person in charge, on behalf of the registered provider, who facilitated the inspection.

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

On the day of the inspection, the inspector walked through an area of the centre that was currently under renovation. Existing bedrooms were in the process of being reconfigured from what was double/triple occupancy rooms, into single occupancy rooms for residents. Extensive fire safety improvement works had been carried out and a painter was still on site. The layout of this area included additional sluice rooms. Areas under renovation were closed off from the remainder of the centre.

The inspector noted a requirement to install a repeater panel for staff, in order to be aware of a fire on the second floor, without having to travel to the ground floor fire panel.

The designated centre was arranged over three floors, offices, sitting rooms, kitchen, dining room, laundry and store rooms were located on the ground floor. Residents' bedrooms and associated rooms were located over all three floors, with protected staircases and a lift access between each floor.

A comms room was in use by staff as a changing facility, this required a review by the provider. A designated smoking room did not contain a fire extinguisher and a fire blanket was noted as undersized to douse a clothing fire. The inspector noted a wooden panelled ceiling was fitted over a large dining room, which lead to a fire exit. Assurances were required of the ceilings fire-rating.

The inspector observed escape routes and exits to be clear and free of obstruction. External routes were mostly kept clear and provided escape away from the building.

The main fire panel was located beside compartment three and floor plans were on display. However, floor plans were outdated and a fault was noted on the fire alarm panel. Furthermore, floor plans were not on display at the second fire alarm panel, located in the main reception area.

Firefighting equipment were noted to be maintained and up-to-date. Fire procedures were displayed throughout the centre.

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 risk inspection of the centre by an inspector of social service to:

- Monitor the centre's compliance with 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 4 March 2022.

The inspector found that the provider had implemented improvements and others were in progress to bring the centre into compliance with the Regulations. The provider had put significant resources into refurbishing parts of the centre and these works were still in progress at the time of the inspection. The previous inspection of St Joseph's Nursing Home in March 2022 found that urgent action by the provider was required to ensure residents evacuation needs would be met in the event of a fire in the centre. Assurances were required regarding, compartmentation for the purpose of containment of fire, fumes and smoke in the event of a fire. The provider forwarded the necessary assurances following the previous inspection.

A restrictive condition was placed on the provider to bring the centre into compliance with Regulation 28: Fire precautions by August 2022. The provider was proactive, a fire safety risk assessment was commissioned and carried out by the providers' fire consultant. An action plan was generated from this review and had identified areas where improvements were required. This was in relation to, replacing of fire doors, fire-stopping, compartmentation, mapping and re-labelling of the fire alarm panel. Furthermore, a formal inspection document of fire exits, a review of emergency lighting, and a review of escape stairwells ventilation was also identified. The provider was confident that all fire safety works were on schedule and would be completed, within the specified restrictive condition date.

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 good practices in relation to fire precautions; for example, regular fire drills were taking place, and firefighting equipment was serviced and up to date. Staff had attended fire warden training and night time staffing levels had been increased.

This inspection found that the governance and management of fire safety in St Joseph's Nursing Home required improvement. There was a fire safety management plan and emergency fire action plan in place. These were found to be comprehensive and informed fire safety management in the centre. Fire alarm detections systems and emergency light systems were serviced and up-to-date. Emergency plan procedures were detailed, a fire safety program was robust, and checks of fire doors, firefighting equipment, means of escape and fire exits were all

up-to-date.

The inspector saw examples where the provider had implemented measures to enhance fire safety in the centre. For example, a full fire compartment evacuation scenario now included an extra resident who would be hidden in a compartment for staff to find. Staff spoken with were knowledgeable on the procedures to follow in the event of hearing a fire alarm.

However, staff spoken with, were unfamiliar with the procedure of carrying out a progressive horizontal evacuation, and where compartment boundaries were located. Risks associated with construction work in the centre had not been risk assessed and were not entered into the fire risk register.

The inspector identified deficiencies in relation to, fire doors, breaches through fire-rated construction elements, which required fire-stopping, and a kitchen server hatch which was not fire-rated. The inspector required assurances in relation to the passenger lift, doors opened directly into a lobby area, and confirmation was required if the lift doors would meet the criteria for FD60s fire-rated doors. Several areas required additional directional signage in order to ensure the direction of escape and location of fire exits were evident.

Details of fire safety non-compliances are set out in the Quality and safety section of this report.

## Regulation 23: Governance and management

The management systems for oversight and monitoring of fire safety in the centre required improvement. The provider had not recognised, or responded to some of the risks found on the inspection. This was evidenced by the following:

- Deficiencies in the measures for containment of fire were identified. This carried a risk of fire and smoke to spread more easily without adequate containment measures in place.
- Evacuation floor plans were not up-to-date, which could cause confusion in the event of an evacuation.
- A number of bedroom doors were not numbered. This could cause confusion for staff if trying to locate the source of a fire in the centre.
- Assurances were required in respect of the fire-rating of a wooden panelled ceiling, which was on a means of escape.
- A designated smoking room was missing, a fire extinguisher, a fire detection sensor and the fire blanket was undersized.

Judgment: Not compliant

## Quality and safety

To ensure that fire safety arrangements adequately protected residents from the risk of fire in the centre, the registered provider was required to make improvements in respect of, fire safety systems and the fire safety aspects of the physical premises.

The inspector was not assured by the provider's fire containment measures in the centre or the integrity of the centre's fire containment or its ability to offer minimum fire resistance times throughout the centre. For example, the fire doors were missing screws from its hinges, smoke seals were partially missing and were painted over in places, which rendered them ineffective to stop the passage of smoke. A door closer was missing from a store room fire door, and some fire doors were missing intumescent and smoke seals entirely. Furthermore, the inspector identified some corridor fire doors had visible gaps, which would allow smoke to spread easily in the event of a fire.

The inspector identified deficiencies in containment measures. Sealing up of service penetrations through fire-resisting construction was required in a store room. A number of attic access hatches were not fire-rated and assurances were required in respect of a passenger lift door, and if the door was a FD60s fire-rated door.

Furthermore, a significant containment breach was identified through a kitchen wall. At the time of the inspection, a large opening was in use as a servery hatch by staff. However, FD60s fire door/shutter had not been fitted to ensure the servery hatch would be closed-off in the event of a fire. This would have significant consequences if a fire developed in this area. Smoke and fire would easily spread into the protected corridor and would impact on the evacuation from this area. Assurances were verbally stated by the provider that this risk would be rectified and treated as a priority.

The inspector noted a wooden panelled ceiling was fitted over a large dining room, which lead to a fire exit. As it was located on a means of escape to a final fire exit, assurances were required from the provider of the ceilings fire-rating.

Wooden storage cabinets were also located in a protected corridor. They were not encased with fire-rated construction and were inappropriately stored with laundry items, blankets and towels. This required a review, as it could impact on the evacuation of residents in the event of a fire.

The inspector noted, evacuation floor plans were on display at the main fire alarm panel. However, the evacuation floor plans were not up-to-dated to reflect the current layout of the centre. Also, evacuation floor plans were not displayed throughout the centre. The provider stated the floor plans were in the process of being updated and would be displayed when they had been received.

Assurances were required from the provider in relation to the fire alarm panel, as a

fault was indicated on the panel. The provider stated the fault was only in the area of the centre currently under renovation and a contractor was due the following week to service the system. Assurances from the contractor and the provider were later submitted.

On the day of the inspector a linen store and a sluice room were missing a fire sensor. This required a review by the provider to ensure adequate detection throughout the centre was provided for and to ensure the location of a fire source was fully addressable.

Staff spoken with were knowledgeable on the procedures to follow in the event of hearing a fire alarm. However, staff spoken with, were unfamiliar with the procedure of carrying out a progressive horizontal evacuation, and where compartment boundaries were located. In order to move residents to a place of safety in the event of an evacuation, further training was required to ensure staff were familiar with the locations of compartments in the centre.

## Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire. For example:

- The inspector noted, signage was missing from a selection of doors in the centre. This could cause confusion for staff to locate a room in the event of a fire.
- A designated smoking area was missing a fire extinguisher and contained an undersized fire blanket, which would be ineffective in the event of a clothing related fire.

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

- The inspector identified wooden storage cabinets/lockers along an internal means of escape, of which contained flammable items.
- Assurances were required on the fire-rating of wooden panelled ceilings.

Arrangements for reviewing fire precautions required improvement by the provider. For example:

- 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.

Arrangements to maintain the building fabric were not effective. The building fabric was noted by the inspector to be compromised in a number of areas. For example:

- A service hatch in a kitchen was not fire-rated.
- Utility services were identified to have breached the fire-rated construction of ceilings and walls.

Arrangements for staff training were not fully implemented. For example:

- Staff were unfamiliar with the procedure of carrying out a progressive horizontal evacuation, including understanding where compartment boundaries were located.

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

- The inspector was not assured of the likely fire performance of a selection of fire door sets and noted that a fire door assessment was required in this regard. The inspector noted, ironmongery was not suitable for some fire doors, gaps were noted, screws were missing from door hinges, fire doors seals were missing, and door closers were missing from a store room and a linen store fire door.

Arrangements for detection in the designated centre were not fully implemented. For example:

- Additional fire detection was required in a smoking room, a linen store and a sluice room. This required a review to ensure the fire alarm detection system was compliant with an L1 category system.

The procedures to be followed in the event of fire were not displayed throughout the centre and were not effective. For example:

- Evacuation floor plans did not accurately indicate the current layout, in particular the new first floor link.
- Evacuation floor plans were not displayed throughout the centre and required a review by the provider to ensure, they were accurate, they indicate fire compartments for phased evacuation and are displayed in prominent places in the centre.

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 St Josephs Nursing Home OSV-0005413

Inspection ID: MON-0037142

Date of inspection: 08/06/2022

## 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>Deficiency highlighted on day of inspection have been rectified. A fire-resistant hatch has been installed to the kitchen server hatch, a door closer has been added to the storeroom and penetrations have been sealed. Assurances regarding passenger lifts has been provided by ECTS lifts. Sluice fire detection has been added.</p> <p>Evacuation floor plans have been updated to coincide with new L1 system that is in progress, highlighting all compartments and zones. These are on display at each panel. From recommendations by the fire safety engineer, all wooden panel ceilings are to be painted with intumescent fire-resistant paint.</p> <p>An additional fire extinguisher and larger fire blanket (1.2 x 1.8) are now in place in the outdoor smoking area. A heat detector sensor has also been added. Staff changing facilities reviewed. A new changing area is under refurbishment, when complete, changing facilities to comms room to be moved.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A fire safety engineer was employed by St. Joseph’s in April 2022. He has completed a full assessment of fire prevention measures required and a full report has been received. A plan is in place to address and complete all works required over a phased basis. The fire safety engineer is in the process of assessing all fire doors throughout the building. A plan is in place to complete all works required, prioritizing compartment fire doors and then bedroom doors.</p> <p>Fire prevention works have continued, and deficiencies highlighted on the day of</p>	

inspection have been rectified: Newly refurbished rooms are now in the final stages of completion and door numbers have been added.

An additional fire extinguisher and larger fire blanket (1.2 x 1.8) are now in place in the outdoor smoking area. A heat detector sensor has also been added.

The wooden cabinets are being removed and replaced with a metal cabinet. From recommendations by the fire safety engineer, all wooden panel ceilings are to be painted with intumescent fire-resistant paint.

A fire-resistant hatch has been installed to the kitchen server hatch. All linen storerooms have fire detection in place and an additional fire sensor has been added to the sluice room.

Evacuation floor plans have been updated to coincide with new L1 system, highlighting all compartments and zones. These are on display at each panel.

Staff have all been updated on compartment boundaries and weekly fire drills and in-house training continues. All staff received fire evacuation training on commencement of employment and a minimum of yearly thereafter.

## 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	31/10/2022
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	31/01/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Yellow	31/10/2022

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	31/01/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Yellow	31/08/2022
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	Orange	31/01/2023
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	Not Compliant	Orange	31/08/2022

	centre.			
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