Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Knockeen Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Knockeen Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Knockeen, Barntown, Wexford</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>12 September 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000243</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0027712</td>
</tr>
</tbody>
</table>
About the designated centre

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

Knockeen Nursing Home is a purpose-built single-storey building that first opened in 1997. It consists of 49 single en-suite bedrooms. The provider is a company called Knockeen Nursing Home Ltd. The centre is located in rural setting near the "Pike Men Monument" in Barnstown, Co Wexford. There was a number of communal sitting and dining rooms and multi-purpose rooms; as well as an oratory which was also used also used for activities, visits, and celebratory occasions for residents and their families. There was a smoking room, a nurses’ station, administrative offices, a suitably equipped kitchen and a laundry room. There was staff changing facilities and a treatment and hairdressing room that completed the accommodation. The centre also has two enclosed gardens as well as extensive landscaped grounds on the two acre site. The centre provides care and support for both female and male residents aged 18 years and over. Care is provided for residents requiring long-term care with low, medium, high and maximum dependency levels. The centre also provides care for respite, palliative care, convalescence care, acquired brain injury, people with a dementia and young people who are chronically ill (physical, sensory, and intellectual disability). The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and or the acute hospital, staff in the centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents’ needs. The centre currently employs approximately 44 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Number of residents on the date of inspection:</th>
<th>49</th>
</tr>
</thead>
</table>
How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 September 2019</td>
<td>10:00hrs to 17:15hrs</td>
<td>Margo O’Neill</td>
<td>Lead</td>
</tr>
<tr>
<td>12 September 2019</td>
<td>10:00hrs to 17:15hrs</td>
<td>Paul McDermott</td>
<td>Support</td>
</tr>
</tbody>
</table>
### Capacity and capability

This was an unannounced risk inspection of the centre by two Inspectors of social services, one of whom was a specialist estates and fire safety inspector. The last inspection of this centre was on 24 July 2019 during which concerns regarding fire safety in the centre were identified.

While it was clear to inspectors that the provider had begun to address the concerns raised during the previous inspection not enough progress had been made to provide assurance that the service was compliant with regulations.

The governance and management systems needed to be strengthened in relation to fire safety and building maintenance to ensure that they were effective and ensured that the service provided is safe.

Since the previous inspection staff training in fire safety has been provided for all staff.

### Regulation 16: Training and staff development

Not all aspects of the regulation were reviewed. Since the last inspection, fire safety training has been provided for all staff.

**Judgment:** Compliant

### Regulation 23: Governance and management

It was previously found that there were good governance and management procedures in place in the centre, a programme of works that improved overall fire safety in the centre had commenced in July 2018 and was nearing completion at the time of inspection. However, due to the fire safety matters identified during inspection, the inspectors were not assured that appropriate management systems were in place to ensure that the service provided on an ongoing basis was safe and effectively monitored by the provider. For example:

- There was no fire safety risk assessment or documented process for
identifying and mitigating fire safety risks in the centre. Observed fire risks had not being identified, documented or mitigated by the provider.

- ‘Emergency floor plans’ displayed did not accurately reflect the current building layout.
- The fire safety risks associated with the decision not to fit automatic door closers had not been reviewed since 2012.

Judgment: Substantially compliant

Quality and safety

Inspectors observed that the layout of the centre that comprised of single occupancy bedrooms in small building compartments enhances overall fire safety by building design. There was good access to a choice of escape routes from most parts of the centre.

Following the completion of the recent fire safety works, the largest bedroom compartment accommodates six residents in single occupancy bedrooms. Higher dependency residents were located in smaller compartments, with only two residents in one compartment.

Since June 2018 extensive works have been carried out by the provider to improve the overall standard of fire safety in the centre. At the time of inspection these works were nearing completion. With some works still required to the fire detection and alarm system, emergency lighting and building compartmentation structures.

Some additional emergency lighting signage was required to the recently subdivided bedroom corridors with re certification of the emergency lighting system to be carried out on the completion of the works.

The inspectors were advised that the current fire detection and alarm system is a combination of a ‘zoned’ system in the older parts of the centre, while a fully addressable system that identifies the specific room that the alarm has been activated in has been fitted in the newer parts of the centre. The provider is awaiting proposals for the upgrade of the entire system to an addressable system throughout the premises along with detector coverage in all areas and the installation of ‘repeater’ fire alarm panels in various locations on the centre.

The personal emergency evacuation plans prepared for each resident were very comprehensive, with the dependency assessment based on the barthel scoring system. Each personal emergency evacuation plan included the supervision requirements of each resident should their evacuation be required. The summarised records retained in the nurses’ station were consistent with the personal emergency evacuation plans kept with each residents care plan and in their bedrooms.

A review of the testing and maintenance certification for the fire detection and alarm
systems and emergency lighting systems confirmed that the existing systems were being serviced on a regular basis. Fire extinguisher servicing was up to date and was certified to be in accordance with the current Irish Standard. While an inspection of the electrical installation was completed in July 2018.

Despite the above areas of good practice, Inspectors were not assured that adequate fire safety risk management arrangements were in place to identify fire safety risks in the centre and to adequately protect residents from the risk of fire and ensure their safe and effective evacuation in the event of a fire.

Due to the lack of fire door closers on bedrooms doors, and the absence of effective smoke seals on doors the inspectors were not assured that effective fire containment was provided throughout the building that may result in uncontrolled fire and smoke spread throughout the premises.

**Regulation 17: Premises**

Not all aspects of the regulation were reviewed, however, it was clear that some aspects of the premises required improvement to conform with Schedule 6 of this regulation with particular regard to:

- Maintenance and repair checks failed to identify deficiencies in the likely performance and operation of doors throughout the premises.

**Judgment: Substantially compliant**

**Regulation 28: Fire precautions**

At the time of inspection the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire or ensure that adequate systems were in place to ensure the safe and effective evacuation of residents.

The service was non-compliant with the regulations in the following areas:

Inspectors were not assured that adequate precautions were being taken against the risk of fire. For example:

- There was no fire safety risk assessment, or similar risk identification system, in place to identify record and plan the management of fire hazards and risks in the centre.
- No risk assessment was prepared for the decision not to fit door closers on bedroom doors.

Inspectors were not assured that adequate means of escape was provided.
throughout the centre. For example:

- Due to the lack of automatic closers on bedroom doors the escape corridors were not adequately protected from the risk of fire.
- Several wheelchairs, walkers, chairs and a fold up bed were stored in a stairwell.

Following the sub division of escape corridors additional emergency exit signage had not been installed so as to clearly indicate the route to be followed to the nearest final exit or to indicate a final exit door.

Adequate arrangements had not been made for maintaining the means of escape

- Some door closers fitted to cross corridor doors were very strong and required adjustment to prevent them causing injury.
- Some fire safety works identified on fire safety snag list in June 2018 had not been completed.
- Cold smoke seals on a number of doors were damaged and likely to be ineffective.

Inspectors were not assured that adequate arrangements had been made for reviewing fire precautions.

- The current fire safety policy and strategy was dated 2017/2018 and had not been reviewed since then.
- The decision not to fit closers was not based on assessed needs of current residents, and was not reviewed since 2012.

Since the last inspection, fire safety training has been provided for all staff. However, the provider was unable to provide a clear breakdown of the content of the fire safety training provided so as to confirm that all training described by the regulations had been provided.

Inspectors were not assured that staff working in the centre were adequately prepared for the procedure to be followed in the case of fire and for the safe and timely evacuation of residents.

- Fire Drill reports did not include enough information to provide assurance that staff were adequately prepared for the evacuation of the premises or to identify the need for additional fire training or revisions to the fire precautions or procedures.
- Bed evacuation was identified in the personal emergency evacuation procedure for one resident, but was not included in staff training or drills.

Adequate arrangements had not been made for detecting fires.

- Despite certification that the fire detection an alarm system provided L1 coverage, it was observed that Fire detection was not provided in some areas including ensuites, and a storage area located along some of the fire escape
corridors.

Adequate arrangements had not been made for containing fires.

- Inspectors were not assured of the likely fire performance of all door sets and the glazed screens enclosing stairs (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery). It was observed that some doors along escape routes were bowed, while others not closing or catching properly and intumescent strips, brush seals and cold smoke seals were missing from others. In other cases there were large gaps between doors and frames and the doors and floors.
- Daylight was visible between the door leafs and frames of closed bedroom doors located along the bedroom corridors which means they are unlikely to effectively contain fire or smoke.

Following a review of the fire drill reports inspectors were not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available. Fire drills did not prepare staff for the scenarios that are likely to be encountered by them in the event of a fire in the centre.

While it was observed that floor plans were displayed around the centre, the fire written procedures had not been displayed. The zoning floor plan displayed next to the fire alarm panel did not include the recently revised building compartment layout.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 23: Governance and management:</td>
<td></td>
</tr>
<tr>
<td>• Fire risk assessment completed 8/10/2019 and forward to Hiqa as requested on the 11/10/2019. The Action plan is commenced. This will be reviewed at least annually</td>
<td></td>
</tr>
<tr>
<td>• ‘Emergency floor plans’ displayed do now accurately reflect the current building layout.</td>
<td></td>
</tr>
<tr>
<td>• The fire safety risks associated with not having automatic door closers on residents bedrooms has been reviewed and forwarded to HIQA the 24/09/2019 as requested.</td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance and repair checks have been reviewed. Both maintenance personnel have been reified in identifying deficiencies in the likely performance and operation of doors throughout the premises. The Maintenance lady who test the fire alert system also now documents deficiencies at the weekly fire alert check. The other maintenance personnel will do a fire door schedule review every 3/12 once current action plan completed and verified by Fire consultant.</td>
<td></td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not Compliant</td>
</tr>
</tbody>
</table>
Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• Fire risk assessment completed 8/10/2019 and forwarded to HIQA as requested on the 11/10/2019. The Action plan is commenced. This will be reviewed at least annually.
• The fire safety risks associated with the decision not to fit automatic door closers has been reviewed and forwarded to HIQA the 24/09/2019 as requested.

Inspectors were not assured that adequate means of escape was provided throughout the centre.
• The fire safety risks associated with the decision not to fit automatic door closers has been reviewed and forwarded to HIQA the 24/09/2019 as requested.
• All evacuation corridors are now cleared, reviewed daily. Evacuation wheelchairs are in strategic positions around the building.
• Emergency exit signage to new compartments ordered and date of insulation was to 11/10/2019 and now to be completed this week.

Adequate arrangements had not been made for reviewing fire precautions.
• All door closers reviewed and adjusted by maintenance staff. All door closers are released weekly at the fire alert check at 13:10 when residents are at their dinner and reducing the risk of them being released causing harm. It also give the staff a chance to observe the devices and plan adjustment to any if required.
• All works now completed on snag list 2018.
• All resident bedroom doors now have new brush seals on them and the fire door schedule has been completed and damaged seals have been identified and will be replaced over the coming 4 weeks.

Inspectors were not assured that adequate arrangements had been made for reviewing fire precautions.
• The fire safety policy is now updated and fire management plan is also updated.
• Door closer risk assessment was returned to HIQA 24th September 2019.
• Fire safety training program was returned to HIQA 24th September 2019.

Inspectors were not assured that staff working in the centre were adequately prepared for the procedure to be followed in the case of fire and for the safe and timely evacuation of residents.
• Fire drills have been completed in the interim and results of which have been returned to HIQA 24th September 2019. This included a bed evacuation.

Adequate arrangements had not been made for detecting fires.
• Fire detection was not required in Ensuites when the original building was certified and the last extension has fire detection in the ensuites. As the new addressable system is put in place over the next 3 months all ensuites will be fitted with fire detection.
• The store area under the stairs is emptied and locked until fire detection can be fitted.

Adequate arrangements had not been made for containing fires.
• The fire door defect schedule has been completed and works identified will be completed over the coming 4 weeks. The fire consultant will then review the work completed and review the defect schedule.

Following a review of the fire drill reports inspectors were not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available. Fire drills did not prepare staff for the scenarios that are likely to be encountered by them in the event of a fire in the centre.
• We have carried out a fire evacuation risk assessment and action planned improved access to wheelchairs in the event of a compartment evacuation being required.
• Further fire drills have been completed and the fire training program has been reviewed, in consultation with the fire consultant. Further fire safety instructor course has been completed.

While it was observed that floor plans were displayed around the centre, the fire written procedures had not been displayed. The zoning floor plan displayed next to the fire alarm panel did not include the recently revised building compartment layout.

• Floors plans and written procedures are now displayed in key locations around the building.

• The zoning plan displayed next to the fire panel has been edited to make the new compartment layout clear to staff.

New addressable fire alert system- 01/01/2020 
Easy swing door closers on residents bedroom doors 31/12/2020
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>15/10/2019</td>
</tr>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>11/10/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(a)</td>
<td>The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable firefighting equipment,</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>15/10/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(b)</td>
<td>The registered provider shall provide adequate means of escape, including emergency lighting.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>01/11/2019</td>
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</tr>
<tr>
<td>Regulation 28(1)(c)(i)</td>
<td>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>15/10/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(ii)</td>
<td>The registered provider shall make adequate arrangements for reviewing fire precautions.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>15/10/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(iii)</td>
<td>The registered provider shall make adequate arrangements for testing fire equipment.</td>
<td>Substantially Compliant</td>
<td></td>
<td>15/10/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(d)</td>
<td>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</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>24/09/2019</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Regulation 28(1)(e)</th>
<th>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.</th>
<th>Not Compliant</th>
<th>Orange</th>
<th>24/09/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28(2)(i)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/12/2020</td>
</tr>
<tr>
<td>Regulation 28(2)(ii)</td>
<td>The registered provider shall make adequate arrangements for giving warning of fires.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>01/01/2020</td>
</tr>
<tr>
<td>Regulation 28(2)(iv)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>15/10/2019</td>
</tr>
<tr>
<td>Regulation 28(3)</td>
<td>The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>24/09/2019</td>
</tr>
</tbody>
</table>