



**Health  
Information  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Lake House Nursing Home
Name of provider:	Sheephaven Properties Limited
Address of centre:	Portnablagh, Dunfanghy, Donegal
Type of inspection:	Unannounced
Date of inspection:	23 April 2025
Centre ID:	OSV-0000353
Fieldwork ID:	MON-0046945

## About the designated centre

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

The designated centre provides care and support to meet the needs of 47 male and female older persons who require long-term and short-term care. Residents assessed as having dementia can be accommodated. The philosophy of care is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and well-being. This includes providing a person-centred service, taking into account the wishes and suggestions of the residents and providing a living environment that takes account of residents' previous lifestyles. The centre is a two-storey building located in a coastal area. Resident bedroom accommodation is located on both floors and consists of single, twin and one triple room. The ground floor contains a number of communal spaces, dining areas, and household facilities, including a kitchen, sluice room, clinical room and offices. There are suitable sanitary facilities on each floor. The laundry is located nearby in a separate building.

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

Number of residents on the date of inspection:	45
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## 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:**

Date	Times of Inspection	Inspector	Role
Wednesday 23 April 2025	10:50hrs to 18:00hrs	Gordon Ellis	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. There were 45 residents accommodated and the centre was at full capacity.

The inspector was met by the person in charge who facilitated the inspection. Following an introductory meeting, the inspector completed a walk around of the centre. This gave the inspector an opportunity to meet with staff and residents and observe life in the centre.

Residents appeared to be relaxed and comfortable in the company of staff. All interactions were observed to be respectful towards residents.

The layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre is located in Dunfanahy and is close to local amenities. The centre is comprised of a two-storey building with five wings, namely Glenveagh, Rooskey, Sessiagh, Gartan and Glen wing. The communal areas of this centre were well-maintained. Residents seemed to prefer spending time at the front sun lounge to watch the comings and goings. The centre had an internal courtyard, which was accessible to residents.

The provider had previously carried out extensive fire safety works in order to compartmentalise the first floor from the ground floor and provide a protected staircase for residents on the first floor to use in the event of a fire. The statement of purpose reviewed stated that any resident who needs assistive equipment are not permitted to be accommodated on the first floor level. The provider appeared to be meeting their emergency plan. The person in charge stated two residents had recently been relocated from the first floor and down to the ground floor as they had required assistive equipment.

Storage arrangements were noted to be impacting on fire precautions at the centre. Flammable and combustible items were found stored in two separate boiler rooms. The inspector observed that fuel was stored in the courtyard, next to a generator.

The centre's first floor and the ground floor were interconnected by a single staircase and a lift. Main corridors were spacious and the centre was provided with a number of fire exits. However, a room used for storage purposes and charging of hoist batteries was a designated escape route to a fire exit that lead into the courtyard.

The main fire panel indicated it was healthy with no faults on the system. Fire evacuation floor plans displayed did not indicate the compartment boundaries throughout the centre, the location of fire extinguishers or call points for staff to refer to in the event of a fire.

The next two sections of this report presents 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

The findings of this inspection were that the registered provider had failed to ensure there were management systems in place to ensure that the service provided was safe and appropriate. The provider was not in full compliance with Regulation 23: governance and management and Regulation 28: Fire Precautions.

This was an unannounced monitoring inspection to review the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), with particular focus on Fire Precautions and the management of fire safety.

The registered provider of this centre is Sheephaven Properties Limited. There was a clear management structure in place with the person in charge and a clinical nurse manager heading a team of staff nurses, care assistants, dedicated activities staff, housekeeping, catering staff, administrative and maintenance staff.

This inspection was used to follow up on the provider's progress with completing the actions they had committed to in their compliance plan in regards to Regulation 28 Fire Precautions from the last inspection on 6 November 2024. During that inspection concerns were raised regarding the deficiencies to a number a cross corridor and bedroom fire doors, inappropriate storage of items under a staircase, a number of rooms where penetrations had been noted through ceilings, and a lack of signage to indicate the presence of oxygen in a treatment room.

Some of the actions had been completed. Improvements had been made to some of the fire doors. However, this inspection found that some fire doors continued to have deficiencies. In regards to the under stair storage room, items were no longer being stored under a staircase store area and the room was fitted with a fire detector.

The last inspection of this centre was on 6 November 2024. During that inspection concerns were raised in regarding the layout of ten twin-occupancy bedrooms and one three bedded room as they were not appropriately laid out to ensure residents had access to their personal belongings, comfort and needs. The providers' compliance plan submitted to address these concerns was not accepted on the previous inspection. Therefore these issues still remained unresolved on the current inspection.

The oversight of fire safety management systems and the processes to identify, and manage fire safety risks were not robust to ensure the safety of residents living in the centre. This was evidenced by the presence of inappropriate storage practices of

flammable and combustibles materials found on this inspection, that required immediate action by the provider. A number of storage containers and a small storage building, used for the day-to-day running of the designated centre, were not included in the designated footprint of the registered floor plans. These risks along with additional fire safety risks are outlined under the quality and safety section of this report.

Weekly audits and fire safety checks on the means of escape, appropriate storage, containment and fire prevention were being completed. However, these checks did not identifying areas of poor fire safety management such as the inappropriate storage of fuel and practices that by-passed the fire safety detection systems in the centre.

Issues relating to the management of fire safety are detailed under Regulation 23 Governance and Management. Further fire safety issues are detailed under the quality and safety section and regulation 28 fire precautions of the report.

### Regulation 23: Governance and management

In consideration of fire safety matters identified during the inspection, appropriate management systems were not in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored by the provider.

The oversight of fire safety in the centre was not robust, and it did not adequately support effective fire safety arrangements and keep residents safe. For example:

- The providers' in-house fire management systems such as audits, the fire register and fire safety checks had not recognised fire risks. This was evidenced by poor oversight of inappropriate storage arrangements, fire precautions, the location of compartment boundaries, the means of escape and fire containment, all of which were impacting on fire safety.
- The provider had not fulfilled all commitments identified on the previous inspection in regard to Regulation 28: Fire Precautions. For example, fire stopping was required to some ceiling areas and remained outstanding from the previous inspection.

Judgment: Not compliant

### Quality and safety

It is acknowledged the provider had been proactive and had an updated fire safety risk assessment carried out in April 2023. The provider confirmed that the risks identified in this assessment had been completed. Furthermore, the provider had

completed some of the actions committed to in regards to fire safety, following a previous inspection in November 2024.

Notwithstanding the above, this inspection found that the management of fire safety, as described in the capacity and capability section of this report, did not fully ensure the safety of residents, staff and visitors. The inspector found non-compliances in the following areas:

- Inadequate sealing up of service penetrations through fire resisting construction.
- The unprotected means of escape through a store room.
- The ineffective procedure relating to the evacuation of residents in the event of a fire.
- Inappropriate storage practices that impacted on fire safety.

The inspector observed poor fire safety practice in relation to storage. For example, in two boiler rooms, cardboard boxes were being stored and a lawnmower was found in one of the boiler rooms. In a resident's courtyard, a container of fuel was found adjacent to a generator. This management of storage presented a potential fire risk-if a fire did develop, it would be accelerated by the presence of these items. This was brought to the attention of the person in charge and arrangements were made for the immediate removal of these items before the end of the inspection.

The designated centre was laid out in a series of compartments to facilitate the safe evacuation of the residents within that compartment in the event of a fire emergency. Staff identified to the inspector that cross-corridor doors formed the compartment boundaries and these would be used to perform progressive horizontal evacuation techniques in the event of a fire, with the largest compartment area accommodating up to six residents. However, it became apparent over the course of the inspection that not all cross-corridor doors formed a compartment boundary suitable for this emergency procedure. As a result, staff were not made fully aware of the location of the fire compartments or that one area of the premises formed a larger 10 bedded compartment due to the lack of fire rated cross-corridor doors. As fire safety training and evacuation procedures were based on progressive horizontal evacuation, this created a risk to the residents in the event of an evacuation of the centre.

The inspector reviewed the fire safety register and noted that parts of it were well organised. In-house periodic fire safety checks were being completed and logged in the register as required. However, deficiencies identified such as inappropriate storage and containment had not been identified in the in-house routine checks.

There was a fire safety management plan and emergency fire action plan in place. These were found to be comprehensive. Service records were available for the various fire safety and building services and these were all up-to-date.

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

Day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire and some fire risks identified required immediate action by the provider. This was evidenced by the following fire risks:

- Inappropriate storage practices in relation to, flammable and combustible items were found in two boiler rooms, cardboard boxes were being stored and a lawnmower was found in one of the boiler rooms. In a resident's courtyard, a container of fuel was found adjacent to a generator.
- During upgrading works to a drug store room, a glove was found to have been fitted over a fire detector which interfered with the sensor to detect smoke.

The means of escape for residents and emergency lighting in the event of an emergency in the centre was not adequate. For example:

- A reception office was fitted with non-fire rated glazing which would compromise the protected corridor adjacent to this office in the event of a fire.
- A room used for storage purposes and charging of hoist batteries was a designated escape route to a fire exit. This was not a suitable protected means of escape due to travelling through a store room where various items and batteries were being stored and charged.
- Timber panelling was found to be fitted to a ceiling area of the front sun lounge. As this was located on a means of escape, assurances could not be provided that the fire rating of the timber would meet the required fire resistance.

The provider did not provide adequate arrangements for maintaining the means of escape and the building fabric. For example:

- Several rooms were found with penetrations through the ceiling and wall areas. This was evident in a kitchen store room above an electrical cupboard, a small store room on the first floor and in a sluice room.
- While the majority of fire doors were in good condition, some had minor fire door deficiencies. For example, a store room on the first floor was not fitted with a fire door that would meet the criteria for a fire door. Fire doors located upstairs were of the 6 panel timber door type. The doors did not meet the criteria for a fire door as there was no identification tags present or certifications of their fire rating.

The provider had failed to adequately review fire precautions throughout the centre. For example:

- The fire safety systems, checks and audits in place had not identified a number of fire safety risks that were in regards to fire precautions, storage

practices, fire containment and evacuation procedures. Some of which resulted in immediate action by the provider.

- Commitments identified on the previous inspection had not been fulfilled. For example, fire stopping was required to some ceiling areas.

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, were aware of the procedure to be followed in the case of a fire. For example:

- Fire drills were being regularly practiced. However, fire drill records were missing information that would provide assurance that all residents could be evacuated to a place of safety in a timely manner. For example, fire drill records did not state; where residents had been evacuated to during a simulated evacuation and the staff member appointed to call and meet the fire brigade.
- The distinction between the times taken by staff to reach the fire panel once activated and the time for staff to complete the evacuation. This could pose a delay in responding to a fire emergency as the centre is over two floors and the fire panel is located on the ground floor.
- Fire drill records and evacuation procedures did not provide assurances that there were; adequate supervision of the remaining residents in the centre during an evacuation, to meet the fire brigade, to supervise residents in other areas of the centre and at the assembly area.

Arrangements for evacuating all persons in the designated centre and safe placement of residents in the event of a fire emergency in the centre were not adequate.

- From a review of compartment boundaries and information provided to the inspector by staff, the largest perceived compartment accommodated up to 6 residents. This formed the basis of staff fire training. However, the current compartment boundaries and information was not accurate, as not all cross-corridor doors formed a compartment boundary. This meant that one area of the premises formed a 10 bedded compartment due to the lack of fire rated cross-corridor doors. This risk was highlight to staff and a simulated fire drill was requested for the 10 bedded compartment.
- Subsequent to the inspection, the provider submitted a drill for this compartment that indicated an extended evacuation time. This implied a deficit in the evacuation strategy. Therefore, evacuation procedures and systems in place were not adequate to provide a safe and effective evacuation for the residents in the event of a fire.

The displayed procedures to be followed in the event of a fire did not accurately reflect the layout of the centre. For example:

- Floor plans on display did not indicate the compartment boundaries throughout the centre, the location of fire extinguishers, and call points.

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| <ul style="list-style-type: none"><li>• A number of storage containers and a small storage building used for the day-to-day running of the designated centre were not included in the designated footprint of the registered floor plans.</li></ul> |
| 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 Lake House Nursing Home OSV-0000353

Inspection ID: MON-0046945

Date of inspection: 23/04/2025

## 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> <p>A complete Fire Risk Assessment has been booked to be carried out at Lakehouse Nursing Home by a Fire engineer on the 10th of July 2025. From the findings of this risk assessment, management will work to ensure all fire risks are addressed. This newly employed fire engineer will carry out a risk assessment ongoing from now on as required.</p> <p>Fire precautions and fire audits will continue to be discussed and reviewed at management meetings.</p> <p>In the future when works are being carried out within the building a fire safety audit will be carried out by the PIC to ensure all works are safe at that time.</p> <p>Fire stopping to ceiling areas has been completed and this is an area that the fire engineer will focus on when he carries out the risk assessment. This will also be included in fire safety audits going forward.</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 complete Fire Risk Assessment has been booked to be carried out at Lakehouse Nursing Home by a Fire engineer on the 10th of July 2025. From the findings of this risk assessment, management will work to ensure all fire risks are addressed.</p> <p>From the findings from the inspection cardboard boxes and the lawn mower were removed from the boiler room on the day of the inspection so this is complete, and the</p>	

PIC will carry out audits on the boiler rooms to ensure no inappropriate storage is taking place. The container of fuel was also removed from sitting beside the generator immediately on that day and the maintenance man was educated on the risk of inappropriate storage.

In the future when works are being carried out within the building a fire safety audit will be carried out by the PIC to ensure all works are safe at that time.

Fire stopping to ceiling areas has been completed and this is an area that the fire engineer will focus on when he carries out the risk assessment.

The fire risk assessment that is to be carried out on the 10th of July will look at the fire compartments within the building and how we facilitate the safe evacuation of residents within the Lakehouse. At present we continue to carry out fire drills and fire training of all staff.

The reception area is to have an hour rated glass hatch installed this is ordered and will be installed by 20/07/2025.

The storage room with the escape route is to be reviewed by the fire engineer during the fire risk assessment.

Timber paneling on the ceiling in the front sunroom is to be reviewed by the fire engineer, and on his professional advice, it will be dealt with.

The 6 panel fire doors on the first floor are to be reviewed by the fire engineer on the 10/07/2025 and on his professional advice this will be dealt with.

Fire Drills records have been reviewed and updated to show

1. Where residents will be evacuated to during a simulated evacuation
2. What staff member was appointed to go to call the fire brigade
3. What staff member was appointed to supervise other residents at the time of the evacuation.

A revised floor plan is being updated by the architect to display compartment boundaries throughout the building, the location of fire extinguishers and the MCP's. These plans will be displayed throughout the building.

The storage containers and a small storeroom outside the building are also being included in the designated footprint of the registered floor plans.

## 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(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	30/08/2025
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	23/04/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including	Not Compliant	Orange	30/07/2025



	emergency lighting.			
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	25/04/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/08/2025
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	03/06/2025
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	Orange	20/07/2025
Regulation 28(3)	The person in charge shall	Substantially Compliant	Yellow	30/08/2025

	ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.			
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