



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

Issued by the Chief Inspector

Name of designated centre:	St Phelim's Nursing Home
Name of provider:	Flanagan's Nursing Home Limited
Address of centre:	Dromahair, Leitrim
Type of inspection:	Unannounced
Date of inspection:	21 August 2025
Centre ID:	OSV-0000395
Fieldwork ID:	MON-0048009

About the designated centre

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

St Phelim's Nursing Home is a purpose-built centre which opened in 1996. The centre is located in a rural area approximately 1km outside the town of Dromahair in County Leitrim. It is currently registered for 75 residents. Most of the residents have lived in the surrounding area prior to their admission to the centre. The centre provides care and support for female and male adult residents mainly from 65 years of age. Respite and convalescent care may be provided to both under and over 65 years. The building has two floors with all residents accommodated on the ground floor. Bedroom accommodation comprises a mix of single, double and multiple occupancy rooms, in four units: Lough Gill, Railway View, Railway Court and Inisfree. A secure courtyard garden is available. Nursing and care staff are available 24 hours per day and the management team are all based in the centre to oversee care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65
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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 21 August 2025	09:30hrs to 16:30hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. There were 65 residents accommodated in the centre on the day of the inspection.

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 observed were respectful towards residents.

The centre is located in the rural area 1 km from the town of Dromahair. The layout of the centre comprises of a two storey building with all residents accommodated on the ground floor and staff areas on the top floor. Bedroom accommodation comprises a mix of single, double and multiple occupancy rooms, in four units: Lough Gill, Railway View, Railway Court and Inisfree. There are two enclosed courtyards available to residents and were found to be nicely furnished and maintained to a good standard.

The centre was clean, comfortable and tastefully decorated with murals and pictures located throughout the designated centre. There were numerous spaces available for residents to relax and spend time on their own or in the company of others. Notice boards were located at various locations in the centre, informing residents of key events, and activities that were planned. Thank you cards and pictures of residents celebrating their important events were on display on the corridors.

The inspector observed that many residents were relaxing in the communal areas where activities were taking place. Other residents were observed spending time in their bedrooms, reading the local papers and listening to the radio or watching television. A live music session took place on the afternoon of the inspection.

While walking around the centre, the inspector observed the provider had carried out fire safety works in the form of; new fire doors fitted in certain areas, repairs had been carried out to some doors. However, a number of deficiencies to several fire doors were noted in regards to missing door closers, gaps under doors, alignment and sections of missing smoke seals to would impact on a fire door to perform as intended.

In other areas of the centre, storage arrangements were noted to be impacting on fire precautions. Flammable and combustible items were found stored in a boiler room. On the upper floor staff areas, poor housekeeping was noted in meeting

rooms and offices. Large quantities of Christmas decorations, files, and cardboard boxes were found in these areas.

Main corridors were spacious and the centre was provided with a number of fire exits. A non-fire rated storage cabinet was found in a protected means of escape that served the first floor staffing area staircase. Furthermore, the ground conditions of escape routes to two fire assembly points required a review.

The main fire panel indicated it was healthy with no faults on the system. Fire evacuation floor plans displayed did indicate the compartment boundaries throughout the centre, the location of fire extinguishers and the 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 oversight of fire safety management and systems to identify fire safety risks were effective in some areas to ensure the safety of residents living in the centre. The provider had carried out fire safety works to fire doors and had completed fire safety commitments from a previous inspection.

However, actions were required for the provider to be in compliance with Regulation 23: governance and management and Regulation 28: Fire Precautions. The day-to-day arrangements of fire safety, maintenance of escape routes, storage arrangements that required immediate action on the day and maintenance issues to some fire doors. These are outlined in detail under 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, the management of fire safety and premises.

The designated centre is operated by Flanagan's Nursing Home Limited who are the registered provider. There were clear governance and management structures in place in the centre with clear lines of reporting and accountability. The registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. The person in charge is supported in their management role by a director of the company who is actively involved in the running of the centre. Additional resources available to the person in charge include, two clinical nurse managers and a team of nurses and health care

assistants. There is also a team of catering, housekeeping, maintenance, administration and, activity staff to support the delivery of care to the residents.

This inspection followed 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 and regulation 17: Premises from the last inspection in January 2025. During that inspection the provider had committed to fitting new fire doors and intumescent strips. These commitments had been actioned. However on this current inspection further action was required by the provider in this area. Some cross-corridor doors did not align when closed, some fire doors were not fitted with door closers, were partially missing smoke seals and gaps were visible to the underside of a small amount of doors.

In the older part of the centre, the original fire doors were not tagged to indicate the fire rating. The provider highlighted to the inspector that the doors are slightly narrower than the required width and assurances were provided that all evacuation aids fit through these doors and a plan was in place to widen and replace these doors. These and additional fire safety issues are detailed under regulation 28: Fire Precautions.

In regards to premises concerns, the provider had made significant progress to date and had refurbished bedrooms to a high standard, where occupancy levels had reduced. The provider has a restrictive condition on their registration to reduce all three beds to twin in rooms 23, 28, 29,48, through gradual reduction in occupancy. The inspector found that the provider was committed to working towards achieving regulatory compliance and to comply with the restrictive conditions, attached to the registration since the last inspection.

The oversight of fire safety management systems and the processes to identify, and manage fire safety risks required improvements to ensure the safety of residents living in the centre. This was evidenced by the fire risks identified which resulted in immediate actions being issued to the provider in relation to inappropriate storage practices of flammable and combustibles materials found on this inspection. 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 concern as highlighted on the day of the inspection.

These risks along with additional fire safety risks are outlined under the quality and safety section of this report and under Regulation 28.

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 in place required improvement to ensure that the service provided was safe, appropriate, consistent and effectively monitored by the provider.

The oversight of fire safety in the centre required a review to put measures in place to support effective fire safety arrangements and keep residents safe. For example:

- Fire safety checks in regards to appropriate storage arrangements were not in line with the fire safety policy or the fire safety risk register and did not identify storage issues which impacted on fire safety.
- Notwithstanding a good standard of fire safety management and oversight in some areas, some improvements was required regarding means of escape, the maintenance of fire doors and the building fabric. These are outlined in detail under regulation 28: Fire Precautions.

Judgment: Substantially compliant

Quality and safety

This inspection found that the management of fire safety, as described in the capacity and capability section of this report, was of a good standard in some areas to ensure the safety of residents, staff and visitors. The provider had carried out fire safety upgrades. Notwithstanding this, improvements were required in respect of the day-to-day arrangements of fire safety, storage arrangements that required immediate action on the day, maintenance of escape routes, building fabric and minor deficiencies to some fire doors.

For example, flammable and combustible items were found in a boiler room. Poor housekeeping and an accumulation of various items were found stored in staff rooms on the first floor. This created an increased fire load should a fire occur.

In some areas of the premises, containment measures had been compromised. Penetrations that required fire sealing were evident through ceiling areas in an activities store room, a communications rooms and in a decommissioned boiler room.

In the older part of the centre, the original fire doors were not tagged to indicate the fire rating. The provider highlighted to the inspector that the doors are slightly narrower than the required width.

Despite the width issue, assurances were provided that bed evacuations were not being carried out and all necessary evacuation aids do fit through. The provider is planning to replace these doors and potentially widen them during the replacement

work. These and other examples of fire risks are outlined in detail under Regulation 28: Fire Precautions.

Staff training records were reviewed and demonstrated all staff are up-to-date with fire safety training. Staff spoken with demonstrated a good knowledge of the evacuation procedure in place and had trained for progressive horizontal evacuation. Staff were able to demonstrate to the inspector the location of the largest compartments in the centre and where the fire assembly points are located.

The centre was found to be visibly clean in areas occupied by residents such as the communal dayroom and dining room. The provider is actively working to comply with a restrictive condition attached to their registration. This condition requires a gradual reduction to bedrooms (specifically rooms 23, 28, 29, and 48) by reducing occupancy over time. The current layout of these four multi-occupancy rooms continue to negatively impact on residents until these actions are completed. The inspector found that the provider was committed to achieving this within the agreed timeframe. Details of all premises findings are outlined under regulation 17: Premises.

Comprehensive personal emergency evacuation plans (PEEPS) were in place for all residents and were kept under review. The inspectors reviewed the fire safety register and noted that it was organised and up-to-date. The in-house periodic fire safety checks were being completed and logged in the register as required. However, in regards to appropriate storage arrangements, these were not in line with the fire safety policy as evidenced by the findings on the day.

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. Service records were available for the various fire safety and building services and these were all up to date.

Regulation 17: Premises

Some improvements were required to ensure the premises conformed to the matters set out in schedule 6 of the regulations, for example;

- There were some ceiling surfaces that were visibly damaged and required sealing and redecoration to address gaps in these surfaces
- Storage arrangements required a review to ensure all items were stored in their rightful place. For example, a boiler room and staff rooms were being used as storage areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had carried out fire safety works and had completed all commitments from the previous inspection. Notwithstanding this, the provider was found to be non-compliant in some areas of fire safety and improvements were required to comply with of the requirements of some regulations. Deficiencies were identified across areas of fire precautions, means of escape, building fabric, and storage arrangements, which cumulatively posed a risk to the safety of residents and staff in the event of a fire.

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:

- A fire door was found wedged open on the first floor, critically undermining the building's ability to contain fire and smoke.
- Flammable and combustible items (building materials, cardboard boxes) were stored in a high-risk boiler room, creating an ignition source and fire load that required immediate removal during the inspection. In addition, excessive quantities of combustible materials (Christmas decorations, files, cardboard boxes) accumulated in first-floor staffing areas, increasing the overall fire load and presenting obstruction risks.
- One assembly point lacked suitable ground conditions for residents with mobility issues, rendering it unusable for vulnerable individuals during an evacuation. A second assembly point, located on a front lawn, was inaccessible because it lacked a designated path for residents and staff to safely reach and gather in the event of a fire.

Arrangements for the maintenance of the means of escape, building fabric and building services were not fully implemented. For example:

A non-fire rated storage cabinet was found in a protected means of escape that served the first floor staffing area staircase. This compromised the means of escape.

New doors had been fitted to some areas since the previous inspection. However, some cross-corridor doors did not align when closed, some store room, sluice and cleaners store rooms were not fitted with door closers. Kitchen store room doors were found to be partially missing smoke seals and some gaps were found to the underside of a small number of doors. Furthermore, on the first floor staff changing area, a number of doors were missing fire seals and fitted with non-fire rated ironmongery.

In the older part of the centre, the original fire doors were not tagged to indicate the fire rating. The provider highlighted to the inspector that the doors are slightly narrower than the required width and assurances were provided that all evacuation aids fit through these doors and a plan was in place to widen and replace these doors.

Ceiling penetrations were identified in an activities store room, a communication room and in a decommissioned boiler room, now in use as a store room. An external emergency light was missing over a fire exit and a running man sign was not illuminated in a laundry room.

Arrangements required improvement to 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; staff time to reach the fire panel upon activation, the time for staff to investigate the fire and relay information, the time for staff to leave the fire panel and begin the physical evacuation and the staff appointed to supervise the remaining residents and areas during an active evacuation.

The subsequent submission of an updated, realistic fire drill by the provider addressed the identified deficiencies in relation to fire drills.

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
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for St Phelim's Nursing Home OSV-0000395

Inspection ID: MON-0048009

Date of inspection: 21/08/2025

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following the inspection the registered provider employed a competent fire person to carry out a full fire risk assessment on the building to ensure that the service provided was safe, appropriate, consistent and effectively monitored. All identified deficiencies have been addressed or are scheduled for completion (details below under regulation 28.)</p> <p>The Fire policy and risk register have been reviewed and updated to include storage within the centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The ceiling surfaces that required sealing and redecoration has been completed.</p> <p>Storage issues have been addressed and are now in line with our fire safety policy.</p> <p>Combustible item (e.g. cardboard box) was immediately removed from the boiler room during the inspection -completed.</p> <p>A designated storage area has been created for the storage of Christmas trees-</p>	

completed.

All staff are reminded of safe storage protocols and regular monitoring is now in place.

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Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The fire door has been repaired and wedge removed- completed.

A review of housekeeping practices has taken place, and a designated organised storage area has been created for the storage of Christmas trees- completed.

All staff are reminded of safe storage protocols and regular monitoring is now in place.

A review of the fire assembly points is underway date for completion- timeframe- 28.02.2026.

The storage cabinet has been removed-completed

Issues identified with doors;

- Cross corridor door has been reviewed and now align-completed
- Door closers have been fitted to doors identified-completed.
- Non fire rated ironmongery has been replaced-completed
- The smoke seals have been replaced-completed.

In relation to the original fire doors in the older part of the centre identified by the inspector as potentially non – compliant, following the inspection, the centre engaged our competent fire safety professional who conducted a full fire risk assessment of the doors. He confirmed that the doors are 30 minute fire resistant doors

Report forwarded to inspector.

Emergency light installed over the fire exit and running man signs is illuminated in the laundry room-completed.

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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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	07/11/2025
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	31/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/12/2025

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	07/11/2025
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	31/12/2025
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.	Substantially Compliant	Yellow	07/11/2025