



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

Issued by the Chief Inspector

Name of designated centre:	Raheny House Nursing Home
Name of provider:	Raheny House Nursing Home Limited
Address of centre:	476 Howth Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	30 November 2021
Centre ID:	OSV-0000138
Fieldwork ID:	MON-0034969

About the designated centre

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

Raheny House Nursing Home is a centre in a suburban area of north Dublin providing full-time care for up to 43 adults of all levels of dependency, including people with a diagnosis of dementia. A core objective outlined within the centre's statement of purpose is 'To care for those who have entrusted themselves to us. To provide for their physical, social, emotional and spiritual needs to the best of our ability as per best practice nationally and globally'.

The centre is across two storeys and the upper floors are divided into two parts. Bedroom accommodation comprises 37 single and three twin bedrooms and a variety of communal rooms were available that were stimulating and provided opportunities for rest and recreation.

There is an oratory onsite close to a spacious dining room. A smoking room adjoins the main recreation room and an enclosed outdoor garden courtyard is accessible from the ground floor recreation room and from the conservatory.

The centre has a spacious car park and is in close proximity to local amenities and public transport routes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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
Tuesday 30 November 2021	11:30hrs to 18:30hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

Raheny Nursing Home is a two storey nursing home, with residents' bedrooms at both the upper and lower levels, and all communal and ancillary accommodation at the ground floor. There are 37 single and three twin bedrooms.

The inspector followed the infection control procedure on entering the designated centre. This included hand hygiene, wearing appropriate personal protective equipment (PPE) and recording temperature. The inspector was met by the person in charge, who facilitated the inspection.

The inspector was informed by management that some fire safety improvement works were planned, however the full details for this was not available in the centre on the day of inspection.

On the day of inspection, construction works were taking place in the rear garden area. The inspector noted that later in the evening, when construction ceased, exits and escape routes were left clear and available for use.

Staff spoken with were aware of the procedure to follow in the event of a fire and those spoken with confirmed they had participated in drills and tried the new evacuation aids.

The inspector observed different practices relating to the keys to some exits. While there was a back up key available in the break glass unit beside each exit, the main keys to open exit doors were either on a hook beside the door or the nurse in charge held the key. A spare set of keys was available in the nurses office. Each exit required a different key, and there was no master key available if required.

The fire alarm panel was located remotely from the main entrance with no repeater panel at the main entrance. This may present difficulties when the fire service arrive to an incident. The inspector was told that there were plans to provide a repeater panel at the main entrance.

The exits from the dining room were noted to have a step at each exit, making it difficult for residents in a wheelchair to escape through these exits.

The inspector observed two store rooms where fire hose reels had been decommissioned and removed from use a number of years previously. However, when they were removed, there was a hole left in the wall which was a fire rated partition. The holes were covered over with signage and not appropriate fire resisting construction.

Capacity and capability

This was an unannounced one day risk inspection of Raheny House Nursing Home, by an inspector of social services with specialist knowledge of fire safety.

Improvements were required in relation to the fire safety management in the centre. The findings on this inspection were that a comprehensive fire safety risk assessment was required to provide the necessary assurances to the Chief Inspector regarding the safety of residents living in the centre. This assessment should include a review of fire doors and an assessment of the passive fire containment measures throughout the centre.

The previous inspection on 08 September 2021 raised concerns about fire precautions. In particular:

- the evacuation procedures and practices in place were not adequate
- the absence of automatic door closers to residents bedroom doors had not been risk assessed
- the assessment of residents evacuation needs were insufficiently detailed to guide staff on evacuating residents

Since then, the registered provider sought expert input in relation to evacuation of high dependent residents and purchased evacuation aids. The registered provider had also arranged for revised fire safety training to commence to include specific training in the use of the newly purchased evacuation aids. At the time of inspection, not all staff had received this training but it was scheduled for the coming weeks. During the inspection, it was noted that there were insufficient numbers of the recently purchased evacuation aids available in areas where maximum dependent residents may need them. There were additional aids in storage in the centre and the provider was waiting for advice as to the most appropriate location to place the aids. The person in charge immediately made arrangements to address this.

Fire precautions at this inspection were assessed with a particular focus on the fire safety management practices in place and the physical fire safety features in the building.

The findings relating to fire safety are set out in greater detail in the quality and safety section of the report.

Regulation 23: Governance and management

In consideration of the fire safety matters identified during inspection, the inspector was not assured that appropriate management systems were in place to ensure the

service provided was safe, appropriate, consistent and effectively monitored by the provider. For example;

- There were insufficient numbers of evacuation aids available in areas where maximum dependent residents may need them
- Effective systems were not in place to facilitate residents expressed choice for fire doors being kept in the open position. The inspector saw a risk assessment for the effect of closers on residents day-to-day living, however, the risk of fire and it's effects, were not assessed as part of the risk assessment.
- 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.
- There were weekly safety inspections and daily maintenance checks completed, however deficits were found in the maintenance of fire safety records. For example, there was no record of the weekly fire alarm tests, or periodic visual inspections of emergency lighting, fire doors or extinguishers. The servicing record for the emergency lighting was not in line with the format in the appropriate standard.
- Deficiencies were noted in the maintenance and fire performance of fire doors in the centre.
- Deficiencies in measures for containment of fire were not identified by management. For example, there were service penetrations through fire resisting construction that required sealing up.

Judgment: Not compliant

Quality and safety

In view of the fire safety concerns identified during this inspection, the inspector was not assured that the fire safety arrangements adequately protected residents from the risk of fire in the centre and ensured their safe and effective evacuation.

Fire doors to bedrooms throughout the centre were not fitted with automatic closing devices. Instead the provider relied on staff to carry out this function. Staff spoken with included the procedure to close doors to bedrooms during an evacuation. While moving through the centre, a number of doors were found open and this was the expressed wish of residents. Effective systems were not in place to facilitate residents choice for fire doors being kept in the open position, nor was the risk of fire assessed in this regard. Further assurance was required from the registered provider.

Staff spoken with had a good knowledge of the fire evacuation procedures and the use of the recently purchased evacuation aids and had participated in fire drills.

Improvements were required in the designated centre to ensure adequate containment of fire. For example, deficiencies were noted to fire doors and there were service penetrations and breaches in fire resisting ceilings and walls which required fire proofing. A large number of fire doors did not have an appropriate smoke seal on the door. The omission of smoke seals to fire doors can allow uncontrolled spread of smoke in the building, increasing the risk to residents and staff during an evacuation.

Inspectors were told there were proposals for an independent assessor to review fire doors in the centre, a date was not yet available for this assessment.

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 and improvements were required in the following areas:

The registered provider was not taking adequate precautions against the risk of fire:

- The process for the identification and management of fire safety risks was not adequate
- The Communications room presented as a risk as it had excessive extension leads and there was cardboard boxes stored adjacent. The boxes were immediately removed during the inspection.
- Some fire doors to bedrooms and some other rooms were not closed
- The compartment boundaries used for phased evacuation were not clearly defined and as a result the extent of their size was not fully known.
- Electrical fuse boards were located on escape corridors. The inspector was informed there were plans in place to enclose these within a fire rated enclosure.
- There was no extinguisher within the vicinity of the dedicated smoking room.

The inspector was not assured that adequate means of escape was provided throughout the centre:

- The fastenings to exit doors required review and should form part of the fire safety risk assessment.
- Each of the three exits leading to the open air from the dining room required going down a step, and may not be a suitable escape route for residents using a wheelchair.
- Assurance was required that the position of a hoist near an exit door to a stairway did not obstruct the passage of escape. Assurance was required that the recently purchased evacuation aids freely manoeuvred past the hoist through the exit.
- A PPE store on the first floor appeared to previously have been a corridor which was now closed up. Assurance was required that this was not a

required escape route.

The inspector was not assured that adequate arrangements were in place for containing fires:

- Inspectors were not assured of the likely fire performance of all door sets (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery).
- The door to some fire risk rooms were not fire doors as required. For example, a cleaners store and a sluice room.
- Fire doors to a number of rooms, other than bedrooms, were also not furnished with automatic self closing devices. For example, the staff changing room on the first floor level. This door was found in the open position.
- Owing to the observed breaches in fire resisting construction in the building, an assessment of the passive fire safety containment measures was required.
- Assurance was required in terms of the strategy for containment of fire and the protection of escape routes. Breaches were noted to fire rated ceilings.
- Small store rooms, including PPE store, and linen store, located on bedroom corridors were not adequately protected with fire rated enclosures.
- Service penetrations were noted in construction providing a barrier to fire, these required sealing up.

From a review of the fire drill reports, the inspector was 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:

- The assessment of residents evacuation requirements were not sufficiently detailed to inform the evacuation requirements of residents and supervision requirements after the evacuation.
- The drill records did not contain sufficient information to provide assurance that the residents in the larger compartments in the centre could be evacuated in a timely manner.

The person in charge did not ensure that procedures to be followed in the event of a fire were adequately displayed:

- The floor plans on display reflected fire alarm zones and did not appear to reflect fire compartment boundaries in use for phased evacuation.

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	Not compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Raheny House Nursing Home OSV-0000138

Inspection ID: MON-0034969

Date of inspection: 30/11/2021

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 review of the Governance and management of our fire systems and control will be carried out. This will lead to new equipment being purchased and training for staff in the use of that equipment and possibly new safety systems being introduced. There will also be repairs completed and upgrades of equipment in line with the outcome of the review.</p> <p>While waiting for our Fire Engineer to visit the home, we have reviewed our systems and procedures ourselves on 2 separate occasions since the inspection. One review was carried out internally and a second took place with management in attendance. Management have also assisted in the review at various times since the inspection date.</p> <p>The feedback following the inspection and the report were considered as part of the review / assessment and a lot has been achieved already.</p> <p>Fire safety and awareness has been added to the agenda of all management and residents' meetings to keep this at a high level of importance, and training for staff and residents has been reviewed and a plan is in place to include those residents who wish going forward.</p> <p>Individual risk assessments on the topics of door closers & fire safety will be developed in partnership with residents or their significant other, to ensure appropriate systems are in place to promote fire safety without impacting on the autonomy of the person to choose.</p> <p>Our fire safety protocols which will include policies & procedures and the audits of same, have been reviewed to ensure they are fit for purpose given the building layout & design and resident choice in terms of door closers.</p> <p>Records of services are all available and stored in the new Fire Book and will be checked</p>	

to ensure their presence after each service visit.

We have also introduced new equipment (fire mats and evacuation pads, extinguishers and a new fire alarm panel): while waiting for delivery of various items risk assessments will be carried out to clarify ways to mitigate any identified risks which may include addition of daily documented checks.

This compliance plan response from the registered provider did not adequately assure the chief inspector that the actions will result in compliance with the regulations.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire assessment will be carried out by a competent Fire Engineer, and this will highlight our fit for purpose precautions and if there are any deficiencies in our current fire precautions or equipment. Where a deficiency is found it will be identified and a plan will be put in place to address or mitigate any risk associated with it.

Topics covered in the assessment will be:

Equipment,
Training,
Procedures and policies,
Audits and checks.

If new equipment or construction items are required, we will carry out risk assessments to clarify any identified risks so that we can mitigate against them pending completion of works to be carried out.

While we are waiting for this review, we have mitigated risks identified following internal assessments.

Items already addressed include but are not limited to;

Evacuation equipment,
A new Fire Panel,
A new fire extinguisher,
Repairs of gaps in walls and ceilings,
New locks,
Additional checks of fire doors and a daily check of unoccupied rooms to close doors
Door closers to be fitted to all nonresident using doors,
Addition of a new Fire Book to hold all fire safety related information including services and checks,

This compliance plan response from the registered provider did not adequately assure the chief inspector that the actions will result in compliance with the regulations.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	09/01/2022
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	10/03/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	08/02/2022

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	10/03/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	10/03/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	10/03/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Not Compliant	Orange	30/04/2022

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	10/03/2022
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	08/02/2022
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	08/02/2022
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 centre.	Not Compliant	Orange	08/02/2022