



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Community Residential Service Limerick Group D
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	17 July 2019
Centre ID:	OSV-0003942
Fieldwork ID:	MON-0027350

## About the designated centre

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

The centre provides a community residential service to service users with a mild to moderate intellectual disability. The service aim is through a person centred approach to improve the service users quality of life by ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community.

The centre comprises of three community residential houses which are based in Limerick. In order to support service users based on their need and preferences, the houses are managed and supported by social care staff and health care assistants who in turn are supported by their social care leader, person in charge and the nurse management team located nearby.

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

Number of residents on the date of inspection:	15
--	----

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
17 July 2019	10:30hrs to 13:30hrs	Niall Whelton	Lead

## Capacity and capability

The previous inspection of this centre was on 09 April 2019. At that inspection, concerns were raised regarding the inadequate arrangements in place for the containment of fire in the centre. The response received from the provider did not assure the Chief Inspector that the provider had adequate measures in place to ensure the safety of residents living in the centre.

On foot of the findings and the provider response to the previous inspection, an inspection focused on fire precautions was carried out by an inspector of social services with specialist knowledge of estates and fire safety.

The findings of this inspection were that the provider had failed to address previously identified fire safety deficits, in particular the provision of adequate arrangements for containing fire and to provide adequate means of escape for the residents in their home. A time-bound plan for the implementation of the requisite fire containment works was not available.

A fire safety risk assessment of each of the three dwellings, carried out in 2014 by a fire safety consultant, highlighted fire safety deficits, most of which had been addressed. However, the significant issue of providing an escape route, protected from the effects of fire and smoke had not been addressed.

The inspector found that there was little progress in coming into compliance, even where some measures may be low cost and practicable to achieve. For example, the replacement of the attic access hatches with fire rated access hatches or the phased implementation of the provision of fire rated doors to the higher risk areas in each house.

## Regulation 23: Governance and management

The registered provider did not ensure that effective management systems were in place to ensure that the service provided was safe. The registered provider had failed to address previously identified fire safety deficits, in particular the provision of adequate arrangements for containing fire and to provide adequate means of escape for the residents in their home. A time-bound plan for the implementation of the requisite fire containment works was not available.

Judgment: Not compliant

## Quality and safety

The inspector reviewed fire precautions in each dwelling in the presence of the Person in Charge. The Person in Charge was knowledgeable on all aspects of fire precautions and showed the inspector documentation to demonstrate that good practices were in place and regular fire drills took place.

Regular in house fire safety checks were being completed and documented. However, improvements were required in this regard; a cooker extraction hood had a build-up of grease and a light fitting was loose which required repair.

The primary concern identified by the inspector was that adequate arrangements had not been made to contain fire. Fire doors had not been provided where required. Further required works, such as the upgrade of the ceiling above the first floor to a fire rated ceiling and the sealing up of penetrations through fire rated construction had not been completed. Breaches in the fire rated enclosure to a room or corridor that requires fire resistance, results in a passage for fire and smoke to compromise escape routes.

Although the doors in place were not fire rated doors, the inspector found that a number of the doors were poorly fitted, warped and/or were not capable of being closed. While not adequate, a non-fire rated door fitting correctly in its frame may give some level of protection against the spread of smoke in the early stages of a fire.

Each dwelling was provided with emergency lighting, fire-fighting equipment and a fire detection and alarm system all of which were serviced at the appropriate intervals. The electrical installation in each house had also been inspected and tested by a competent professional and found to be in good working order.

The fire detection and alarm system was an L1 category system which means that all areas of each house were provided with fire detection, providing early warning of a fire. At the time of inspection, each panel was observed to have no faults and to be in proper working order.

Adequate emergency lighting was provided throughout the designated centre, enhancing the means of escape in the event of a fire.

The procedures to follow in the event of a fire were adequately displayed and in a format suitable for the occupants of each dwelling. However, the inspector observed a notice displayed stating that fire doors will close automatically. The doors in place were not fire doors and would not automatically close. This may result in a door being left open. This was brought to the attention of the person in charge.

## Regulation 28: Fire precautions

The registered provider had not ensured that effective fire management systems were in place within the designated centre.

The inspector was not assured that adequate precautions were being taken against the risk of fire;

- There was a printer/fax machine located in the escape stairs of one dwelling. This stairway, which was not adequately protected from the effects of fire and smoke, provided the only means of escape from the bedrooms and living room.

Adequate arrangements had not been made for maintaining the means of escape and building fabric;

- Although the doors in place were not fire rated doors, the inspector found that a number of the doors were poorly fitted, warped and/or were not capable of being closed.
- a cooker extraction hood had a build-up of grease and a light fitting was loose which required repair.

Adequate arrangements had not been made for containing fire and adequate means of escape was not provided;

- The escape stairway in each house was not adequately enclosed in fire rated construction, including the provision of fire rated doors.
- The ceiling at first floor in each dwelling had not been upgraded to a fire rated ceiling as identified in the fire consultant's report dated August 2014.
- Various further fire stopping measures identified in the fire safety risk assessment dated August 2014 had not been completed.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 Community Residential Service Limerick Group D OSV-0003942

Inspection ID: MON-0027350

Date of inspection: 17/07/2019

## 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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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>Fire safety report has been completed by Director of Logistics/ Fire Safety Engineer and the recommendations as per Fire Safety in Community Dwelling Houses Code of Practice for Fire Safety in new and existing Community Dwelling Houses (2017) are in place with the exception of Fire Resistance and Containment Measures.</p> <p>Following extensive engagement HSE has committed funding to complete the outstanding fire containment works. A timebound costed plan is in place for completion of these works by 31.12.2020.</p> <p>The funding has been allocated from Q1 through to Q4 in 2020 and covers the full cost of completing fire containment works in all three houses in this centre. Works are expected to commence in 01 May 2020, with a planned completion date of 31 December 2020.</p> <p>In the interim, the following robust measures are in place to ensure all residents are safe:</p> <ul style="list-style-type: none"> <li>• L1 fire alarm system is in place. Fire drills are carried out monthly by staff, and also two unannounced fire drills occur per year (one day, one night). All residents evacuate within 2.5 minute timeframe. If an issue arises during a drill, corrective action is taken to address this. Fire drills &amp; evacuation plans are reviewed at least quarterly &amp; more frequently if required.</li> <li>• Individual fire risk assessments and personal emergency evacuation plans (PEEP) have been reviewed for all residents. Where it is identified that a resident requires assistance to evacuate successfully, the specific supports have been outlined &amp; put in place.</li> <li>• Portable firefighting equipment is available in each house. All staff have received instruction on induction on fire safety, detection &amp; evacuation, and separately in-service fire safety training &amp; refresher training. Firefighting, fire detection systems and</li> </ul>	

evacuation routes are checked. All internal doors are inspected weekly to identify any which may become ill-fitting or have gaps, & measures taken to rectify this where necessary.

- Weekly health & safety walk around check is completed. A health & safety audit of the centre occurs annually.
- Periodic electrical installation inspections on each house and PAT testing is completed.

Completion: date 29.07.2019

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Signage displayed which stated 'the fire door will close automatically which means by themselves', on the basis that at the current time there are not fire doors which will automatically close. The signage has been amended to state that doors, although not fire doors should be closed.

Complete 19.07.2019

Loose light fitting repaired.

Complete 26.07.2019

Printer/fax removed from stairway enclosure.

Complete 17.07.2019

Doors that were ill-fitting and had gaps around the door or the door didn't close fully were repaired to ensure they close fully and are free from gaps.

Complete 22.07.2019

Cooker extraction hood cleaned of grease.

Complete 17.07.2019

Attic space in one semi-detached house inspected to confirm that the requisite 60 minute fire separation is achieved at the top of the separating wall. It was found to be visually sealed, however 60 minute seal cannot be certified without removing the existing wall and installing a proprietary system with this work certified. Recommendation to employ a specialist company as part of fire outstanding containment works to complete this work.

Completion date 31.12.2020

Fire safety report has been completed by Director of Logistics/ Fire Safety Engineer and the recommendations as per Fire Safety in Community Dwelling Houses Code of Practice for Fire Safety in new and existing Community Dwelling Houses (2017) are in place with the exception of Fire Resistance and Containment Measures.

Following extensive engagement HSE has committed funding to complete the outstanding fire containment works. A timebound plan is in place for completion of these

works by 31.12.2020.

The funding has been allocated from Q1 through to Q4 in 2020 and covers the full cost of completing fire containment works in all three houses in this centre. Detailed documents will be prepared for tenders. Following the tender process, orders will be placed and when materials available works will commence. Works are expected to commence in 01 May 2020, with a planned completion date of 31 December 2020.

Completion date 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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	29/07/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	26/07/2019
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting	Not Compliant	Orange	26/07/2019

	equipment, building services, bedding and furnishings.			
Regulation 28(2)(b)(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	26/07/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	26/07/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2020