



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

## Issued by the Chief Inspector

Name of designated centre:	Riverbrook Nursing and Respite Care
Name of provider:	Rosary Hill House Nursing Home Limited
Address of centre:	Belmont Road, Castleconnell, Limerick
Type of inspection:	Unannounced
Date of inspection:	26 October 2021
Centre ID:	OSV-0000426
Fieldwork ID:	MON-0034497

## About the designated centre

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

Riverbrook Nursing and Respite Centre is registered to provide care to 22 dependent residents. It is located in a rural village on the outskirts of Limerick city. The centre is set on large grounds with a small internal patio area that contains seating, tables and sun umbrellas. It provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care. The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents. The centre is a two-storey building with the ground floor used for resident accommodation and the first floor used for storage, laundry and staff facilities. Accommodation comprises of four single bedrooms, three twin bedrooms and three four-bedded rooms. A number of the bedrooms have en suite toilet, wash basin and shower facilities. Other bedrooms have wash basins with bathroom and toilet facilities in close proximity to their bedrooms. The communal areas include a day room, a dining room, a foyer with comfortable seating, a resident smoking room and a hairdressing room. Corridors have hand rails fitted and a number of assisted toilets are available near to communal areas. The foyer is used for activities such as card playing, quiet area for residents and was also used as a suitable area for residents to receive visitors in private, should they so wish. The centre is part of the local community and welcomes groups from the local schools and communities.

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

Number of residents on the date of inspection:	22
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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
Tuesday 26 October 2021	09:00hrs to 17:00hrs	Gordon Ellis	Lead

## What residents told us and what inspectors observed

The inspector followed the centre's infection control protocol for coming in to the centre during an active COVID-19 outbreak. This included hand sanitising, wearing appropriate personal protective equipment (PPE) and recording temperature. The inspector was met by the person in charge and the registered provider representative who facilitated the inspection and were available throughout the day.

Riverbrook Nursing Home and Respite Care is a two storey nursing unit with residents and facilities accommodated on the ground floor. The centre was very homely, had nicely decorated communal rooms and was clean. The sitting and dining rooms were spacious and comfortably furnished. Residents had access to an outside secure courtyard. An area in the main entrance lobby had been set up for visits between residents and their family members and visitors were observed coming and going throughout the day. There were 22 residents living in the centre on the day of inspection, and it was evident that the staff knew residents personal preferences and treated them with dignity and respect at every opportunity. Residents appeared to enjoy their lunch in a clean, bright and calm dining area, adequately supervised and supported by skilled staff. Dining tables were arranged neatly. Residents were assisted in a respectful manner without compromising their dignity and respect.

In the morning the inspector walked around the centre with the person in charge and later in the day with the registered provider representative. Social distancing and infection control protocols were generally followed. The provider was committed to coming into full compliance and was currently undertaking a programme of works in the centre. At the time of inspection contractors were working in the centre in the attic space fitting insulation which was part of the scope of works identified in the Fire Safety Risk Assessment.

## Capacity and capability

This was an unannounced risk inspection of the centre by an inspector of social services, who is a specialist estates and fire safety inspector. The previous two inspections on 05 August 2020 and 19 February 2021 raised concerns about fire precautions in Riverbrook Nursing & Respite Care. In particular the arrangements in place to access a corridor with three single rooms and the procedures required for staff to assist residents in this area, if a fire had started in either the TV room or the dining room. Due to the deficiencies identified relating to fire precautions, in October 2020, the registered provider was requested to submit a comprehensive Fire Safety Risk Assessment carried out by a competent professional with relevant experience in fire safety design and management. The registered provider of the centre was

Rosary Hill House Limited. The actions committed to by Rosary Hill House limited following those inspections failed to assure the Chief Inspector that residents were protected from the identified fire risks. Subsequently, a restrictive condition was placed on the registration of Riverbrook Nursing & Respite Care requiring the provider to come into compliance with regulation 28. This included completion of all works identified in the submitted Fire Safety Risk Assessment and submission of final sign off to the satisfaction of a competent professional with relevant experience in fire safety design and management by June 30 2021.

At the time of inspection works were well advanced, however, it was apparent that there were still outstanding fire safety risks to be completed. As a result the provider was in breach of the restrictive condition placed on the centre.

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

The inspector noted many good practices in relation to fire precautions; Staff spoken with and the person in charge were knowledgeable on the procedures to follow in the event of a fire. Internal escape routes were clear. A new fire rated door was fitted to the kitchen. The residents' smoking room had a fire blanket and a fire extinguisher in place. Fire drills were being carried out by staff on a weekly basis.

Improvements were required in relation to fire safety management in the centre. The findings of this inspection were that the fire safety risks identified in the fire safety risk assessment were required to be fully completed to provide the necessary assurances to the Chief Inspector. Details of the findings of this inspection are in the Quality and Safety Section of this 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. The management systems in place did not ensure that identified significant fire safety risks were managed and effectively mitigated.

For example;

- Deficiencies were noted in the maintenance and fire performance of fire doors in the centre.
- Deficiencies were found in measures for containment of fire. The in-house fire safety checks were not adequate. A compartment double set of doors had a laundry trolley left up against the doors. The double doors would not be able to close in the event of the fire alarm activating. A large plant had been moved in front of the control panel to open the fire exit making access

difficult. Laundry items were left in front of an external fire exit.

- The provider had failed to bring the centre into compliance with regulation 28 since the previous inspection in 2021 and was in breach of the restrictive condition placed on the centre .
- Risks were not effectively managed in the centre which was evidenced by the number of risks identified on this inspection that had not been addressed by the registered provider.
- Staff had not completed a fire evacuation for the three single rooms adjacent to the dining room and were unsure if the rear and side fire exits could be accessed from the outside if a fire started in either the TV room or the dining room.

Judgment: Not compliant

## Quality and safety

In view of the fire safety concerns identified during this inspection and the remaining fire safety works to be completed to the centre, 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 in the event of a fire.

While staff spoken with had a good knowledge of the fire evacuation procedures and had participated in fire drills, there were a number of concerns. Staff had not completed a fire evacuation for the three single rooms adjacent to the dining room. The final fire exit from this compartment was with an electromagnetic lock. The configuration of the layout meant that if a fire started in the dining room, staff would have to access this section of the building from the outside to assist residents. There was not sufficient measures in place to ensure staff could gain access to this exit from the outside. Staff were unsure if this door would open if the fire alarm was activated. Subsequently since this inspection the provider conducted a simulated evacuation drill for this compartment to demonstrate that the evacuation procedures in place were fit for purpose and determined that the rear and side fire exits do automatically release and open in the event of the fire alarm activating.

The identification and management of fire safety risks was not adequate.

The inspector noted four oxygen cylinders stored inappropriately in a metal container with PPE gear and supplies. The metal container was adjacent to an external escape route at the rear of the building. The four cylinders were not secured on appropriate stands and had a significant amount of combustible items around them. This was not in line the centres own oxygen policy. The RPR was given an immediate action to address the risk associated with the storage of oxygen cylinders in this area. The RPR acknowledged the risk and committed to finding

alternative storage arrangements to reduce the risk. The RPR contacted the HSE to organise a HSE contractor to remove the cylinders off site as they had originally delivered them to the centre. Subsequently the RPR was contacted to provide confirmation that this risk had been addressed. As identified in the Fire Safety Risk Assessment there were fire risks present in the centre that had not been completed at the time of the inspection. For example:

- The storage of non fire rated items were found in the protected staircase. This had previously been identified in the fire safety risk assessment. On this occasion the storage had been reduced, however, the repeated non-compliance still remained. A protected staircase is used as a means of escape in the event of an evacuation and as such is not to be used for the storage of items and equipment.
- A gate at the end of an external escape route from the dining room through the courtyard was locked with a pad-lock. Staff were using the area in front of the gate as a smoking and outdoor seating area. All escape routes should to be kept clear and remain easily accessible at all times to ensure residents and staff are able to escape quickly in the event of a fire.
- The external escape routes to the side of the nursing home was partially obstructed by a rubbish bin and a car parking space still remained at the end of the escape route with the potential to block an escape. This could lead to a delay in an emergency or in a fire situation.
- A gas shut off valve was not fitted to the kitchen cooking equipment. Gas is a highly flammable fuel source, staff should be able to shut the gas off in a high risk area such as a kitchen in the event of a fire event.  
Works to upgrading/replacing fire doors and fire exits access controls were not completed.
- A roof light in a protected staircase was not linked to the fire alarm system. Therefore smoke could not evacuate out and would fill the staircase with smoke in the event of a fire. The residents and staff would find it difficult to use the staircase as an escape route in this event.
- A large opening in a laundry/sluice room ceiling was not repaired with fire stopping material to prevent the spread of fire
- Smoke detection coverage was not provided in all areas of the centre
- A Linen press was enclosed in non-fire rated construction.
- Certification for the internal fire rated glazed panels had not been submitted
- An attic hatch door was not fire rated and had not been replaced
- Damage to a cavity barrier in attic space had not been repaired

Improvements were required in the centre to ensure adequate containment of fire. Deficiencies noted to fire doors, penetrations through ceilings, walls and unprotected glazed areas meant that the inspector was not assured that the fire safety arrangements in place adequately protected the residents from the risk of fire in the centre.

A fire action notice was displayed and staff spoken with were knowledgeable on the procedure to follow. Pertinent information such as the full address and eircode was clearly displayed to assist staff when calling the fire brigade.



The floor plans on display in reception and around the centre were outdated, a room labeled hairdresser was in use as a residents bedroom at the time of the inspection. The compartment boundaries were not accurately shown on the floor plans for phased horizontal evacuation, and a set of cross corridor compartment doors were not indicated.

## 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. Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

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

- The identifications and management of fire safety risks was not adequate.
- There was no gas shut off valve in the kitchen, this was identified in the fire safety risk assessment as a risk to be addressed.
- There was inappropriate storage of oxygen cylinders with combustible materials.
- A store room located adjacent to the main reception and lobby area had various items such as paint tins, work stools and sheets inappropriately stored. Electrical cables in the store room were not protected. The door to the store room was not a fire door and did not have a door closer fitted. The wall facing the lobby was compromised with services penetrations and a smoke alarm was not present in the store room.
- A fire door to bedroom eight did not have a door closer fitted and a door latch to secure the slave door in position, was not present.
- A laundry trolley was placed against an open cross corridor compartment door.

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

- The fire safety risk assessment included recommendations regarding exits with no manual override emergency switch, these had not been implemented.
- The fire safety risk assessment included recommendations regarding an emergency exit to be fitted with an emergency override green break glass unit, this had not been implemented.
- The compartment boundaries used for phased evacuation were not clearly defined.
- The protected staircase was found to be used for the storage of non fire rated items and was identified in the fire safety risk assessment to be addressed.
- A gate at the end of an external escape route from the dining room through the courtyard was locked with a pad-lock. Staff were using the area in front

of the gate as a smoking and outdoor seating area. This was identified in the fire safety risk assessment.

- The external escape routes to the side of the nursing home was partially obstructed by a rubbish bin and a car parking space still remained at the end of the escape route with the potential to block escape. This was identified in the fire safety risk assessment.
- Staff were unsure if a three bedroom compartment adjacent to the dining room could be accessed from the outside if the fire alarm was activated.
- Inspector noted additional exit signage was required from some areas of the centre to ensure escape routes were readily apparent.

Adequate arrangements were not in place for maintaining all fire equipment and means of escape:

- While a fire safety risk assessment had been completed that included identified deficiencies relating to fire doors and glazing, there was a delay in completing the recommendations of this assessment.
- While weekly checks of fire doors were taking place and faults were recorded, not all faults had been identified. 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. For example bedroom one and two were missing a door closer, screws were missing in the hinges, a smoke seal was missing and the intumescent seal was not continuous.

Adequate arrangements were not in place for reviewing fire precautions:

- Drawings did not show the extent of compartment boundaries to inform the identified evacuation strategy of horizontal evacuation due to a set of cross corridor compartment doors not indicated on the floor plans. Drawings were not up-to-date due to a hairdressers room that had been re purposed as a bedroom. Drawings did not show the extent of compartment boundaries to inform the identified evacuation strategy of horizontal evacuation due to a set of cross corridor compartment doors not indicated on the floor plans. Drawings were not up-to-date due to a hairdressers room that had been re purposed as a bedroom. This room was not registered and was not suitable for resident accommodation.

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:

- While regular evacuation drills were being carried out, the inspector noted the fire drills lacked detail. The time recorded for each fire drill did not include the total time from when the fire alarm was activated to then the full evacuation had been completed. It was not clear where residents had been evacuated to from the source of the fire.
- The personal emergency evacuation plans were displayed on the back of each residents door but there was no indication of when these were last

reviewed.

Adequate arrangements had not been made for detecting fires:

- As recommended in the fire safety risk assessment, smoke detection in the attic space above the laundry room and the kitchen were not fitted at the highest point in the roof resulting in a potential delay in detecting smoke. A fire alarm company was recommended to confirm that the locations of detectors were adequate. This had not been completed on the day of inspection.
- As recommended in the fire safety risk assessment, an electrical contractor was to confirm the Type L1 fire detection and alarm system was fully installed, commissioned and tested. This had not been completed on the day of inspection.
- A smoke alarm was not present in the store room adjacent to the reception area.
- A smoke alarm in the kitchen store room was not fitted at the highest point
- A combi-boiler in the kitchen was in the way of a break glass alarm. This was previously noted in the fire safety risk assessment.

Inspectors were not assured that adequate arrangements were in place for containing fires:

The inspector noted a number of gaps or holes within fire barriers which require sealing. The fire safety risk assessment of the building identified a number of deficiencies with the fabric of the building to adequately contain fire. Examples included,

- There were cable penetrations through fire resisting walls/ceilings that were not adequately sealed up, large opening in the fire rated ceiling of the laundry/sluice room, and compartmentation wall located at ward A roof and wall junction, were not built adequately to provide 60 minutes fire rating
- A linen press wall and ceiling did not provide adequate fire rating and needs replaced, numerous service penetrations were noted to breach through the 60 minute fire rated wall of the boiler room.
- While improvements to fire stopping had been found in areas of the centre, deficiencies were still noted due to work not having progressed. Also fire stopping that had been completed had not been tagged/stamped. to verify it has been completed by a competent fire stopping contractor
- 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 fire safety risk assessment of the centre recommended upgrading/replacement of fire doors. While there was an improvement found to fire doors, this work was not completed on the day of inspection and deficiencies were still noted. For example double doors off the reception area was missing a smoke seal at the top of the door and the intumescent strip was not continuous Inspectors noted in general there were gaps present, intumescent seals and cold smoke seals were not continuous to the fire doors in the centre and some doors did not close properly.

- Internal fire rated glazing panels to fire doors and walls were not stamped to show the fire rating in areas for example: a glazing panel to hair dressers room along a protected corridor. RPR stated the building contractor was in the process of providing certification for this.

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 Riverbrook Nursing and Respite Care OSV-0000426

Inspection ID: MON-0034497

Date of inspection: 26/10/2021

## 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
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

## 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	
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	
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	



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	
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	
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	
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	