



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

Issued by the Chief Inspector

Name of designated centre:	St Colman's Residential Care Centre
Name of provider:	Health Service Executive
Address of centre:	Ballinderry Road, Rathdrum, Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	20 April 2021
Centre ID:	OSV-0000492
Fieldwork ID:	MON-0032668

About the designated centre

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

St. Colman's Residential Care Centre is a community facility providing a variety of services to the Elderly population of Wicklow. St. Colman's Residential Care Centre provides residential care, respite and palliative care for a total of 92 residents both Male and Female, over the age of 18 years. Accommodation is provided on three units, Primrose Place (26 female), Clover Meadow (30 male), Lavender Vale (30 female, 5 male and 1 rehab). Bedroom accommodation is mostly multi-occupancy three and four bedded rooms. There are 2 twin rooms and four single bedrooms- two of which are allocated to palliative care. There is a designated smoking area for residents on Primrose Place, Clover Meadow and Lavender Vale.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	85
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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 20 April 2021	11:30hrs to 18:15hrs	Niall Whelton	Lead
Tuesday 20 April 2021	11:30hrs to 18:15hrs	Gordon Ellis	Support

Capacity and capability

The previous inspection on 25 February 2021 raised concerns about fire precautions in St. Colman's Residential Care Centre. In particular, the measures to contain fire and the arrangements for the evacuation of large compartments with the staffing levels in place.

Since that inspection, the registered provider had engaged with the Chief Inspector, however further assurance was required, which triggered this inspection.

This was a short notice announced risk inspection by inspectors of social services, who are specialist estates and fire safety inspectors. The designated centre was reviewed in the presence of the person in charge and a HSE fire prevention officer. Further concerns were raised in relation to building compartment sizes, location of fire compartment boundaries and how they correlate with the evacuation procedures. The registered provider representative and the person in charge were proactive in relation to the risks identified during the inspection and provided assurance to an urgent compliance plan issued in the days following the inspection.

The registered provider had arranged for a fire safety risk assessment of the centre to be completed in July 2020. This informed a programme of work, which comprises two phases. The first phase was at completion stage. Phase two had not yet commenced.

Details of the findings of this inspection are in the Quality and Safety Section of this report.

Regulation 23: Governance and management

Not all aspects of this regulation were assessed.

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;

- The storage of oxygen cylinders was not in line with the centre's own oxygen policy.
- The process for identification and management of fire safety risk was not adequate.
- The variation between the actual fire compartment boundaries and those used during fire drills.
- Deficiencies in measures for containment of fire.

- Deficiencies noted in the maintenance and fire performance of fire doors in the centre.

Judgment: Substantially compliant

Quality and safety

The designated centre consists of two distinct areas connected by a link corridor. These areas correlated with phases one and two of the fire safety programme of work. Phase one incorporates 'Clover Meadow/Primrose Place' and phase two includes 'Heather Rest/Lavender Vale'. The layout of the centre comprised large building compartments, which were not reflective of the evacuation drills taking place.

In view of the fire safety concerns identified during this inspection, inspectors were 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. The person in charge confirmed to inspectors that staff levels would be increased to mitigate the identified risk.

It was clear to inspectors that staff and the person in charge were well versed on the evacuation procedures in the centre and that the residents safety was a priority.

The evacuation needs of residents was assessed and documented in a personal emergency evacuation plan (PEEP) and these were reviewed weekly by staff. The PEEP was sufficiently detailed to inform the evacuation needs of the resident, however the room number for the resident was omitted. Inspectors were told that each bed was fitted with a ski sheet to assist residents to evacuate.

Information submitted to the Chief Inspector prior to the inspection showed the location of fire compartment boundaries, however there was confusion during the inspection as to the extent and location of the fire compartment boundaries.

Although the drill records reviewed did not reflect the correct compartment boundaries, they were found to each include a debrief, highlighting what went wrong and they also identified learning outcomes to inform future practice.

Inspectors spoke to kitchen staff who confirmed they had specific fire safety training and relayed to inspectors the procedures to follow in the event of a fire. The fire suppression system was serviced and up to date and the kitchen extract system was clean and free of grease deposits.

In general, inspectors found that the centre was laid out in a manner that provided residents and staff with an adequate number of escape routes and fire exits. These were found to be kept clear and free of obstruction. Improvements were required regarding the protection of those routes from the effects of fire and for the exit

fastenings to some final exits.

The building had recently had piped oxygen re-commissioned to a number of rooms and this was completed by a third party professional and signed off. The evacuation procedures had not been amended to include the emergency shut off for the oxygen. A fire drill carried out in the days following the inspection identified that staff had not included the oxygen emergency shut off.

Inspectors noted that the centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system throughout. Records showed that the fire fighting equipment, emergency lighting and fire detection and alarm system was being serviced at the appropriate intervals. The fire detection and alarm system was in the process of being upgraded to meet the required standard for a nursing home as some areas were identified that require additional detection.

The fire safety risk assessment for the centre had included day-to-day house keeping issues which inspectors noted had been addressed. For example storage had been removed from an electrical room.

Inspectors were told that while phase one works were carried out, they required review by the third party fire safety professional to identify any outstanding items for completion. The inspectors noted a number of issues with fire containment and the fire alarm coverage which were still outstanding.

There was an oxygen policy in place which detailed storage requirements in the centre. The provider had also arranged for an audit of dangerous substances by a dangerous goods safety adviser.

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 identification and management of fire safety risks was not adequate.
- Third party inspections of the electrical installation identified risks that require urgent attention.
- Inspectors noted poor practices with regard to the storage of oxygen cylinders. Loose oxygen cylinders were observed in a box with loose items stored on top, another was found loose behind a medicines trolley against a hot heating pipe and one was observed to be beyond its annotated expiry date.

- The fire doors to bedrooms in Clover Meadow and Primrose Place had been fitted with 'friction type' door closers which required staff to trigger the closing device. It was explained that these devices were fitted to prevent injury to residents on a day-to-day basis. The fire risk associated with fire doors not automatically closing on activation of the fire alarm system had not been documented. This was a deviation from the fire safety risk assessment carried out for the centre. The person in charge confirmed that staff were fully informed regarding the procedure to sweep the area ensuring fire doors were closed, but this was also not adequately documented. Assurance was requested from the provider regarding the suitability of the type of door closers used for a nursing home setting.
- A sliding lock was observed on the corridor side of a bedroom door. While inspectors were told these were not used, the person in charge immediately arranged for them to be removed. They had been removed before the inspection had finished.
- While staff were knowledgeable on the procedures to follow in the event of a fire, the procedure to shut off piped oxygen was not relayed to inspectors when spoken with. The evacuation procedures had not been updated to include the action to shut off piped oxygen.
- The emergency electrical shut off points in the kitchen required signage to alert staff to its presence.
- The door to a wheelchair store was unable to close as it was obstructed by the rooms contents.
- Inspectors noted battery charging units in a store room, with no risk assessment
- Assurance was required that the plastic wall lining in a storeroom was appropriate and to a correct standard to prevent the spread of fire.

Inspectors were not assured that adequate means of escape was provided throughout the centre:

- The escape routes in the 'Heather Rest/Lavender Vale' were not adequately fire separated from fire risk rooms. It was noted that the risk was reduced owing to the fact that each bedroom in this area had high ceilings and were provided with two exits from each bedroom, but the absence of adequate fire containment meant that smoke may quickly spread through the building.
- The fastenings to some exits included a mix of key locks with key in a break glass, automatic release or thumb turn lock. The fire safety risk assessment included recommendations for exit fastenings, however deviation from those recommendations had not been risk assessed.

Inspectors were not assured that adequate arrangements were in place for maintaining means of escape:

- There were shrubs outside the exit from the physiotherapy room encroaching on the escape path.

Inspectors were not assured that adequate arrangements were in place for

containing fires:

- Inspectors noted breaches of fire rated construction in the area of the building already upgraded in phase one. There were holes in ceilings and attic hatches were not fire rated.
- The area yet to be upgraded in phase two had significant breaches of fire rated construction, however there was a plan in place to address these as part of the phase two works.
- Inspectors noted rooms which were not identified as requiring fire resisting construction. Some examples include treatment rooms, offices and hair salon.
- There were numerous penetrations observed through the fire rated ceiling such as non-fire rated attic access hatches, holes from leaks in the ceiling and from services running through the ceiling. A number of these were observed in the area already upgraded.
- 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 provider confirmed that the remaining doors, in phase two, would be upgraded/replaced as required in line with the fire safety risk assessment.

Adequate arrangements had not been made for detecting fires:

- Some areas of the building required additional fire detection. Inspectors were told that the fire alarm system was being upgraded to rectify this.
- The fire alarm zone chart had out of date annotation.
- Heat detectors were noted in areas where smoke detection would be required. For example, a treatment room, staff dining room and a resident's sitting room.

From a review of evacuation drill records, inspectors were not assured that staff working in the centre were adequately prepared for the procedure to be followed in the case of fire and for the safe and timely evacuation of residents.

- The evacuation procedure for the centre was progressive horizontal evacuation. The records viewed showed that drills simulated smaller compartments than those identified by the third party fire safety expert.

Inspectors were 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. For example:

- There were concerns regarding the safe evacuation of residents from large compartments within the centre when staffing levels were lowest. For example from a review of evacuation records and the identified fire compartment accommodating up to 20 residents (Clover Meadow/Primrose Place) inspectors were not assured that adequate measures were in place to evacuate this large compartment with the staffing resources in a reasonable timeframe.
- It was confirmed to inspectors that the attic running through the central area

above the Lavender Vale and Heather Rest section of the building, was not sub-divided and effectively forms one long undivided cavity, resulting in up to 25 residents in one fire compartment. The inspectors noted an attic access hatch which was not closed fully. While this area is provided with increased exits and alternative direction of escape from each bedroom, the inspectors were concerned regarding the potential spread of smoke throughout this area, both via the louvred windows to the N11 corridor, the inadequate fire doors to the opposing corridor and the undivided attic space. The combination of the aforementioned risks and the drill records observed, inspectors had concerns regarding the safe evacuation of residents from this area with the staffing levels in place.

- The PEEPs for residents did not include the room number for the resident.
- Owing to the confusion regarding the location of fire compartment boundaries, inspectors were not assured that residents would be evacuated to the correct location when evacuating into the next fire compartment.

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

- There was a fire procedure in place in the centre. While this was displayed, inspectors found that they did not adequately reflect the principles of phased evacuation which was the adopted strategy in the centre. The extent, size and location of fire compartments was not clearly defined either as part of the procedure or pictorially displayed in the centre.

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 28: Fire precautions	Not compliant

Compliance Plan for St Colman's Residential Care Centre OSV-0000492

Inspection ID: MON-0032668

Date of inspection: 20/04/2021

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Response – Ref Regulation 23(c)</p> <p>The Registered Provider Representative, Person in Charge, supported by our Fire Prevention Officer from HSE Estates Office will continue to provide governance and management oversight to the upholding of fire safety requirements at St Colman's Residential Centre.</p> <p>Prior to and since the HIQA Fire Focused Inspection of April, evacuations have continued and been successfully completed with all learnings shared as appropriate. Schedule of Evacuation Drills Available. Evacuation drills since Inspection have focused specifically on newly configured fire compartments in line with defined fire walls within the Centre. These are clearly delineated within the Centre and are continuously re-enforced through staff training and fire evacuation procedures.</p> <p>In addition an overall Electrical System assessment is being completed and upgrade works agreed and are in progress for completion before the end of August. Detail of all works available on site and schedule of work retained by HSE Maintenance Officer.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Response Ref Regulation 28(1)(a) and Regulation 28(1)(c)(i) A full Fire Risk Assessment has been completed (July 2020) within the Centre with</p>	

upgrade works underway and operational procedures adapted to mitigate all risks identified.

All equipment, bedding and furniture procured by the HSE for St Colman's is done so with careful consideration to its fire retardant suitability. Equally laundering and cleaning of soft furnishings and bedding is done so safely so as to maintain the integrity of the fire retardant materials. When Residents choose to bring items of furniture or soft furnishings consideration of fire retardant composition is also maintained.

Oxygen Cylinders have been removed and stored appropriately in the designated cage located outdoors. Staff have been reminded of their obligation to manage appropriately and redirected to HSE Medical Gas Safety Guidance. Appropriate notices on Medical Gas Safety have been erected. Weekly checks of Oxygen tanks for expiry date dictates removal of expired gas to caged area.

Works in relation to upgrading the existing Fire Detection and Fire Alarm System to achieve L1 category (all areas) will be concluded before end August 2021. These works include installation of additional 32 Smoke Detectors, Green Break Glass Units at exits and all associated cabling linked to the control panels.

Fire extinguishers and additional fire blankets are provided at all fire points throughout the entire unit and Staff are alerted to their locations. New signage is now in place for fire points.

Fire Alarm zones have been revised and are reflective of designated zones on Fire Alarm System. Staff have been updated on all of these revisions. New Signage has been positioned to highlight Fire Alarm control Panels throughout the Centre.

Phase 2 Fire Door Upgrade works have commenced on Lavender Vale and Heather Rest ward areas with approximately 50% of the doors now installed. A number of the existing fire doors have been remediated also (upgrade hinges, replaced old and worn intumescent strips and smoke seals, reduced gaps, etc.). Work continues with an expected completion by the end of August, despite unexpected delays in delivery. Progress in this regard is being monitored by the HSE Fire Safety Officer and the Registered Provider Representative.

External Fire Consultant has confirmed appropriateness of fire door self-closers being used in the Centre. All Staff have been instructed to close all windows and doors in event of emergency and this is included in our overall Fire Policy re-enforced through regular training. Regular fire drills remain in place and as such continual reminders in relation to closure of doors will continue.

Fire Stopping works have been completed in all areas. Openings to the ceilings and walls have been fire stopped throughout. All locations have been photographed, recorded and tagged on floor plans.

Fire Rated (fixed) attic hatches have now been installed throughout to strengthen fireproofing and to eliminate the possibility of attic hatches being left open.

N11 corridor;

To enhance compartmentalisation of our unit, a fire rated partition on the N11 corridor has been constructed complete with FD30s fire doorsets.

Ref Regulation 28(1)(b)

Evacuation plans have been enhanced and shared with unit managers and their teams. All fire evacuation floor plans have been printed (A3), laminated and positioned on the walls throughout the Centre.

Means of Escape have been clearly defined with more signs and exit areas fully reviewed, cleared and re-enforced during Evacuation Drills.

Ref Regulation 28(1)(c)(ii)

Scheduled and unscheduled reviews of Fire Safety are completed in St Colman's Residential Centre throughout the year. The fire system is maintained under a service plan agreement.

Fire Safety Walk-arounds are completed with the support of our HSE Fire Safety Officer, the most recent of which took place on the 27.07.2021. Future visits will be scheduled for the completion of works at the end of August.

Hydrant checks and tests are carried out and are informed to Nursing Admin so they can be captured in the Fire Register Folder. The Fire Safety Register and Fire Safety Plan are reviewed against practice and any deficits identified are actioned with learnings shared with the Teams.

Ref Regulation 28(1)(d)

Regular training is completed/reviewed to ensure all Staff remain alert and aware of fire prevention and emergency procedures, building layout and escape routes, location of fire alarm call points, first aid, firefighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. Schedule of training available.

Ref Regulation 28(1)(e)

As Above – a robust schedule of training exists from initial induction to the Team and throughout the year to ensure safe compliance.

Ref Regulation 28(2)(i)

Early warning system, smoke detection and alarms are in place throughout the Centre. Firefighting equipment placed at fire points throughout the Centre. Lighting to guide evacuation throughout the Centre.

Ref Regulation 28(2)(iv)

A comprehensive evacuation plan is in place.

On site Evacuation Drills are being completed weekly. All learning informs policy and procedures for fire evacuation of the Centre.

Full Centre Evacuation plan in place with identified locations to discharge to.

All resident's individual PEEPS records are available and regularly reviewed.

Ref Regulation 28(3)

Evacuation plans have been enhanced and shared with unit managers and their teams. All fire evacuation floor plans have been printed (A3), laminated and positioned on the walls throughout the Centre.

Means of Escape have been clearly defined and exit areas inspected daily and signed off on record sheet.

Drills assist reinforcement of safe egress in the event of fire.

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.	Substantially Compliant	Yellow	30/06/2021
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	Red	27/04/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/06/2021

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	31/08/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/06/2021
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.	Substantially Compliant	Yellow	01/07/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Not Compliant	Orange	01/07/2021

	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	Red	31/08/2021
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	Red	27/04/2021
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.	Substantially Compliant	Yellow	30/06/2021