



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Maynooth Community Care Unit
Name of provider:	Health Service Executive
Address of centre:	Leinster Street, Maynooth, Kildare
Type of inspection:	Announced
Date of inspection:	13 June 2018
Centre ID:	OSV-0000516
Fieldwork ID:	MON-0024146

About the designated centre

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

This centre is a purpose built two storey building located on the edge of Maynooth town. The centre has been operating since 2002 providing continuing long term care and a respite service for male and female residents over 18 years of age with high dependency needs. A regular turnover of two respite persons was confirmed.

The centre is registered for 42 residents with up to a maximum of 38 residents being accommodated at this time. The centre is designed around a central courtyard accessible from the ground floor. Communal day, dining and sanitary facilities were available. There is an additional balcony / terrace off the sitting room on the first floor with a view over the nearby canal.

Residents private and communal accommodation was primarily on the first floor within two distinct ward areas, called Fitzgerald Ward and Geraldine Ward. Bedroom accommodation comprises of single, twin, and up to four beds in rooms. A separate spacious palliative care room was available for residents accommodated in a shared or multi-occupancy bedroom when approaching end of life. This room was spacious and had facilities for both the resident and their family.

A passenger lift is available between the ground and first floor. The ground floor accommodation is primarily occupied by office and administration staff, but includes a spacious oratory for prayer, reflection and repose for residents.

The following information outlines some additional data on this centre.

Current registration end date:	24/06/2021
Number of residents on the date of inspection:	38

How we inspect

To prepare for this inspection the inspector or 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
13 June 2018	10:40hrs to 19:30hrs	Sonia McCague	Lead
13 June 2018	10:40hrs to 19:30hrs	Niall Whelton	Support

Views of people who use the service

Residents who communicated with the inspectors were positive with regard to the service and care provided.

Capacity and capability

This inspection was announced two days in advance to afford the provider representative/s and person in charge notice of an assessment by a specialist inspector in fire safety.

Overall, this is a good centre. There was a friendly atmosphere and residents and staff interacted well. The provider, person in charge and staff team were positive, responsive and committed to achieving and demonstrating compliance.

As part of this inspection, the inspectors focused on fire safety management practices in place and spoke with residents and staff mainly in this regard.

Inspectors also followed up on the breaches identified at the previous inspection on 05 and 08 February 2018 to evaluate the progress of the compliance plan submitted. The provider was implementing the responses outlined in the compliance plan and had been proactive in the recruitment of staff and in the provision of staff training and supervision. Staff demonstrated good knowledge of emergency procedures and of residents requirements. There was significant improvements noted in the overall governance and management arrangements in relation to the safety of residents, policies and procedures and record management.

Despite these, further assurances and improvements were required to ensure effective oversight and efficient controls and fire safety management systems were in place to enhance resident safety and sustain improvements. This is discussed under quality and safety.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew the centre's registration was completed since the previous inspection having supplied the fee and prescribed documents for the application made.

Judgment: Compliant

Regulation 15: Staffing

The provision of staff numbers and skill mix was sufficient to meet the health and social care needs of residents. The planned and rostered staffing levels and mix were available and on duty, as required.

The recruitment of staff members was completed and plans to recruit additional staff to cover shifts and vacancies supplemented by contracted or agency staff was being progressed as outlined in the compliance plan following the inspection in February 2018.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was on-going and a plan to provide and or refresh all staff in relevant topics was in place as outlined in the previous compliance plan response.

Judgment: Compliant

Regulation 21: Records

Records of fire drills and evacuation that were required to be maintained following the previous inspection were available.

Judgment: Compliant

Regulation 23: Governance and management

The systems put in place to review and monitor residents safety, and for the assessment, control and management risk had improved since the last inspection. Some further improvement was required that resulted in a time bound action plan being submitted with assurances following this inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The action plan response in relation to the contracts of care was being progressed and to be finalised later this year as outlined in the provider's compliance plan.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Statement of Purpose was reviewed and amended to reflect the matters required and listed in Schedule 1. Information such as the maximum number of residents per room, occupancy and facilities that are available within each bedroom and ward area, along with the total staff compliment was updated.

Judgment: Compliant

Regulation 4: Written policies and procedures

The emergency, risk management and fire safety policies had been reviewed and were available to inform management and staff practices.

Judgment: Compliant

Quality and safety

At the previous inspection, inspectors were not assured that adequate measures were in place to ensure a safe and timely evacuation of residents from the larger compartments. The compliance plan submitted following the previous inspection in February 2018 did not provide sufficient assurances which resulted in this focused inspection.

At this inspection inspectors reviewed the dependency levels of residents and personal emergency evacuation plans for residents in the larger compartments. Most but not all the residents in the largest compartment with a capacity for 19 residents were either high or maximum dependency and staffing resources at night is limited to four staff members.

While improved fire safety management practices were noted, inspectors still had concerns where up to nineteen residents were accommodated in one compartment. This was relayed to the person in charge and the providers' fire and estates personnel. Assurances were sought as to how the provider is managing this risk.

The provider's staff and management team explained to inspectors that there was a high degree of subdivision in the building and each individual bedroom was fully enclosed providing thirty minutes containment from the effects of fire; they also reported that if a fire was to start in a bedroom, it would be sufficiently contained to allow evacuation of residents by progressive horizontal evacuation. As a simulated drill of the nineteen residents accommodated in the compartment had not been undertaken, the person in charge committed to carrying out a simulated drill exercise to determine the ability of staff to evacuate the area containing up to nineteen residents.

Since the previous inspection, significant improvements were noted in fire safety management and drill practices. Additional evacuation aids had been sought and staff were found to be very knowledgeable on the use of evacuation aids and the procedures to be followed in the event of a fire. The fire policy had been reviewed and updated.

However further improvements were required. Some recommendations identified during drill exercises were not always implemented. Drill practices simulated the evacuation of four residents from a room only and not the full compartment as explained above.

Inspectors reviewed the building in the presence of a fire prevention officer for the provider. The building was found to have good levels of fire safety in terms of fire equipment, building fabric and building services. The fire detection and alarm system had recently been upgraded to a fully addressable L1 type system, which meant that the location of a fire could be readily identified. There was also a repeater fire alarm panel located at each nurse station. The aforementioned would reduce the time to locate and respond to a fire, saving valuable time for evacuation purposes. The building was subdivided with construction that would resist the passage of fire and smoke through the building. Breaches in fire resisting construction for wires and pipework were well sealed. However, of the sample of doors reviewed, there were a number of fire doors which had excessive gaps at the sides and top of the doors which would allow the spread of smoke to areas providing escape for residents and staff. This was brought to the attention of the appropriate officer who immediately arranged for these issues to be remedied. Inspectors found that a full review of fire doors would be required to ensure the effectiveness of those doors.

Inspectors observed manual shut off points for building services such as gas, oxygen and electricity. While they were suitably located, they were not provided with adequate signage to ensure they would be readily identified when required.

Inspectors reviewed the risk assessment for smoking in the centre. Residents who smoke do so in a dedicated smoking room. This was located in a separate

compartment from the compartments where residents resided. The room was appropriately ventilated and residents who smoke are assessed and appropriate control measures identified. It was identified that smoking aprons would be required for residents. These had been ordered but inspectors found the identified interim measures were not appropriately implemented.

After this inspection feedback inspectors received a time bound action plan to address the deficiencies highlighted which provided adequate assurance if implemented accordingly.

Regulation 17: Premises

The action plan response in relation to the premises was being progressed and to be completed later this year as outlined in the provider's compliance plan.

Judgment: Substantially compliant

Regulation 26: Risk management

A risk management policy and a safety statement along with associated procedures were available to include hazard identification and assessment protocols; a risk register with measures and actions required to control the risks identified and procedures to be implemented for specified risks under this Regulation.

While improved fire safety management practices were noted, inspectors still had concerns where up to nineteen residents were accommodated in one compartment. This was relayed to the person in charge and the providers' fire and estates personnel. This and other fire safety assurances were sought and later provided as to how the provider is managing and planning to control the identified risks.

Judgment: Not compliant

Regulation 28: Fire precautions

Since the previous inspection, significant improvements were noted in fire safety management and drill practices. Additional evacuation aids had been sought and staff were found to be very knowledgeable on the use of evacuation aids and the procedures to be followed in the event of a fire. The fire policy had been reviewed and updated.

Despite these, further improvements were required. For example, some

recommendations identified by staff during drill exercises were not always implemented. Drill practices simulated the evacuation of up to four residents from a room and not the full compartment. There were a number of fire doors which had excessive gaps at the sides and top of the doors which would allow the spread of smoke to areas providing escape for residents and staff. The interim or control measures identified in the risk assessment for residents smoking in the centre were not appropriately implemented or available.

Judgment: Not compliant

Regulation 9: Residents' rights

The monitoring devices used previously had been removed to ensure the privacy and dignity of all residents in bedroom accommodation.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maynooth Community Care Unit OSV-0000516

Inspection ID: MON-0024146

Date of inspection: 13/06/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>One wholetime equivalent CNM2 permanent position will be filled by 27/08/2018.</p> <p>One wholetime equivalent interim CNM2 in position since 09/07/2018 until the permanent position is filled.</p> <p>Annual family meetings with CNM2 planned for 2018 with each resident's family. Invitations to families have been posted and suitable dates remain to be agreed and finalized.</p> <p>Person Participating in Management submitted renewed passport on 15/06/2018 to Health Information and Quality Authority.</p> <p>Statement of Purpose has been revised and updated to reflect room purpose and layout 15/06/2018.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contract of care for respite residents in the centre will be in place by 30/09/2018.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The painting on walls and décor in the unit will be updated in dementia friendly fashion with contrasting color schemes by 30/09/2018. This process is currently out to tender with prospective contractors coming on site to assess the project.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Risk management education for all nurses is being planned with the Quality and Risk Coordinator and will be completed by 31/12/2018.</p> <p>Additional oxygen and gas signage has been obtained and is in situ since 22/06/2018.</p> <p>Number of residents in Geraldine Ward has been reduced from nineteen to seventeen to reflect a maximum number of residents in any one fire compartment to seventeen on 22/06/2018.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Current updated fire evacuation notices in place in the centre since 13/06/2018.</p> <p>Simulated deep sleep real time evacuation of nineteen bedded ward carried out on 15/06/2018 involving a night time complement of four staff participating in the evacuation. The entire compartment was evacuated and timed. The Health Service Executive Fire officer is confident in the ability of the unit to evacuate within its own resources.</p>	

Fire risk assessment document reviewed by Health Service Executive Fire Officer and completed on 22/06/2018.

Two additional fire extinguishers are now in position outside the Nurses's station on Geraldine Ward.

Smoking aprons available to residents as of 15/06/2018.

All Personal Emergency Evacuation Plans have been redrafted to reflect preferred method of evacuation for both day and night. This was completed on 22/06/2018.

Regarding each resident, a simulation evacuation was successfully completed by two staff on 22/06/2018, under the supervision of the Health Service Executive Fire Officer.

A survey of all fire doors commenced on 26/06/2018 and was completed on 29/06/2018 by the contracted fire safety company. This report has been forwarded to the Health Service Executive Maintenance Manager for review and subsequent action if required.

Widening of a bedroom door to facilitate the safe evacuation of all residents is currently in the tender process. It is anticipated that these works will be completed by 31/12/2018.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2018.
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	31/12/2018.
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned,	Substantially Compliant	Yellow	30/09/2018.

	the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	22/06/2018.
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/12/2018.
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	Not Compliant	Yellow	31/12/2018.

	fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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	Yellow	31/12/2018.
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Yellow	31/12/2018.
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	31/12/2018.