Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Carthage's House
Name of provider:	St. Carthage's House Company Limited by Guarantee
Address of centre:	Townspark East, Lismore, Waterford
Type of inspection:	Unannounced
Date of inspection:	12 October 2023
Centre ID:	OSV-0000687
Fieldwork ID:	MON-0041700

About the designated centre

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

St Carthage's House is located on a large site on the outskirts of Lismore town, Co Waterford. It is owned and managed by a voluntary organisation with charitable status through a voluntary board of directors. It is a single-storey purpose built centre and was opened in its current location in 1994. It was set up by local people to provide support with activities of daily living to residents with a low to moderate dependency needs who do not require full-time nursing care. Residents are charged a weekly fee, an annual grant is allocated to the centre via statutory funding and additional funds are raised through on-going local fund raising. It is currently registered to provide residential care to 42 older people. There is a large communal sitting room, two smaller sitting rooms in the main building along with a dining room and a small Oratory. Accommodation in the premises comprises four "Courts", Court A, B, C and D. Court A accommodates 14 residents in single bed rooms and two residents in one shared bedroom. Court B accommodates 16 residents in single bedrooms and one double room. Court C contained one single bedroom. Court D is adjoined by a glass corridor to the rear of the main building and comprises eight single en-suite bedroom flats. St Carthage's house is a residential setting catering for the residents to live independently with supportive care. The centre is specific in its criteria and facilitates older adults to continue independent living. The centre does not provide 24 hour nursing care but a registered general nurse is responsible and accountable for the daily running of the centre and nursing staff administer medication during the day and at night time. The staffing structure includes nursing, care staff, household and catering staff and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39

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
Thursday 12 October 2023	10:05hrs to 17:00hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

St. Carthage's House is located on the outskirts of Lismore town, close to its amenities and services. It is within a single storey building, comprising a central area with communal spaces, administration offices and reception, kitchen, staff ancillary areas and one single bedroom. There are three wings connected to the central area. These were previously known as Court A, B, C & D but had recently been renamed and were now known as Oak land, Woodvale and Elm Way wings. Oak Land accommodates sixteen residents in fourteen single rooms and one twin room. Woodvale accommodates eighteen residents in sixteen single rooms and a twin room. Elm Way is registered to accommodate eight residents in single bedroom flats all of which are individually named. The centre is registered to accommodate 42 residents, with 39 residents living in the centre on the day of inspection.

This was a single day unannounced inspection, with a focus on fire precautions and premises.

St. Carthage's House provides accommodation and support for residents assessed as low to medium dependency. Residents are free to come and go from the centre to meet with their family and friends in the local community. The inspector observed that residents independently moved around the centre and were supported by staff in a supportive and respectful manner. Visitors were observed visitiong their loved ones unrestricted.

The inspector was greeted by the assistant director of nursing and the person in charge. The inspector also met with a director from the board of directors. Following the introductory meeting, the inspector, accompanied by the person in charge, did a walk through of the centre.

During the walk about, the inspector noted the door to the office of the person in charge and the door to a day room were propped open with furniture, which meant that a fire would not be contained. The fire alarm panel was located inside the main entrance and it was confirmed to the inspector that it would identify the exact location of a detector if activated. The inspector noted new additional emergency lighting had been provided in the large day room and the dining room. The escape route to the rear of the kitchen was found to have a domestic washing machine and dryer on the corridor, introducing a risk of fire to the escape route. Some storage presses contained electrical panels and when the risks were presented, the management team took appropriate action and had them emptied.

The single bedroom flats are under going renovation and being completed incrementally.

Externally, the grounds were landscaped and maintained to a high standard. Internal courtyards had a mix of paving and planted areas within gravel beds. There was a raised herb bed which was looked after by a resident. Pathways and paving

were kept clean. The external wall to the front of the building had paint samples to enable the residents to chose the colour they would like their home to be.

There was a maintenance request log book and actions which were identified, were addressed within a short timeframe; the system in place was implemented and working well.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Management and staff in St. Carthage's demonstrated a good awareness of fire safety and had good systems of fire safety management in the centre, however improvements were required in the identification of day-to-day fire safety risks as detailed in the quality and safety section of this report. The inspector found that action was required in relation to premises and fire precautions.

St. Carthage's House Company Limited by Guarantee was the registered provider for this designated centre. The clinical management of the centre was led by the person in charge (PIC) who was supported by the assistant director of nursing and a team of nursing, care and administration staff.

Following the previous inspection, the provider, through the compliance plan response had committed to arranging a fire safety risk assessment of the centre by a competent fire safety professional. This action was followed through and the report of this assessment was issued the day before this inspection; a copy of this assessment was furnished to the inspector. The report highlighted a number of fire safety risks and recommended timescales for completion. The director representing the provider confirmed that the report would be reviewed and that a prioritised time bound action plan would be developed, responding to the highest risks in the first instance. The inspector requested that this would be submitted to the chief inspector when available. The provider had completed the other actions under Regulation 28, in their compliance plan. At this inspection, a focused review of fire safety was completed and further actions were identified which are detailed under Regulation 28 in the Quality and Safety section of this report.

Regulation 23: Governance and management

While good governance and management systems were evident in relation to fire safety, in that the provider had arranged for their own fire safety risk assessment of the centre, however there were risks identified on this inspection that required action. These are detailed in regulation 28 Fire Precautions.

The layout and configuration of the laundry and boiler rooms were not aligned to the registered floor plans.

Judgment: Substantially compliant

Quality and safety

Overall there was a good awareness of fire safety in the centre and management and staff were found to be proactive to risks identified during the inspection. Staff spoken with knew the residents evacuation needs, however there were inconsistencies in the documented assessed evacuation needs of residents. Improvements were required in relation to day-today identification of fire safety risks.

The centre was provided with an addressable fire detection and alarm system. This meant that the exact location of the fire detector is quickly identified on the panel, to assist a swift evacuation. The fire alarm was being serviced as required. However, the emergency lighting system provided had some exit signage that were not lit and the service records showed that the system was not being serviced at the appropriate intervals. There was a record of the inspection of the electrical installation on file and this was due to be carried out again in early 2024.

The external buildings housing the laundry, electrical room and maintenance store required further review to ensure adequate containment and detection. There was a fridge located adjacent to the electrical panels, and it was confirmed to the inspector that this would be removed. These were separate buildings to the residential area, so the risk to residents was low.

There were records of simulated evacuation drills and these had improved since the previous inspection. As the residents are mobile, the drills were completed in a manner that simulated how long it would take residents to evacuate.

Staff spoken with were mostly knowledgeable on the procedures to follow in the event of a fire and knew the residents evacuation needs. The notice board near the entrance identified the fire warden on duty at any one time. From a review of the emergency fire action plan, the procedure didn't align with what the inspector was told in relation to the action of the fire warden.

Since the previous inspection, the action relating to the provision of additional emergency lighting was complete and had been fitted in the large day room and dining room.

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire and for reviewing fire precautions:

- a number of storage cupboards housing combustible storage had electrical panels, presenting a risk of fire. Some were not adequately enclosed within construction that would contain fire as required. The person in charge confirmed the combustible storage would be removed
- the arrangements for the storage of oxygen were not adequate; there was combustible storage adjacent and an extension cord trailing over the cylinder.
- the door to the office and the visitors lounge was being held open by means other than a device connected to the fire alarm system
- there was a washing machine and dryer on the escape corridor to the rear of the kitchen. This corridor may be required as an alternative escape route for residents

The arrangements for providing adequate means of escape including emergency lighting were not effective:

- the provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety
- the external paths did not provide adequate escape away from the building. They consisted of narrow concrete pathways and some led directly into a grass area. This had been identified in the centres own monthly fire prevention checklist
- the threshold to some exit doors resulted in a trip hazard and may be difficult for residents with mobility aids
- the alternative exit from the day room had a door which required a code to open it
- the corridor within each unit were undivided and would not provide a barrier to prevent the spread of smoke along the length of the corridors

The measures in place to contain fire were not effective, for example;

- deficits to fire doors were impacting the containment measures in the centre. there were large gaps to the bottom of some doors, some doors not closing correctly. Some were not fitted with the appropriate smoke seal to prevent the spread of smoke
- assurance was required from the provider regarding the fire integrity of the fire compartment boundaries, including the fire doors, used in the adopted horizontal evacuation strategy. The fire safety risk assessment identified

breaches in the fire compartment boundaries within the attic space
- attic hatches within fire rated ceilings were not fire rated
- the enclosure surrounding some storage presses did not provide adequate containment of fire

Action was required to ensure early warning of, and adequate detection of fire:

- The sluice room, a number of small storage spaces, the area leading to the staff room, the lobby between the oratory and a bedroom were not fitted with fire detection. The maintenance shed beside the laundry was also missing detection
- Zoned floor plans were not displayed next to the fire alarm panel

The arrangements for maintaining fire equipment, means of escape, building fabric and building services were not effective:

- the emergency lighting system was not being serviced at the appropriate intervals

The measures in place to safely evacuate residents and the drill practices in the centre required action:

- The evacuation procedure explained to the inspector was different to the documented evacuation plan. While residents were assessed as being mobile and able to self-evacuate with the assistance of staff, the procedure to evacuate a resident who's dependency quickly declined was not clear
- The evacuation needs of residents was assessed using a personal emergency evacuation plan (PEEP) for each resident. The inspector noted inconsistencies in those assessments and action was required to ensure they were correct.

The procedures to be followed in the event of fire were not adequately displayed in a prominent place.

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 Carthage's House OSV-0000687

Inspection ID: MON-0041700

Date of inspection: 12/10/2023

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Amended Floor plans are currently in progress and will be completed by the 23/12/2023	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. All items were removed from the relevant storage on the day of inspection. The Storage areas that contained electrical panels have since been made fire proof. 2. The storage of Oxygen has since been amended away from the extension cord with a new electrical socket planned for implementation mid January 2024. 3. Devices holding open 2 x doors have since been removed and this is monitored daily in compliance with daily fire prevention checklist. Alarm contractor is scheduled to connect mechanism to the fire alarm system on both doors by mid January 2024. 4. The washing machine and dryer in the staff quarters escape corridor is the only storage place where we can ensure there will be no evidence of cross contamination as these are used to launder kitchen items. This will be risk assessed and reviewed by relevant fire consultant. 5. The remaining items of Regulation 28 will be addressed in a staged basis and works will be completed by the 30th March 2024 and will be completed on a staged basis involving Alarms contractor, electrician, plumber and contractor. These items include:	

External emergency lighting on escape routes will be implemented
Accessibility of paths on escape routes - paths will be made wider for suitable access. This will be completed by the end of April 2024 due to weather.
Electrical panels next to storage will be separated by fire proof boarding - storage has also been removed.
The trip hazard on escape doors will be removed and replaced with a flat surface.
The code will be removed from the door on the alternative escape route.
Door seals will be replaced on the doors where there is not an adequate smoke seal noted.
Breaches in the fire compartment boundaries in the attic space will be rectified.
Attic hatches will be replaced with fire proof hatches.
The enclosure surrounding some storage presses will be rectified to provide adequate containment of fire.
Deficits to fire doors that are impacting the containment measures in the centre will be rectified and the large gaps at the bottom of the doors will be rectified by means of a surface mounted fire rated drop down seal which has been approved by the fire consultant.
The fire consultant will also review and assess the containment measures in the long corridors in line with nearest emergency exists.
Areas with missing fire detection will be fitted in line with advise from Alarm contractor and electrician.
Zoned floor plans will be displayed next to the fire alarm panel
Emergency lighting will be serviced 3 monthly and a cert will be issued.
Fire procedure will be documented and on display in appropriate areas.

6. We will also consult with the Firm who completed our PASS 79 Risk Assessment on the above as soon as they are available.

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	23/12/2023
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	12/10/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	13/10/2023

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.	Substantially Compliant	Yellow	13/10/2023
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.	Substantially Compliant	Yellow	13/10/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2024
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	30/04/2024
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	Substantially Compliant	Yellow	30/12/2023

	and safe placement of residents.			
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	30/04/2024