

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Sacred Hearts Nursing Home
Centre ID:	ORG-0000156
Centre address:	Roslea Road, Clones, Monaghan.
Telephone number:	047 51 069
Email address:	sacredhearts@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Varna Healthcare Services Limited
Provider Nominee:	Donal O’Gallagher
Lead inspector:	Brid McGoldrick
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and amendments, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 April 2014 12:00 To: 29 April 2014 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 07: Health and Safety and Risk Management

Summary of findings from this inspection

This monitoring event was the ninth inspection of the centre by the Authority and the fourth inspection carried out in 2014.

The provider submitted an application to renew registration of this centre and an announced inspection to inform a decision regarding this application took place on 19 and 20 February 2014. Fire safety compliance documentation as required by Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 [SI 245 of 2009], and specifically in relation to Article 4(3)(d) was submitted as part of this renewal application by the provider. However, Inspectors were concerned that the structure and layout of the building posed significant risks in relation to fire safety for the residents. Inspectors were also concerned that this risk increased at night given the staffing number and the current dependency level of residents. The matter was referred to Monaghan Fire Authority at that time.

An unannounced follow up inspection took place on 8 April 2014 to assess progress made by the provider in respect of the action plan from the February inspection. In a revised response from the provider on 7 April 2014 to the action plan from inspection of 19 and 20 February 2014, the Authority was advised of a Fire Service Acts Section 20 appeal to be taken by the provider in Monaghan District court on 28 April 2014. On 16 April 2014 inspectors conducted an unannounced triggered inspection and sought a copy of the Fire Safety notice in accordance with Regulation 22 (4) Maintenance of Records requires that the registered provider shall ensure that all documentation of inspections relating to food safety, health and safety and fire inspections is maintained in the designated centre. The Fire report was not available in the centre at that time. The provider was telephoned by the person in charge who advised that he would send the notice to inspectors the following day.

Inspectors requested that additional staffing be put in place at night time and to forward evidence that risks to residents in relation to fire safety were mitigated. An

immediate action letter was issued by inspectors on 17 April 2014 in respect of Fire Precautions and Safety Management.

On 17 April 2014 the provider provided the authority with a copy of the Fire Safety Notice issued by Monaghan County Council dated 19 March 2014 following inspection of the designated centre on 28 February 2014. This notice references that the 'council is of the opinion that the said building is a 'potentially dangerous building' as defined in Section 19 of the Fire Services Acts 1981 and 2003 which would, in the event of a fire occurring therein, constitute a serious danger to life'.

On 18 April 2014, a further triggered inspection was carried out to assess progress with responses to immediate actions requested on 17 April 2014. While some risks in relation to fire safety had been mitigated by actions taken by the provider, inspectors found that significant risks to the safety and health of residents in relation to fire safety still existed and are discussed in Outcome 7 of this report. The Chief Inspector took the decision to seek approval from the Minister for Health for the appointment of Mr. Maurice Johnson, BE CEng, MIEI MStructE, under section 72(1) (a) and (b) of the Health Act 2007, as a person with expertise to accompany the inspector to assist and advise on matters related to fire safety and fire safety procedures in the centre.

This inspection was conducted on 29 April 2014. The inspectors reviewed both the structural and management of fire safety. The operations manager, the person in charge and for parts of the inspection, a member of the care staff monitored the activity of inspectors, although this was neither requested nor required by inspectors.

Maurice Johnson was appointed under Section 72(1) (a) and (b) of the Health Act 2007 to accompany assist and advise the Chief Inspector in relation to Fire Precautions and Records at the Centre with reference to requirements of Article 32 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Inspectors reviewed various documentation/records including the Fire Safety Register, Fire Safety Policy, Daily Resident list, fire drill/training records for 18 April 2014 and 24 April 2014, fire extinguisher schedule prepared by a contractor appointed by the provider, fire alarm certificates from the contractor, a data sheet for an evacuation mattress and other fire related documentation as requested.

On the date of inspection 29 April 2014, the number of residents was 36 with two additional residents in hospital. The provider had assessed the dependency levels of the residents, as set out in the Daily Residents List dated 29 April 2014, to be 16 residents with maximum dependency needs, eight residents with high dependency needs, seven with medium dependency needs and six with low dependency needs.

The provider had also identified that the intended mode of evacuation for all but the residents with low dependency needs to be wheelchair, evacuation chair or mattress/ski sheet. Staff were knowledgeable of the procedures they should follow in the event of the fire alarm sounding. In the fire drill undertaken on 24 April 2014, the provider trainer reported that a horizontal evacuation of six ground floor residents using ski pad, ski sheet and evacuation chair took up to five minutes and 44 seconds. In a similar exercise undertaken on 18 April 2014 with two first floor

residents the training provider reported an evacuation time of three minutes 39 seconds. The building is sub-divided with cross corridor doors into four fire zones at first floor level and three fire zones at ground floor level. The maximum number of residents' bedroom accommodation totals nine residents in one zone with less in all other zones.

Based on the inspectors' findings during this inspection, there was evidence of ongoing non-compliance with the Regulations in relation to fire safety precautions in the centre with associated significant risks to the safety and health of residents living in the centre on this inspection. In the event of a fire, there would be a risk to the lives of the residents and staff.

On Friday 2 May 2014 the Head of Older Persons Regulation and the Deputy Director of operations met with the provider to:

- Clarify the exact nature and immediacy of the fire risks identified.
- Inform the provider of the statutory obligations of the Chief Inspector if the risks are not mitigated.
- Afford the provider the opportunity to assure the Chief Inspector that the identified risks will be mitigated.

The Authority sought and received assurances that the provider would respond to the immediate action plan, outlining the serious risks identified, by close of business on Wednesday 7 May 2014. In the interim, to ensure the safety of residents, the Authority sought and received assurances that the provider would:

- Roster a fifth member of staff on night duty to act as a Fire Marshall.
- Cease admissions pending the mitigation of risks identified.

The action plan at the end of this report was issued to the provider at the meeting with the Authority on 2 May 2014 identifying the immediate actions required to ensure the safety and health of residents living in the centre and to bring the centre into compliance with the Health Act 2007 (Care and welfare of Residents in Designated Centres For Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and amendments, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

Findings:

There is an absence of fire doors to rooms opening off the bedroom corridors which it is noted is a recommendation of the DOE Guide to Fire Safety in Nursing Homes i.e. most room doors are non-fire rated panel or flush doors. This deficiency places all residents of a fire zone at immediate risk in the event of a fire occurrence in that zone whereas with fire doors to the rooms the fire effects can be contained to the room of origin in the first instance.

The pitched roof void is entirely undivided thereby breaching/straddling the fire zones at first floor level. Fire barriers need to be provided in the attic spaces to align with the fire barriers below or the ceiling underlying the attic should be upgraded.

Whilst noting that the an external contractor's, Fire Protection fire alarm certificates dated 27.03.2014 and 11.04.2014 reference the fire alarm as being the highest Type L1 system, several areas/rooms where the level of detection coverage fell short of this standard e.g. bathrooms, sections of corridor.

In several areas where there appeared to be inadequate emergency lighting provided including (but not limited to) various sections of corridors, the ground floor lounge and resident bathrooms. No certification was provided in relation to the emergency lighting in the documentation furnished by the Provider save for dates/entries of routine quarterly testing.

Bedroom 22B is an inner room of 22A and there is no means of escape from this room.

The existing fire doors/screens (i.e. to the staircases/lift, separating the various fire zones and to fire hazard rooms such as the laundry and kitchen) fall short of recommended standards in several respects including absence of cold smoke seals, use of inappropriate concealed jamb closers on unlatched doors, substandard beading on Georgian wired glazing, absence of closers on fire doors to kitchen hatches, excessive uninsulated Georgian wired glazing, absence of fire door signage and absence on site of any fire test certification for the doors/screens.

The chapel, having regard to the potential occupant level (i.e. circa 100-120 persons), should have a second designated exit whereas at present it has a single designated exit. This can potentially be resolved through appropriate modification of the doors leading from the chapel through the mortuary area. In addition the entrance door to the chapel should be modified to enable both leaves to be used for emergency egress.

The inner door at the main entrance at ground floor level has an electromagnetic lock fitted and should also have a Green Break Glass override switch provided adjacent to the door to enable emergency release of the door in fire conditions. It is noted that Green break glass units (BGUs) have been provided at other exit doors which have electromagnetic locks fitted.

The chapel contains a timber ceiling and there are plastic sheeted wall linings in the kitchen and laundry areas. There is no certification in the documents provided by the Provider to affirm that these wall/ceiling linings meet the required Class O rating.

Insofar as the Fire Authority has issued a Fire Safety Notice on the premises containing 38 points it can be concluded that "all of the requirements of the statutory fire authority" have not been complied with albeit noting that the Notice is currently the subject of an appeal by the Provider.

The timber floor at the Southern end of the Centre is unlikely to achieve the fire endurance recommended in the DOE Guide i.e.. 60 minutes. A traditional lath and plaster ceiling (which the existing ceiling/floor is likely to be) and plain edged floor boarding can be expected to achieve only 20 minute fire endurance.

Management Issues;

The methodologies employed in the Evacuation drill, as recorded on 18.04.2014 and 24.04.2014, were not consistent with the evacuation methodology set out on the Daily Resident Lists. It is essential that the intended mode of evacuation be unambiguous to avoid delays in commencement of evacuation and that the drills undertaken be consistent with the intended method of evacuation.

The daily tests on the release of fire doors should be extended to ensure that the release of the exit doors which are fitted with electromagnetic locks is affirmed and recorded as such. This did not appear to be the case nor was it clear from the Register as to the action to be taken by the person undertaking the test should a fault be found.

The Fire Register did not include daily and weekly user tests on the fire alarm and emergency lighting system as is required in the relevant standards i.e. IS3217/3218.

The section of the Fire Register which identifies the duties and responsibilities of staff members in regard to fire was found not to be filled in.

Additional fire procedure notices should be provided (i.e. at least one at first floor level) and these should be consistent and clear as to the action required. Conflicting notices should be removed.

The Provider should have on site test documentation in relation to furnishings (i.e.

mattresses, drapes, upholstered seating), electrical installation, gas installation, fire doors, wall/ceiling linings, fire alarm (design and installation certs), emergency lighting (design, installation and commissioning certs) to verify compliance with the relevant standards as set out in the Department of Environment Guide or equivalent UK standards.

Judgement:
Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Brid McGoldrick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Sacred Hearts Nursing Home
Centre ID:	ORG-0000156
Date of inspection:	29/04/2014
Date of response:	10/12/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and amendments, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

absence of;
fire doors in some areas,
fire barriers in the attic spaces
of fire alarm detection coverage in some areas.
Some fire doors/screens and flooring not meeting recommended standards.
The evidence for the above failings are outlined in the body of the report.

Action Required:

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

Sacred Hearts Nursing Home was issued with a Fire Safety Notice under the Fire Services Acts 1981 & 2003 by Monaghan County Council on 19th March 2014, on foot of concerns forwarded by HIQA to Monaghan Fire Authority following the re-registration inspection of 19 & 20th February 2014. As a point of note none of the HIQA concerns regarding fire safety were discussed at the closing meeting of the re-registration inspection other than to comment on the inspectors opinion that three members of staff on duty at night not would result in an effective evacuation in the event of an emergency, which is also the only concern identified in the draft report received from HIQA for this inspection.

Following works completed on the premises to improve Fire Safety at Sacred Hearts Nursing Home the Acting Chief Fire Officer of Monaghan County Council inspected the premises on 22nd July 2014 and subsequently withdrew the Fire Safety Notice on 28th July 2014, having been satisfied with the works completed and with the Fire Safety Management Plan at Sacred Hearts Nursing Home.

On 29th July J Farrelly, Head of Program HIQA was advised of the withdrawal of the Fire safety Notice and on 31st July 2014 copies of the updated Certificate of Conformity with Fire Safety and HIQA's form for Compliance with Statutory Requirements Relating to Fire Safety and Building Control were forwarded to him.

Up to date certificates under IS 3217:2013 for our Emergency Lighting System and our Fire Detection System have been provided and are available on site for inspection.

We are accordingly in compliance with the Fire Services Acts 1981 and 2003 and the requirements of the Health Act 2007, and Regulations.

Proposed Timescale: 28/07/2014

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The Fire Protection fire alarm certificates dated 27.03.2014 and 11.04.2014 reference the fire alarm as being the highest Type L1 system, several areas/rooms where the level of detection coverage fell short of this standard e.g. bathrooms, sections of corridor.

Action Required:

Under Regulation 32 (1) (c) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

Please state the actions you have taken or are planning to take:

Following some minor additions to our fire detection system a revised up to date Fire Detection and Alarm System Certificate under IS 3217:2103 was received on 11th June 2014 and is available on site for inspection.

Proposed Timescale: 11/06/2014

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Inadequate emergency lighting in several areas,
No certification was provided in relation to the emergency lighting,
Bedroom 22B is an inner room of 22A and there is no means of escape from this room.
Fire doors/screens fell short of the recommended standards,
No second designated exit from the chapel and modifications are required to the entrance door to facilitate both sides being leaves in an emergency.
No break glass unit to override the electromagnetic lock at the inner door at the main entrance

Action Required:

Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

Please state the actions you have taken or are planning to take:

Following the installation of some additional emergency lights an up to date Emergency Lighting System Certificate under IS 3217:2013 was received on 15th July 2014.
An additional door opening into Room 22B from a new Fire Emergency Corridor was installed in agreement with Monaghan Fire Authority.
A second designated fire exit from the Chapel and the required modifications to the entrance door were completed in agreement with Monaghan Fire Authority.
A manual door release unit conforming to BS EN 54-11:2001+A1:2006 was fitted at the inner door at the main entrance.
All of the above were inspected by the Monaghan Fire authority on 22nd July 2014.

Proposed Timescale: 22/07/2014

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

- No documentary evidence to affirm if the wall and ceiling in the chapel meets the required Class O rating.
- Evacuation methodologies were not consistent.
- Daily tests on release of fire doors were not sufficiently robust
- Fire register did not contain all required information such as daily and weekly user tests or identify the duties and responsibilities of staff.
- Insufficient number of fire procedures notices on display and there were conflicting notices on display.
- Absence of documentation in relation to furnishings, electrical installation, gas

installation, fire doors, wall/ceiling linings, fire alarm (design and installation certs), emergency lighting (design, installation and commissioning certs) to verify compliance with the relevant standards as set out in the Department of Environment Guide or equivalent UK standards.

Action Required:

Under Regulation 32 (1) (a) you are required to: Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

Please state the actions you have taken or are planning to take:

A copy of our Management of Fire Safety was provided to Monaghan Fire Authority with a further copy provided to HIQA.

Following the Monaghan Fire Authority inspection of 22nd July 2014 Sacred Hearts Nursing Home was found to be "substantially" compliant, hence the withdrawal of the Fire Safety Notice. Updated Certificates were provided by "a competent person and a properly and suitably qualified person" to verify our compliance as required under legislation.

Proposed Timescale: 31/07/2014

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Insofar as the Fire Authority has issued a Fire Safety Notice on the premises containing 38 points it can be concluded that "all of the requirements of the statutory fire authority" have not been complied with albeit noting that the Notice is currently the subject of an appeal by the Provider.

Action Required:

Under Regulation 32 (1) (f) you are required to: Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Please state the actions you have taken or are planning to take:

Following an inspection of Sacred Hearts Nursing Home by Monaghan Fire Authority on 22nd July 2014 the premises and the management of fire safety were found to be "substantially" compliant and the Fire Safety Notice was withdrawn.

Proposed Timescale: 28/07/2014

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Insufficient number of fire procedures notices on display and there were conflicting notices on display.

Action Required:

Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

Please state the actions you have taken or are planning to take:

Our fire alarm and evacuation procedures are displayed throughout the premises in sufficient quantities.

Proposed Timescale: 02/05/2014