

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003496
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Health Service Executive
Provider Nominee:	John Murphy
Lead inspector:	Philip Daughen
Support inspector(s):	Louisa Power;
Type of inspection	Announced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	0

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
- 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 well-being 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times

From:	To:
25 June 2015 11:00	25 June 2015 15:30

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 designated centre provides residential accommodation for 28 residents with complex healthcare needs and a high level of support needs regarding behaviours, risk and healthcare related issues. Some residents also presented with visual impairments and dementia.

The accommodation is provided over 4 separate buildings all located on the same campus. There was one larger building, hereafter referred to as the main building. The remaining three buildings were smaller bungalow type buildings hereafter referred to as the bungalows.

This centre had previously been inspected by the Health Information and Quality Authority (HIQA) on 22 and 23 June 2015. At that inspection there was a very high level of non-compliance. The centre was inspected against 18 outcomes, and 17 of these were judged to be majorly non-compliant. In addition, an immediate action was given to the provider for failing to ensure effective fire safety management systems were in place.

The purpose of this inspection was to follow up on those fire safety issues.

Inspectors were very concerned that the provider had not addressed the fire safety issues from the previous inspection. On this inspection, inspectors found that due to inadequacies in fire safety management arrangements, a fire event was a possibility within the centre. Inspectors were so concerned as to the serious failings observed relating to both the procedures and the premises that if such a fire was to occur in the centre, the potential for fatalities was a very real risk.

On 26 June 2015, due to the serious issues identified and pursuant to Sections 59

and 60 of the Health Act, 2007 (as amended), an Interim Order was made by Kilkenny District Court, inter alia, cancelling the registration of the centre as a designated centre under Part 8 of the Health Act, 2007. In accordance with Section 64 of the Health Act, 2007, the Health Service Executive (HSE) was directed to make alternative arrangements for the residents as soon as practicable and was directed to take charge of the centre from 19:00 on 26 June 2015.

As the registration of this centre is now cancelled there is no action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspection commenced in the main building. The main building was divided into three areas which were linked to each other with glazed corridors. Two of the three areas provided accommodation for five residents. The third area provided accommodation for six residents. Each of the three areas consisted of a communal living/dining room with bedrooms accessed directly off it. All residents were accommodated in single bedrooms.

All bedrooms in the main building were inner rooms and could only be accessed through a living/dining room. In the event of a fire in one of the living/dining rooms, the residents had no alternative escape route and would therefore be trapped in their bedrooms.

Inspectors noted that the living/dining rooms contained drapes labelled as 'keep away from fire' and leather furniture which, in a number of cases, was ripped or torn with the filling exposed which is contrary to good fire safety management practice. The inspector could find no label on this furniture to indicate any fire resistant properties.

These rooms also contained basic kitchen facilities consisting of a fridge and microwave. Inspectors also observed a laundry room located off one of these living/dining areas. This room was not separated from the living/dining room with fire resistant construction. The room was very warm, the dryer was running unattended, the body of it was hot to touch and there was a polyester blanket resting on it. The room was also used for the storage of combustible materials such as continence wear. These findings were brought to the attention of the registered provider by inspectors.

It was observed by inspectors that no part of the main building was provided with any fire doors to contain fire and protect the means of escape. In the event of a fire, smoke and fire gases would be able to travel largely unrestricted throughout the building. The doors were of light weight construction, and in many cases, actually had a hole of 1 to 2 cm in diameter where the lock had been removed. Furthermore, a number of these

doors had windows in them. Inspectors found storage of laundry and other potential combustibles (for example, refuse bins) in escape routes such as the link corridors between the units. Rooms used for the storage of combustible materials were not provided with fire doors.

The remainder of the accommodation was in three bungalows. These bungalows consisted of a number of bedrooms and a common living/dining space containing seating and kitchen facilities such as a cooker and washing machine. All rooms were accessed off an entrance hall. The appliances were in line with what you would see in a typical domestic kitchen. Inspectors observed that none of these bungalows were provided with adequate fire resistant construction to contain fire and protect the means of escape. None of the doors provided were fire doors and there was storage of combustibles in areas which would endanger the means of escape in the event of fire. As was the case in the main building, smoke and fire gases would be able to travel largely unrestricted throughout the bungalows in the event of fire. The alternative escape routes from these bungalows was through a door opening measured by inspectors at approximately 600mm in width which was too narrow for wheelchair users, even though many of the residents in these bungalows would be evacuated by wheelchair in the event of a fire, according to their evacuation plans.

Inspectors noted that there was no adequate means of detecting and giving warning of fire throughout the centre. Each building within the centre was provided with manual call points only for raising the alarm. The only automatic detection found by inspectors was inadequate in that it consisted of a limited provision of battery-operated smoke alarms. Inspectors found, upon questioning of staff, that there was confusion as to how and where the alarm was raised in the event of fire when a manual call point was activated. Of the staff questioned, a maintenance man was the only person asked who was familiar with the operation of the system. In the event of an activation of a manual call point in the centre, the alarm is raised throughout the entire campus, although the location of the activation is displayed on only one fire alarm panel. This panel was noted as being located in a building elsewhere on the campus. The staff in all other buildings hear the alarm but would not know where the location of the activation was and are dependent on being contacted by phone with this detail. This detail is imperative to direct resources to the correct location in the event of an evacuation being required and any unnecessary delay represents an increase in risk to the safety of residents. Staff indicated that they would use personal attack alarms in this situation, but this is inappropriate as the purpose of these devices is to raise the alarm in the event of an assault on a staff member, not a fire.

The door fastenings and use of locking devices on escape routes was identified as a concern by inspectors throughout the centre. All final exit doors were secured with devices which required the use of a key in the direction of escape. On the previous inspection, it was found that not all staff members had the necessary key upon their person. Many of these doors checked by inspectors had a copy of the key located in a break glass unit adjacent to the door for use in the event the person using the door to evacuate did not have a key. A number of these doors had a key provided in a small combination safe adjacent to the door which was inadequate in the view of inspectors due to the difficulty in using same in emergency conditions with the potential for impaired visibility and panic. A number of the doors had no key provided adjacent to the

door. In addition to the key locks, some exit doors had combination locks where the correct combination had to be entered in order to deactivate the locks. Inspectors observed a number of these combination locks being removed during the inspection. A number of exit doors also had unnecessary deadbolts fitted. The general principle with respect to doors on escape routes is that they should be easily openable in the direction of escape in the event of an emergency. Many doors throughout the centre did not comply with this principle and would cause potential confusion and undue delay in the event of an evacuation.

Emergency lighting was noted as having been provided throughout the centre so that there would be standby lighting in the event of an emergency such as a fire or power failure. This equipment was also noted as having been serviced as required.

In general, first aid fire fighting equipment had been provided throughout the centre and had been serviced as required. However, the extinguishers were observed in unnecessarily difficult to access locations such as in a locked office, or in a location that could be obscured by drapes as observed on both this and the previous inspection.

While there were fire procedures in place, these were noted as not being displayed throughout the centre. Furthermore, the procedure read by inspectors for the main building took no account of the prioritization of evacuating the area in which the fire was located. This may lead to the evacuation of residents in areas distant from the fire instead of evacuating residents in immediate danger. The procedure was also noted as being overly complicated in nature with multiple possible points of failure. While inspectors saw that personal evacuation plans had been created for residents detailing their evacuation requirements in the event of a fire, there were no fire drill records to indicate the adequacy of procedures and staffing in the event of an evacuation of the centre, particularly at night.

With respect to the reduction of the likelihood of fire through fire safety management, there were elements in place that would limit the risk of fire. The centre is on a smoke-free campus and the majority of cooking is done in a central kitchen as opposed to in the centre itself. However, inspectors also observed many elements of poor fire safety management practice as outlined above, such as inadequate furnishings and inadequate storage of combustibles that would lead to a fire event being a possibility. If such a fire event was to occur in the centre, the failings relating to both the procedures and the premises as detailed above, would result in the potential for fatalities in the event of fire.

It was also noted that a large number of the fire safety deficiencies as they relate to the premises were highlighted to the provider in an engineer's report completed July 2014. However, there was no evidence on inspection that any action had been taken on foot of the recommendations in the report.

As the registration of this centre is now cancelled there is no action plan at the end of this report.

Judgment:
Non Compliant - Major

Closing the Visit

Acknowledgements

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

Report Compiled by:

Philip Daughen
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority