



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

Issued by the Chief Inspector

Name of designated centre:	Cahereen Residential Care Centre
Name of provider:	Cahereen Residential Care Limited
Address of centre:	Codrum, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	20 January 2022
Centre ID:	OSV-0000208
Fieldwork ID:	MON-0035695

About the designated centre

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

Cahereen Care Centre is a purpose built 27-bedded care facility with 18 bedrooms which was taken over as a nursing home and further developed by the current owners in 2003. The bedroom accommodation is laid out in nine single en-suite bedrooms, three double en-suite bedrooms, and six other double bedrooms, with adjacent shower and toilet facilities. All bedrooms are situated on the ground floor. In addition to the bedroom accommodation there is a large day lounge, conservatory, and a large dining room for residents' use. There is a suitable, spacious enclosed back garden and front garden area with adequate outdoor seating. The management and governance of Cahereen Care Centre is directed by a team of dedicated and committed members of staff who continually strive to raise standards of care. There is a nurse in the centre on a 24-hour basis. Cahereen Care Centre caters for individuals requiring long or short term nursing or personal care, male and female, predominately over the age of 65 (although this can be altered if we feel we have the capacity to provide appropriate care for a younger individual).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 January 2022	10:40hrs to 18:40hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

The inspector followed the infection control procedure on entering the designated centre. This included hand hygiene, wearing appropriate personal protective equipment (PPE) and recording temperature. The inspector was met by the registered provider and person in charge, who facilitated the inspection.

Following an introductory meeting, the registered provider and person in charge accompanied the inspector on a walk-through of the centre. The centre was warm throughout and there was a relaxed and friendly atmosphere. The inspector observed caring interactions with residents and saw staff chatting with residents in a friendly and respectful manner. During the day, the inspector saw that residents in the main day room were enjoying music and had also been enjoying a game of bingo.

Cahereen Nursing Home is located approximately two kilometers from Macroom town. It is a single storey building, with a small semi-basement area. It has nine bedrooms designated as single rooms and nine designated as twin rooms. All of the single rooms and six of the twin rooms had en-suite facilities.

There was an application to vary the registration of the centre by removing a condition for the designated centre to comply with the regulations. The application included the re-configuration of three separate twin bedrooms consisting of a small extension to each, to increase the available space in the bedroom for residents and to provide a large modern en-suite facility in each. Part of this inspection was to review the newly configured bedrooms, to inform the application to vary registration decision. One bedroom was complete and the other two required flooring and wardrobes to be fitted. The inspector noted the finished bedroom to be finished to a high quality with a fitted sliding door wardrobe, providing each resident with ample storage. The curtain around one bed space required to be extended to ensure continued privacy if the en-suite was being used by the other resident.

The inspector observed escape routes and exits to be clear and free of obstruction. Staff spoken with demonstrated a good knowledge of the evacuation procedures in place and confirmed they had attended training and participated in evacuation drills.

Many of the bedroom doors were fitted with devices which afforded residents the choice to have their bedroom door open and door closers were not an impediment to their manoeuvrability through the building. Once the fire alarm activates, the doors would close. The provider confirmed this device would be fitted to any bedroom if the resident requested for their door to be open.

The fire alarm panel was located in the nurse office and was noted to be free of fault and was fully functional.

The next two sections of this report will present findings in relation to governance

and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced one day inspection of Cahereen Nursing home with a focus on fire precautions.

An immediate action plan was issued to the provider regarding the fire compartments in the building. This is explored in further detail under Regulation 28.

Effective governance and management systems supported a proactive response to the findings of this inspection. Prior to this unannounced inspection, the registered provider had already arranged for a fire safety risk assessment of the designated centre by a competent fire safety professional. This was due to take place on 31 January 2022. In response to risks identified at this inspection, the registered provider brought forward this assessment to address fire safety deficits. The provider also placed an extra staff member at night and sought immediate advice from their fire safety professional on ways to mitigate the identified risks in the interim until the fire safety risk assessment took place.

The findings relating to fire safety are set out in greater detail in the quality and safety section of the report.

Regulation 15: Staffing

A review was required of staff resources at night time to ensure sufficient staff were available to assist residents to be evacuated safely in a timely manner. The centre had only two staff members at night to meet the evacuation needs of 27 residents. The provider immediately arranged for a third staff member at night time to reduce the risk.

Judgment: Substantially compliant

Regulation 23: Governance and management

While effective governance and management systems supported a proactive response to the findings of this inspection, the provider had not recognised some of the risks found on inspection.

- the absence of fire compartment boundaries in the attic
- fire containment issues observed by the inspector
- the arrangements for the storage of oxygen cylinders

Judgment: Substantially compliant

Quality and safety

The centre was provided with an addressable fire alarm system, which would identify the exact location where the fire alarm was activated. There was emergency lighting and fire fighting equipment also provided. The inspector reviewed the records for the above systems and they were serviced and up to date. The inspector also reviewed the fire safety register and the periodic checks of the escape routes and fire equipment and these were up to date.

Training records for staff showed that all staff were up to date with their fire safety training.

The centre was laid out in a manner that afforded residents and staff with alternative escape routes and sufficient exits. A number of the bedrooms were also provided with doors directly out to the rear.

The inspector saw extensive records detailing previous improvements made to the centre relating to fire safety and were collated in a manner that made it easy to review.

Since the previous inspection, hands free taps had been fitted in the sluice room. The provider also had installed an enhanced mechanical extract system to the sluice room and assisted bathroom.

Regulation 28: Fire precautions

An immediate action plan was issued to the provider regarding the size of the fire compartments in the building and how they were reflected in the practiced evacuation in the centre.

The compartment boundaries used for phased evacuation were not effective compartment boundaries. Adequate arrangements had not been made for evacuating residents from the largest fire compartment, with up to fifteen residents, in a timely manner with the staff resources available at night time. In response to this, the provider immediately placed an additional staff member on duty at night to reduce this risk.

The inspector was not assured that adequate measures were in place to contain fire and protect escape routes in some areas. For example service penetrations were noted in construction providing a barrier to fire and the inspector was not assured that the attic hatches within the ceiling were fire rated. There were deficits to fire doors and ducts through the wall of the laundry room breached the fire resistance of the enclosure. It was noted that the proposed fire safety risk assessment included in it's scope, for a full review of containment measures and for a fire door audit.

The provider was required to seek advice from a competent fire safety professional in relation to the safe storage of oxygen cylinders. The inspector noted five cylinders stored within the conservatory. While the cylinders were noted to be securely stored in place, there was an excessive number of cylinders stored and they were at risk of being damaged by moving equipment or wheelchairs. The conservatory was open to the main day room, which residents occupied during the day.

The inspector saw boxes of detergent stored in close proximity to the clothes dryer in the laundry room. Laundry equipment should be maintained clear of combustible storage.

The inspector observed one exit which was sticking to the frame. The exit was able to open, but to ensure it freely opened it required adjustment. The exit door from the conservatory to the rear required a key to open it. While the nurse in charge carried a copy of the key, there was no break glass unit to provide a backup key to open the door. Exit doors should be ready to open where required in the event of a fire.

The small store opening directly into the sluice room required a smoke detector.

Evacuation procedures were displayed to guide staff and residents on the procedure to follow in the event of an emergency. However, the drawings displayed did not align with the fire compartments in place, which may mislead staff during an evacuation.

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 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Cahereen Residential Care Centre OSV-0000208

Inspection ID: MON-0035695

Date of inspection: 20/01/2022

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:

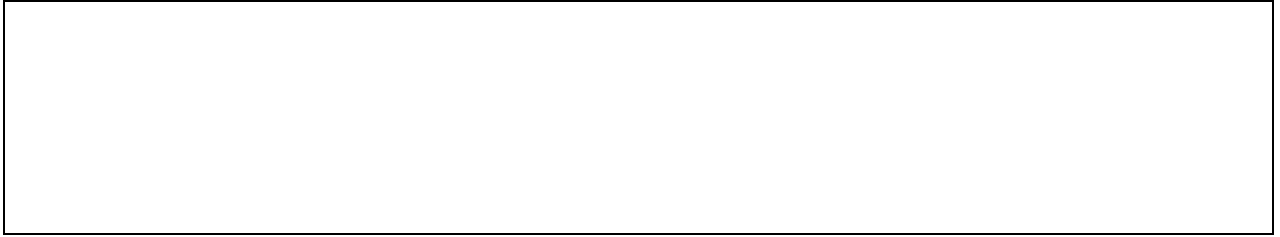
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: An extra staff member was immediately rostered from 8pm to 8am to assist with evacuation should the need arise. This extra staff member will be rostered nightly until remedial works are completed.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A new plan for compartments in the attic has been devised by a competent fire engineer. A fire certificate application has been submitted to Cork County Council. Building of same to commence. Fire containment issues being addressed. Back up oxygen cylinders are now stored externally and only a minimal number held in the nursing home.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The building is being sub divided into six compartments. All other risks identified in this report are being addressed. Mitigating measures in place whilst we await construction to be completed.</p>	



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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	24/01/2022
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	03/07/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Not Compliant	Orange	03/07/2022

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	11/03/2022
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	03/07/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	03/07/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	24/01/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a	Substantially Compliant	Yellow	10/02/2022

	prominent place in the designated centre.			
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