



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

Issued by the Chief Inspector

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| Name of designated centre: | Darraglynn Nursing Home |
| Name of provider: | Darraglynn Nursing Home Limited |
| Address of centre: | Carrigaline Road, Douglas, Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 01 February 2023 |
| Centre ID: | OSV-0000220 |
| Fieldwork ID: | MON-0039162 |

About the designated centre

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

Darraglynn Nursing Home is a family run designated centre and is located within the suburban setting of Douglas, Cork city. It is registered to accommodate a maximum of 25 residents. It is a single storey building with a basement that accommodates the laundry, storage and staff facilities. The centre is set out in two wings named Lucey and Féileacháin (butterfly). Bedroom accommodation comprises 21 single bedrooms and two twin bedrooms; 20 single bedrooms and one twin room have full en suite facilities of shower, toilet and wash-hand basin; one single and one twin room have wash hand basin facilities in their bedroom. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise the sitting room, dining room conservatory and quiet visitors' library room. Darraglynn Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 25 |
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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 |
|------------------------------|-------------------------|---------------|------|
| Wednesday 1 February 2023 | 09:55hrs to 17:30hrs | Niall Whelton | Lead |

What residents told us and what inspectors observed

This was an unannounced one day inspection to inform the decision for an application to vary the conditions of registration following alterations to areas of the centre.

Darraglynn nursing home is within a two storey building on a sloping site. The residential areas of the building are at the main ground floor level with access and escape directly out to the ground level. One escape route is down a rear escape stairs which leads down to a lower ground floor level. Ancillary accommodation comprising laundry facilities and staff facilities are at the lower ground floor level.

The inspector was met by the person in charge, who facilitated the inspection. This inspection included a focused review of fire precautions.

Following an introductory meeting, the person in charge accompanied the inspector on a walk-through of the centre.

The new visitors room was nicely decorated and had a tranquil and relaxing environment, complete with new chairs, coffee table, decorative mirror, water feature and plants. The window from this room looked out to the enclosed patio garden. The signage on the door still indicated it was an office and the room was not fitted with a call bell.

The inspector reviewed the configuration of the newly configured twin room. The space in the room was not sufficient to allow a resident to have a chair and locker within the area screened by the privacy curtain for one of the residents. The space providing access to both wardrobes and the sink was also tight when the privacy curtain was pulled. The privacy curtain rail prevented the window curtain from closing. In the adjacent bathroom, the cover of the tap was missing and some rust was seen on the radiator. The bathroom had been freshly painted and it included a shower, toilet and wash hand basin.

The altered areas at lower ground floor were not yet finished; the fire door to the proposed office was not yet complete, skirting boards were not yet in place in the toilet and there was a gap where the new floor covering met the old. The proposed office was being used for storage.

There was a relaxed atmosphere in the centre; residents were up and about and were seen moving freely through the centre, supported by staff who were caring and did not rush residents when assisting them.

The quiet sitting room was pleasant and was located near to the main dining room. It had shelving with books and homely ornaments. There were three large windows which was providing plenty of natural light.

In the sluice room, there were cardboard boxes for recycling being stored on the floor. The service label on the sluice machine confirmed it had recently been serviced. The water from the hot tap was not hot.

The fire alarm panel was located inside the main entrance with the requisite service record displayed adjacent. The panel was noted to be free of fault and the PIC confirmed that the panel had been adjusted to reflect the revised room functions. There was signage on the wall to indicate the day and time of the weekly fire alarm test as well as instructions for calling the fire service. A fire alarm zone plan was not displayed to show the extent of fire alarm zones.

Signage was displayed on the frame of fire compartment doors, to alert occupants to the compartment they are located in and which compartment is adjacent.

Fire doors were fitted with devices which allowed residents to safely hold open their bedroom door. Once the fire alarm was activated, the doors would close to contain a fire. Some fire doors were seen to have gaps, damaged or painted on seals, or misaligned doors. In one bedroom, a bed requiring repair, was positioned such that the fire door could not close.

In the store room beside the quiet sitting room, there was an electrical panel in the room. The items stored were tidy and kept a distance from the panel, however there were some aerosol containers stored in this room which posed a fire safety risk.

In the kitchen, the extract canopy over the cooking equipment appeared clean and the service records showed this was professionally cleaned by an external contractor. The main dining room extended into a glazed conservatory. It was a pleasant and bright space and had access directly to the enclosed patio garden.

Externally, an safe enclosed patio garden was available for residents. It was provided with furniture, paved areas with plants and shrubs throughout and this was maintained in good condition.

Evacuation ski sheets were fitted to the beds of those that were assessed as being high dependency, however two beds of residents assessed as requiring a ski sheet for the stairs, were not fitted with one. The person in charge immediately arranged for these to be put in place.

Escape routes were kept clear and available for escape if required. There was storage within the escape stairway, including filing cabinets. The PIC confirmed this was a temporary measure while work at lower ground floor was being completed. This was not an appropriate location to store them.

There were drawings on display to support evacuation. These were not consistent and there were a number of variations of style of drawings. Some showed fire compartment boundaries, others did not. One was noted to be mirrored and did not make sense.

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

Darraglynn nursing home limited is the registered provider for this centre. The organisational structure comprised the nominated person representing the registered provider, person in charge and assistant person in charge (ADON), which supported by nursing staff, health care assistants, housekeeping, kitchen and laundry staff, activities and maintenance staff.

The registered provider had submitted an application to vary the registration of the centre for;

- change of use of a treatment room to a twin room and upgrade of adjacent bathroom
- change of use of an office to a visitors room
- alterations at lower ground floor to provide an additional office and toilet facilities for staff.

The inspector reviewed the above areas of the centre. The room intended as a twin room was more suitable as a single room as it could not be configured in a way to provide adequate space within each residents' private area. When the privacy curtains were pulled, there was not insufficient space to allow easy circulation. The flow of water in the sink meant that water was splashing out of the sink.

The works to areas at lower ground floor were not yet complete and there was no call bell within the new visitors room.

There was good overall governance systems in this centre, and the provider and person in charge were very responsive to the findings of this inspection. The inspector saw quality improvement initiatives during the inspection, for example signage was displayed to identify which compartment you are in.

The day-to-day management of fire safety in the centre was adequate for most aspects of the regulations, however further improvements were required and these are detailed under the quality and safety section of this report.

Regulation 23: Governance and management

While effective governance and management systems supported a good standard of fire safety in this centre, the provider had not recognised some of the risks found on

inspection:

- fire doors being held open by means other than connection to the fire detection and alarm system
- there was inappropriate storage within the escape stairway
- appropriate evacuation aids were not provided for two residents to support evacuation on the rear stairs

Judgment: Substantially compliant

Quality and safety

Overall the building was laid out to provide an adequate number of escape routes and exits. Staff had attended training and were knowledgeable on the evacuation procedure. Some improvements were required to ensure sufficient evacuation aids were available for residents assessed as being of high dependency where the alternative escape was down a stairs to the lower level. Improvement was also required to ensure fire doors are unrestricted and able to close when required.

In the kitchen, there was an automatic gas shut off, which activated when the fire alarm was activated. There was also a manual shut off lever, however the enclosing railing of the courtyard obstructed access to the manual shut off lever.

Training records showed that staff were up-to-date with requisite fire safety training. Further fire safety training was scheduled in the weeks following this inspection. From a review of evacuation drills records, there was no drill completed along the rear escape stairs, to test this alternative escape route.

The building was provided with an emergency lighting system and fire alarm system and these were both serviced and up-to-date. The records were not available to the inspector on the day of inspection, but were subsequently submitted in the days following the inspection. The fire alarm system was an L1 type fire alarm system, which is the appropriate category of alarm system for a nursing home. The emergency lighting system was provided externally, however some external escape routes did not have sufficient coverage of emergency lighting to lead occupants safely to the assembly points.

In-house fire safety checks were taking place and these were logged and up-to-date. Improvements were required however, as the fire safety checks were not picking up the items noted by the inspector, for example the storage within the escape stairway.

Regulation 17: Premises

In general, the centre was clean and in good order, however action was required to ensure compliance with Regulation 17 and Schedule 6:

- the position of the bed and wall mounted television in one room, meant that there was a risk of head injury when passing the end of the bed
- the cover to taps in some sinks were missing; this meant they were difficult to clean
- the water in the hot tap of some rooms was not hot, for example, in the sluice room, laundry room and a bathroom
- there were storage issues observed. Cardboard boxes, for recycling, were on the floor of the sluice room and paper towel supply boxes stored on top of the sluice machine. In the dedicated store room at lower ground floor, the inspector observed storage on the ground and not suitably stored on shelving. These posed a risk of cross contamination.
- the hand wash sink in the treatment room was not working and required repair.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire:

- the door to the treatment room was propped open and the door to the office near the main day room was catching on the office desk. This meant that the doors would not close when the fire alarm was activated.
- there were aerosol containers stored in the room with the electrical panel, this required risk assessment
- the small sitting room contained old armchairs; assurance was required that they were suitably fire retardant
- while works were taking place at the lower ground floor, the escape stairs was being used for storage. A more suitable location for this storage was required; escape stairs should be kept free of combustible storage

The means of escape required improvement:

- an exit sign was not lit
- some external escape routes did not have sufficient coverage of emergency lighting to lead occupants safely to the assembly points

The arrangements for maintaining fire equipment were not effective:

- there were maintenance issues to fire doors; for example, damaged or

painted on seals, excessive gaps to the top and sides of doors, misaligned doors

Action was required to ensure adequate containment of fire:

- there were mechanical extract vents to some bathroom ceilings and it was not clear if this impacted the fire rating of the ceiling
- there was a hole in the ceiling of an en-suite bathroom

Action was required to ensure adequate detection of fire:

- an electrical fuse cupboard was not fitted with fire detection

The arrangements for evacuation of residents and staff knowledge by means of fire safety management and fire drills, required improvement

- the alternative escape from one bedroom corridor was down an internal escape stairs. The mode of evacuation for immobile residents down this stairs was by mattress on a ski sheet. Two residents who required ski sheets were not provided with one. The register of residents evacuation assessed needs had not reflected this. The person in charge immediately confirmed that ski sheets would be fitted to these two beds
- assurance was required on the effectiveness of evacuation of residents as there was no record of a fire drill being completed on the escape stairway
- a staff member was not clear at what point the fire service should be contacted on discovery of a fire, which may lead to a delay in the arrival of the fire service

The floor plans on display were not adequate. There were different versions of floor plans displayed. One floor plan was mirrored and would cause confusion if relying on it for the direction of escape. The floor plans were not yet updated with the revised room functions.

Judgment: Substantially 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 17: Premises | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |

Compliance Plan for Darraglynn Nursing Home OSV-0000220

Inspection ID: MON-0039162

Date of inspection: 01/02/2023

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 |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider appointed a company to resolve all the maintenance issues related to fire doors which were notified by the inspector on the day of inspection. The work commenced on 09.03.2023 and was completed by 22.03.2023. RPR has contacted a company to ensure that all fire doors are held open by proper means in line with fire regulations to ensure fire doors are unrestricted and able to close when required.</p> <p>Since the building contractors were working on the extension, on the day of inspection, a few items were kept beneath the stair way which was not obstructing the free movement of staff or evacuation procedure. These items were immediately removed on the next day of inspection (02.02.2023) to ensure that the escape stairway is free from all inappropriate storage.</p> <p>RPR has purchased an additional four new ski sheets to support evacuation of residents through rear stairs. On the day of inspection, PIC has immediately sourced ski sheets from existing stock to ensure all four residents in that compartment have ski sheets in place.</p> <p>A fire and safety company was called in to carry out evacuation drill along the rear stair way to test this alternative escape route. PIC has ensured all staff attended fire evacuation drill conducted through rear stairs. Evacuation drills were conducted on 22.02.2023 and 27.02.2023.</p> <p>A company was contacted by RPR to review the emergency lighting system at all external escape routes and two new emergency lights were installed to ensure sufficient coverage of emergency lighting is provided.</p> | |

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| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: Wall mounted television in one room was relocated in the same room to ensure it is not causing any risk to the resident. All missing tap covers were replaced by plumber on 27.02.2023. The plumber was immediately called in the next day of inspection to fix three taps which did not have hot water and was completed on 02.02.2023. Staff were notified not to keep any card boxes for recycling in the sluice room, arrangements and allocations are made to dispose all recycling wastes immediately to the designated external waste storage area and for not to keep any inappropriate storage in sluice room. All items are now stored in appropriate shelving in a dedicated storeroom. An additional shelving was purchased on 15.02.2023 to keep all items stored on the ground.</p> <p>A new hands-free tap is now installed on 27.02.2023 at the hand wash sink in the treatment room.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Registered Provider appointed a company to resolve the issues related to all fire doors in Darraglynn Nursing Home. The work commenced on 09.03.2023 and was completed by 22.03.2023. RPR has contacted a company to ensure that all fire doors are held open by proper means in line with fire regulations to ensure fire doors are unrestricted and able to close when required. A risk assessment was carried out in the housekeeping storeroom. The fire door to that room was fixed to reduce the gap from the floor. RPR will ensure periodical electrical safety checks are carried out to reduce risk.</p> <p>A risk assessment was carried out in the small sitting room and all chairs were treated with fire retardant spray which will be carried out every year.</p> <p>Two emergency exit lights were replaced on 06.02.2023.</p> <p>A hole in the ceiling of an en-suite bathroom which was connected to an extract vent is now replaced and fixed.</p> <p>Fire detection system (smoke detector) is now installed by a company in electrical fuse cupboard on 06.02.2023.</p> | |

A fire and safety company was called in to carry out evacuation drill along the rear stair way to test this alternative escape route. PIC has ensured all staff attended fire evacuation drill conducted through rear stairs. Evacuation drills were conducted on 22.02.2023 and 27.02.2023.

RPR has purchased an additional four new ski sheets to support evacuation of residents through rear stairs. On the day of inspection, PIC has immediately sourced ski sheets from existing stock to ensure all four residents in that compartment have ski sheets in place.

All staff received fire and safety training on 22.02.2023 and 27.02.2023 and all staff were made clear about the procedure for calling fire emergency service.

The floor plans kept displayed on each corridor were reviewed by a company and our engineer. New updated floor plans with escape routes are now displayed in corridors.

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 | 27/02/2023 |
| 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 | 22/03/2023 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, | Substantially Compliant | Yellow | 22/03/2023 |

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| | 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 | 06/02/2023 |
| 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 | 22/03/2023 |
| 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 | 27/02/2023 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 22/03/2023 |
| Regulation 28(2)(iii) | The registered provider shall make adequate arrangements for | Substantially Compliant | Yellow | 27/02/2023 |

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| | calling the fire service. | | | |
| 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. | Substantially Compliant | Yellow | 27/02/2023 |
| 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 | 22/03/2023 |