



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

## Issued by the Chief Inspector

Name of designated centre:	Glengara Park Nursing Home
Name of provider:	Glengara Park Nursing Home Ltd
Address of centre:	Lower Glenageary Road, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	12 November 2024
Centre ID:	OSV-0000044
Fieldwork ID:	MON-0043924

## About the designated centre

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

Glengara Park Nursing Home can accommodate 66 residents, both male and female. Residents are over the age of 18 years with varying conditions, including dementia, cognitive impairment, physical, neurological and sensory impairments. Residents with end of life and mental health needs are also accommodated. Twenty four hour nursing care is provided.

Glengara Park Nursing Home is a purpose built nursing home composed of 62 single and two double bedrooms. Each room is fully decorated and furnished. Residents are encouraged to bring personal belongings and small items of furniture where appropriate. The majority of the rooms have en-suite facilities. There is one large sitting room and one large family room situated on the ground floor. Other sitting areas around the house include a coffee dock, an activities room. Outdoor facilities include two large patio areas, one of which is secure. A sensory garden is accessible at the front of the Nursing Home.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	64
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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
Tuesday 12 November 2024	08:35hrs to 16:55hrs	Frank Barrett	Lead
Tuesday 12 November 2024	08:35hrs to 16:55hrs	Lisa Walsh	Support

## What residents told us and what inspectors observed

The overall feedback from residents was that they were content living in Glengara Park Nursing Home. The residents were complimentary of the staff and the care they received. The care provided to residents on the day of the inspection was observed to be person-centred. Staff were aware of residents' needs, and the inspectors observed warm, kind, dignified and respectful interactions with residents and their visitors throughout the inspection by staff and management.

Following an introductory meeting with the assistant director of nursing and the person in charge, inspectors were guided on a tour of the premises. It was clear that the assistant director of nursing was well known to the centre's residents and visitors and aware of residents' needs.

The centre comprised of three floors and there was sufficient private and communal space for residents to relax in. Stairs and lifts were available to support resident movement between floors. Resident bedrooms were found to be clean and organised. Inspectors observed that many residents had pictures and photographs in their rooms and other personal items which gave their rooms a homely atmosphere. On the morning of the inspection, newspapers were being delivered by staff to residents bedrooms.

Inspectors observed some improvements in the laundry facilities. The laundry room was clean and tidy and had clear marking to segregate the clean and dirty area.

Activity staff were available to organise and encourage resident participation in scheduled activities. On the morning of inspection, residents played bingo and showed inspectors some of the prizes they had won previously. Later in the day residents were reminiscing with staff while reading newspapers and chatting about old news stories they remembered.

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

## Capacity and capability

This was an unannounced inspection to assess the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013. It was carried out over one day by two inspectors of social

services. This inspection was primarily focused on a review of the premises and the fire precautions in place at the centre.

Glengara Park Nursing Home limited, the registered provider, operates Glengara Park Nursing Home. The person in charge was supported in their role by an assistant directors of nursing (ADON), two clinical nurse managers, a team of nurses (CNM), healthcare assistants, catering, housekeeping, laundry, maintenance, activity coordinators and administration staff. Since the last inspection in May 2024, there had been several changes in the governance and management of the centre. The current person in charge, an experienced director of nursing, had been in post for two months on the day of inspection. There had also been a change in the group management structure with a new group quality and clinical practice lead in post as well as a new assistant director of Nursing and a new clinical nurse manager required.

The provider had audit and monitoring systems in place to oversee the service, however, it needed to be sufficiently robust to identify areas of non-compliance with regulations, which will be discussed further under Regulation 23; Governance and management, 17; Premises and 28; Fire precautions.

Fire safety systems, such as fire detection, fire fighting equipment and emergency lighting, available at the centre to protect residents from the risk of fire, were being serviced and maintained. A fire safety risk assessment (FSRA) completed at the centre in 2022, had identified a number of areas which required improvement. It was clear from discussions with facilities staff that a plan to progress the works was underway, however, some areas of concern, noted on the risk assessment, had not been actioned within the timelines proposed on the risk assessment. The alternative means of escape within this centre for residents within an area of the first floor, was through an exit door within a resident bedroom. This fire escape door was not part of the means of escape audits being carried out. Furthermore, fire drills conducted at the centre did not include this particular escape route and there was no emergency lighting directional signage in place to appropriately direct evacuees to the primary escape route. These and further fire safety issues are discussed under regulation 23 Governance and Management, and Regulation 28: Fire Precautions.

Systems of communication were in place between the senior management in the centre and the registered provider, including a weekly senior management update and a monthly operational management report where matters such as accidents and injuries, clinical updates, risk management, fire safety, audits and infection prevention were discussed. Within the centre were staff meetings involving ward-based staff and nurse management professionals. These meetings discussed aspects which included care planning, falls prevention, safeguarding, mandatory training and infection prevention.

## Regulation 23: Governance and management

Overall, improvement was required by the registered provider, to put in place effective management systems to ensure effective oversight of the quality and safety of service delivered to residents to ensure resident safety in respect of fire safety.

- Issues identified on a FSRA in 2022 were not actioned within the time lines set out in the risk assessment. This included some high risk items such as containment measures. While the provider had a plan in place to rectify these issues, the plan did not include clear dates for completion.
- Storage practice at the centre required review as it impacted on the premises and fire safety. Policy at the centre indicated a separation of storage items and outlined neat arrangement of stored materials, This was not followed as discussed under regulations 17 :Premises, and 28; Fire Precautions.
- Management and oversight of facilities and maintenance required review to ensure that essential equipment is maintained for example bedpan washers.

Judgment: Substantially compliant

### Regulation 14: Persons in charge

The person in charge worked full time in the centre and had the relevant experience and qualifications to undertake this role. They were knowledgeable of their remit and responsibilities. The inspectors found that the person in charge knew the residents and was familiar with their needs.

Judgment: Compliant

### Quality and safety

Overall, this inspection found that residents were supported and encouraged to enjoy a good quality of life. Staff were noted to treat residents with respect and kindness throughout the inspection, however, action was required to ensure a safe service for residents in relation to the premises and fire safety.

The premises of Glengara Park nursing home laid out over three floors, including a lower ground floor, resulted in some centre specific issues in relation to the evacuation of residents. In order to provide two routes to safety from any part of the centre, the provider had ensured that there were stairs in various locations along and at the end of corridors. However, there was one section of bedroom accommodation on the first floor which was not provided with an internal secondary means of escape. The secondary means of escape was through a bedroom to access

an external escape stairs. Emergency exit signage placed on the corridors outside the room, directed evacuees into the room. There was no signage available on some of the sections of corridor that identified the primary, internal means of escape. This could result in confusion, and delays to evacuation in the event of a fire.

Storage practice was impacting on the premises and fire safety of the centre. There were two very large storage spaces on the first floor that were overfilled with items ranging from electrical equipment, to sanitary and cleaning equipment. The way in which the materials were stored within these rooms, meant that access to some materials was restricted. There was a mix of flammable combustible items such as aerosols, cleaning chemicals and alcohol hand gel, stored alongside combustible materials such as cardboard, paper products, and records. Damaged and broken wheelchairs and mattresses were also stored within the rooms. One of the rooms had a large electrical panel mounted on the wall, for which access was partially restricted due to the storage practice. An access door to the rear of this storage room, opened into an attic space. Within this attic space, there were Christmas decorations, and bags with materials within them. This area did not have appropriate fire detection in place that reflected its use as a storage space. Assurance was also required to evidence that there were effective containment measures in place to prevent fire from spreading into the attic space, or contain fire, smoke and fumes in the event of a fire in either storage area. The provider committed to clearing out the storage space, and in the days following the inspection, assurance was received that these areas had been cleared and arranged appropriately.

Containment measures in place at the centre to protect residents from the risk of fire, smoke and fumes, required review. The centre had communications rooms which were small rooms access from the corridor on each level. Inspectors were not assured that containment measures were sufficient to prevent the spread of fire smoke and fumes from these high fire-risk areas, to the surrounding spaces which included the protected escape routes. Doors including some compartment doors required attention to ensure that they would function as expected in the event of a fire, as gaps were noted around the perimeter, and non fire-rated hinges and handles were in use. A review of cross corridor doors was required as inspectors observed that some doors did not close properly. Some of the cross corridor double doors, were a rebated type door, which meant that they needed to close in a specific sequence in order to seal the route. There were no measures in place to ensure that the doors closed in the correct sequence. Additionally, some significant gaps were noted beneath these doors which would impact on the containment of fire smoke and fumes, which would ultimately reduce the effective time available in the place of safety during horizontal evacuation.

These and further issues are discussed under regulations 17: Premises, and 28: Fire Precautions.



## Regulation 17: Premises

Improvements were required of the registered provider to ensure that, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Storage practice required review at the centre as the storage space was overfilled with a range of items and equipment. A large amount of materials were stored on the floor in the first floor storage area which would impact on effective cleaning.
- Maintenance attention was required in a wheelchair store. There was evidence of water damage from previous leaks, which had impacted on the walls, and ceilings within the room. This resulted in an area which was not clean for storage of equipment for use by residents.
- A Bathroom for the use of residents on the first floor was out of order. A sign on the door indicated that the room had been out of use for the previous days. Staff were unsure when the room would be available for use again. While out of order, it was used for the storage of dirty linen.
- Two sluice rooms were out of order. There was a sign on the door indicating that the rooms were not usable, however, staff were unsure of when these rooms would be usable again.
- A maintenance room on the lower ground floor required maintenance attention. The room was adjacent to resident bedrooms, and did not have floor, wall or ceiling finishes. It was visibly dirty and dusty, and was used to store some flammable paint products which could impact on fire safety.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Overall, while the inspectors noted that the provider had in place a plan to address a number of fire safety issues at the centre, there were items which required action to protect residents from the risk of fire.

The registered provider did not take adequate precautions against the risk of fire, and did not provide suitable fire fighting equipment for example:

- Storage practice was presenting a risk of fire to residents at the centre. Flammable and combustible items were stored alongside each other in storage spaces on the first floor. An electrical distribution panel within this room also increased the risk of fire. Separately, a maintenance store room on the lower ground floor was being used to store paint products. This room opened directly onto the protected escape route from resident bedrooms. Assurances were received following the inspection that these items had been removed.

- Electrical distribution panels were noted mounted on the walls within two sluice rooms. The nature of these rooms means that high humidity as a result of water droplets in the air, could result in electrical failure. The electrical cabinets were not surrounded by appropriate sealed containment.

The registered provider did not provide adequate means of escape including emergency lighting for example:

- The emergency lighting system required review. An emergency lighting directional signage mounted on the ceiling of a corridor on the ground floor was directing evacuees into a bedroom which was not an escape route.
- The secondary escape route on the first floor which required evacuees to pass through a bedroom to the fire exit and external escape stairs was not being maintained to ensure that it was available at all times. Emergency lighting directional signage in the corridors outside this area indicated this route as the primary escape route, as opposed to the alternative escape route. This was contrary to the understanding of staff at the centre, the evacuation policy, and the posted evacuation plans on the walls. This could result in confusion and delay to safe evacuation in the event of a fire, as residents, visitors or staff may attempt to evacuate in a direction contrary to the main evacuation route.
- The means of escape from within the day space on the ground floor did not consider the needs of non-ambulant residents. There was a fire exit within the room, however, there were a number of steps upwards in order to reach the exit door. There were no measures in place to move non-ambulant, or residents with poor mobility that may be in this room at the time of a fire, upwards over these steps. The provider committed to placing appropriate evacuation equipment within this room following the inspection.

Improvement was required of the registered provider to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of a fire. For example:

- While extensive fire drills were being undertaken at the centre in line with the monthly fire drill policy, the drills did not fully reflect particular risks specific to the building including:
  - Drills completed did not simulate the evacuation of all the residents in the compartment in which the fire was trialled. This meant the inspectors could not be assured that staff could evacuate all residents within a compartment in a timely manner.
  - There was no record of evacuation being trialled on the external escape stairs from the first floor. This route could be required in the event of a fire, however, staff were unfamiliar with the correct procedure of when and how to evacuate using this stairs.

Improvements were required to make adequate arrangements for detecting fires. For example:

- The centre was equipped with a category L1 fire detection and alarm system. However, detection did not appear to be adequate in the attic spaces which were used as ancillary storage.

The registered provider did not make adequate arrangements for containing fires. For example:

- Fire doors at the centre required review. A sample of cross corridor doors and bedroom doors reviewed by inspectors noted large gapping around the perimeter, non fire-rated ironmongery such as hinges and handles, non fire-rated glazing on some compartment doors, and doors which did not always form a seal when closed. This would impact on the effective use of progressive horizontal evacuation, which was the preferred method of evacuating residents in the event of a fire. The result of this would be that the area of relative safety beyond the compartment doors would not remain relatively safe for the period expected during an evacuation.
- The communications rooms on each level did not have adequate containment measures in place to reflect the high fire-risk nature of the rooms. There was an absence of fire stopping in the ceilings and around the doors of these rooms. This could result in fire smoke and fumes spreading to adjacent areas such as the protected escape routes including the stairs.
- Inspectors could not be assured of the fire rating of attic access points in the centre. This would impact on the compartmentation within the centre, and the protected escape corridors in the event of a fire. Assurance was required in respect of compartmentation of an attic crawl space accessed off the storage room on the first floor.
- A ventilation grill fitted in the wall of a storage room on the first floor, appeared to discharge into the adjoining library. This would result in a lack of containment of fire smoke and fumes between the rooms.

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Substantially compliant
Regulation 14: Persons in charge	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for Glengara Park Nursing Home OSV-000044

Inspection ID: MON-0043924

Date of inspection: 12/11/2024

## 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> <ul style="list-style-type: none"> <li>• In December 2024 a new Fire Risk Assessment was carried out by an external Fire Engineer. As a result an action plan has been formulated and is in the process of being completed within agreed timelines.</li> <li>• All storage in the nursing home has been reviewed. Flammable and combustible items have been removed to an alternative location outside the home.</li> <li>• The home has implemented a new Computerised Maintenance Management System. This provides the local management and Senior Management with oversight of the maintenance department. There are SLA's in place with external companies which covers all equipment in the home including bedpan washers.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• All storage in the nursing home has been reviewed. Flammable and combustible items have been removed to an alternative location outside the home.</li> <li>• The water damage has been resolved and the walls and ceiling cleaned.</li> <li>• Going forward all staff are to be made aware if a room is out of order and for the length of duration.</li> <li>• Both of these sluice rooms are back working and in order. Going forward all staff are to be made aware if a room is out of order and for the length of duration.</li> <li>• This maintenance room has now been closed off and not for use.</li> </ul>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• All storage in the nursing home has been reviewed. Flammable and combustible items have been removed to an alternative location outside the home. The electrical distribution panels will be fire stopped and covered as part of the Fire upgrade works. This maintenance room has now been closed off and not for use.</li> <li>• The emergency lighting directional signage has been reviewed by a competent specialist. The signage has been updated and changed as required.</li> <li>• The home has ordered additional fire safety equipment for this specific activity room. The home is now conducting fire drills where staff have to evacuate using external fire escapes.</li> <li>• All fire drills now consist of a full compartment evacuation. Fire drills also include evacuation via external fire escapes.</li> <li>• The Home has engaged with an external fire engineer who has carried out an extensive review of all fire systems. As a result of the report, the fire detection system will be upgraded in line with L1. We are currently in the process of securing a company to complete same.</li> <li>• A full audit of all fire doors and all fire stopping within the building has been completed by a Fire Specialist. As a result, there will be a number of works required to ensure compliance. These required works are currently out to tender with a number of companies. The tender process will be completed by the end of February 2025. Once the contract is awarded the approved company will commence the upgraded required work. While we await the commencement of works there are internal controls in place to mitigate the risk.</li> </ul>	

## 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	31/12/2025
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	28/02/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	31/03/2025



	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2025
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	30/06/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2025