



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Stella Maris Nursing Home
Name of provider:	Star of the Sea Limited
Address of centre:	Baylough, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	11 January 2022
Centre ID:	OSV-0005614
Fieldwork ID:	MON-0034964

About the designated centre

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

Stella Maris is a small family-run designated centre located in a residential area in the town of Athlone. Twenty-four hour general nursing care is provided for up to 25 residents, both male and female over the age of 18. The majority of residents living in the centre are accommodated on a long-term basis, however short-term respite and convalescence care are also provided. Care is provided for people with a wide range of needs including physical and sensory disability, dementia, acquired brain injury and for all levels of dependency. The designated centre comprises of a converted house over two floors, accessed via a lift. Accommodation is provided in nine twin rooms and seven single rooms (eleven of these have en-suite facilities). Communal areas include a dining room, two sitting rooms, a smoking room and visitors' room. Residents have access to a safe enclosed garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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 11 January 2022	10:30hrs to 17:30hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

The Inspector observed that staff were kind, caring and respectful to residents and supported them to have a good quality of life in the centre. Notwithstanding this, the inspector observed that there were significant fire safety issues and aspects of the design, layout and maintenance of the premises that posed risks to residents' safety and had a negative impact on residents' lives.

On arrival, a member of staff guided the inspector through the centre's infection prevention and control procedures necessary before entering the building. These processes included hand hygiene, face covering, and temperature check. Following an initial meeting with the person in charge, the inspector carried out a walk around of the centre. The centre consisted of two floors and the bedroom accommodation was provided in a mixture of single and twin bedrooms, some en-suite and others not. This was a two storey facility with resident accommodation on both floors, with a lift and two stairs that provided access to the first floor. The fire detection and alarm panel was located at the reception areas and was operational with no faults indicated at the time of inspection, however the provider had failed to display a set of floor plans next to the fire alarm panel. This could potentially delay staff to identify the location of a fire in the centre.

The centre was warm throughout and there was a relaxed and friendly atmosphere. During the walk around the centre it was evident that the residents knew the person in charge and the staff well and they were familiar with the residents needs and preferences. A sitting room at the front of the centre had been set up for visits between residents and their family members and visitors were observed coming and going throughout the day. The inspector observed the internal means of escape were clear, however a timber storage cabinet that contained flammable materials such as candles, footballs and literature was stored along a means of escape adjacent to the smoking room, that lead to the outside decking area was not appropriate for a means of escape. This had the potential to hinder the means of escape in the event of a fire.

The day room was spacious and had access to the outdoor decking area, however directional signage required review as there was a lack of signage from the corridor at bedroom 5 through the dining room to the rear fire exit leading onto the decking area to indicate a clear route to the final fire exit. The inspector observed deficiencies with the fire door into this room in relation to a missing smoke seal and signs of damage to the door that could potentially reduce the fire rating of the door in the event of a fire.

A smoking room between the dining room and the fire exit was not observed by the inspector to be in use during the inspection by residents but it did contain a fire blanket, a smoking apron and was ventilated. Residents were observed during mealtimes on the day in the dining room and residents were served in a helpful and social manner. Residents and staff were seen to have lively chats during mealtimes.

However the inspector noted missing plaster around a skylight and on the ceiling in this area.

There was an awareness of fire safety when speaking with staff and the person in charge. When walking through the centre, the inspector identified containment breaches due to deficiencies with fire doors, penetrations through fire rated construction and non-fire rated attic hatches, all of which are explained in more detail in the Quality and Safety section of this report.

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 risk inspection of the centre by an inspector of social services.

- Monitor the centres compliance with the the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). In particular Regulation 28 Fire Precautions.
- To review fire works carried out to date and to monitor progress by the provider to come into compliance with Regulation 28.

The previous inspection on 01 September 2021 had raised concerns relating to fire precautions in Stella Maris Nursing Home. Concerns were raised that related to inadequate means of escape, in particular the layout of a bedroom opening directly into a enclosed staircase which did not have a automatic opening vent fitted (AOV).

The inspector noted that a full compartment evacuation drill of the largest compartment had not been carried out to demonstrate evacuation procedures in place were fit for purpose and were not assured by the integrity of the centres containment and fire doors throughout the centre.

Assurances were requested from the provider on the above identified risks from the previous inspection. The provider submitted assurances that a third staff member would be rostered at night to address and mitigate the above risks and a fire safety risk assessment would be carried out by a competent fire consultant.

Star of the Sea Limited is the registered provider of Stella Maris Nursing Home. The management team operating the day-to-day running of the centre consisted of the Person in Charge and a Deputy Director of Nursing who were also the provider. The centre is registered to accommodate 25 residents. On the day of inspection, there were 22 residents accommodated in the centre. The provider had a Fire Safety Risk Assessment (FSRA) carried out on the centre by a competent fire consultant. The FSRA had identified significant fire safety risks and the provider had scheduled

January 2022 to begin a schedule of works relating to fire safety risks in the centre.

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. There were a number of areas of concern regarding the adequacy of fire precautions in the centre and significant improvements were required to comply with the requirements of the regulations to ensure that residents and staff were adequately protected from the risk of fire. The registered provider had been pro-active and had commissioned a third party fire consultant to complete a fire safety risk assessment and a containment assessment in the centre. Some progress was made to address the identified risks, however further work was still required with no indication of a completion date. The fire safety risk assessment included recommendations to arrange for a survey assessment report of the containment and fire doors in the building, the containment survey report was not furnished to the inspector when requested.

On the previous Inspections it was noted that there was a floor plan setting out fire exit routes that described a second route through the visitors room. This door was found to be locked on the day of the inspection, with no key seen to be available. It was subsequently confirmed by the provider that this was not a fire exit route and the floor plan would be updated to reflect this in order to avoid confusion during an emergency evacuation. The Inspector noted the same again during this Inspection, floor plans had not been updated. It was also noted on the previous Inspection that a fire exit to the rear of the centre was obstructed by the storage of items, which could impede peoples exit. Storage had been reduced in this area now with only two wheel chairs stored. However a timber storage cabinet was stored on this route. The providers compliance plan response had committed to having the above risks rectified by the 17 December 2021.

All staff had received fire training in November 2021 under the supervision of the providers fire consultant and attended a course on nursing homes fire safety procedures. Training included fire safety training, prevention of fire, staff roles in a fire emergency, safe use of evacuation aids and the use of fire fighting equipment. Staff had completed several different scenarios of a single room evacuation and a scheduled full compartment evacuation was scheduled to be carried out with staff in January 2022.

The provider had not identified risks with fire safety which were impacting on the safety and well being of residents and staff. These will be discussed under the quality and safety section of this report.

Regulation 23: Governance and management

While there was a clearly defined management structure in place, oversight arrangements were not fully effective.

- Oversight arrangements to ensure that adequate fire safety measures were in place were not effective.

- Risks to residents in relation to fire safety identified by the inspector had not been addressed at the centre.
- The management systems in place did not fully support oversight of the centre, for example, weekly fire door inspections did not identify areas to be addressed and were not informing quality improvements even though the fire door survey conducted had identified a number of deficiencies with fire doors.

Judgment: Not compliant

Quality and safety

Inspectors observed some good practices relating to fire safety. The building was provided with emergency lighting, a fire detection and alarm system and fire fighting equipment, all of which were serviced and up to date. The escape routes were kept free of obstruction and staff were able to relay evacuation procedures.

Improvements since the previous inspection included:

- The arrangement of a fire safety risk assessment and containment fire safety assessment
- The appointment of a third party fire consultant
- All doors had an ID tag to assist the ongoing review and assessment of fire doors
- A third staff member had been added to the roster for night time duty
- A fire curtain in the attic had been fitted
- The fire alarm and detection system was serviced and verified as an L1 type system.
- Fire stopping works had been completed above a stairwell adjacent to room seven.
- Fire safety training for staff members had been completed

Notwithstanding that, the inspector was not assured that the fire safety arrangements adequately protected residents from the risk of fire due to the fire safety concerns identified on this inspection and the remaining fire safety works left to be completed.

Drawings submitted prior to the inspection indicated the compartment boundaries were in a different location to the compartment boundaries outlined in the centres current evacuation plan, on which the centres evacuation strategy was based, this may hinder staff when carrying out the evacuation procedure. Furthermore the layout and use of rooms in the centre were not in accordance with the fire drawings dated 2010.

For example:

- A lobby was indicated between room seven and the enclosed staircase

serving the first floor on the fire drawings but was not observed on inspection.

- On inspection a smoking room was observed in the conservatory. The smoking room was not indicated on the fire drawings
- The assisted bathroom indicated on the fire drawings on the first floor was now in use as a laundry room.
- A window was observed in the visitor's room but was not indicated on the fire drawings.
- Bedroom 10 on the first floor was reduced in size to accommodate a new linen store, cleaning store and a store room. These additional rooms were not indicated on the fire drawings.

It was confirmed on inspection that the provider had not fully addressed the compliance plan response for Regulation 28 Fire Precautions from the previous inspection in September 2021 which the provider had committed to completing by 17 December 2021. For example:

- Floor plans had not been updated to remove the secondary fire evacuation route through the visitor's room
- A smell of smoke was still permeating the day room from the smoking room on the day of inspection.

It is the providers responsibility to fully address the compliance plan by the specified date.

On the previous inspection it was noted that a full compartment evacuation drill of the largest compartment had not been carried out to demonstrate evacuation procedures in place were fit for purpose. The inspector noted the same again during this inspection. The inspector noted that staff had not carried out a vertical evacuation from the first floor. This floor can only be evacuated via two separate staircases. The inspector was not assured that staff had the adequate training to carry out a vertical evacuation.

On the previous inspection the inspectors were not assured by the integrity of the centres containment and fire doors throughout the centre. The provider committed to carrying out a number of surveys before the 12th November 2021 to review the adequacy of compartmentation, fire and smoke containment and the integrity of the lift and the lift shaft. On inspection these surveys were not available except for a fire door audit. The Inspector was unable to establish the current findings of the requisite fire surveys but from a visual inspection. Improvements were required in the centre to ensure adequate containment of fire. Deficiencies noted to fire doors, penetrations through ceilings, walls and unprotected glazed areas meant that the inspector was not assured that the fire safety arrangements in place adequately protected the residents from the risk of fire in the centre. For example:

- The inspector observed a double door timber serving hatch between the kitchen and the serving area. The timber hatch did not have an automatic closer, the fire rating was questionable and the serving hatch was not linked to the fire alarm system.

- An attic hatch located in an enclosed staircase was not fire rated.
- Fire containment was compromised in a number of residents bedrooms due to gaps observed around plumbing pipework.
- A store room door did not fully close when released and a door to a cleaners store was partially missing intumescent and smoke seals.

The inspector noted significant concerns regarding the systems in place to protect residents from the risk of fire. These are set out in greater detail under regulation 28.

Regulation 28: Fire precautions

Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

The registered provider did not take adequate precautions against the risk of fire. For example:

- A timber storage cabinet was stored on a means of escape leading to the rear fire exit. The storage cabinet contained combustible materials that should not be stored in this area.
- Repeated non-compliances from the previous inspection. For example: Floor plans on display showed a fire evacuation path to a door that was locked and was not a fire exit. The inspector noted the floor plans had not been updated since the previous inspection to remove this discrepancy.

The inspector was not assured that adequate means of escape was provided throughout the centre. For example:

- Confirmation was required from the provider for the location of the compartment boundaries used for phased evacuation as they were not clearly defined. Since the inspection the provider did submit floor plans that showed compartment boundaries.
- The fire safety risk assessment had recommended a review of bedroom seven and the arrangements in place for the means of escape from this bedroom for residents. This was due to the absence of an automatic opening vent and the deficiencies identified in the office door at the bottom of the enclosed staircase. This had not been progressed at the time of inspection.
- Directional signage required review as there was a lack of signage from the corridor at bedroom 5 through the dining room to the rear fire exit leading onto the decking area to indicate a clear route to the final fire exit.

Adequate arrangements were not in place for maintaining all means of escape, building fabric and building services. For example:

- While weekly checks of fire doors were taking place not all faults had been identified. Due to the observed deficiencies to fire doors in the centre and

identified in the fire safety risk assessment, improvements were required to ensure the checks of the fire doors were of adequate extent, frequency and detail.

From a review of fire drills, the inspector was not assured that adequate arrangements had been made for evacuating residents from the centre in a timely manner with the staff and equipment resources available.

- Regular evacuation drills were being carried out albeit only for a single room evacuation. Since a previous inspection, the provider was requested to submit a fire drill for a full compartment evacuation with night time staff resources. This was due to be submitted in January 2022.
- The inspector noted that staff had not carried out a vertical evacuation from the first floor. This floor can only be evacuated via two separate staircases. Following on from the inspection, the provider was required to carry out a simulated vertical full evacuation of the largest compartment to ensure staff were competent and that adequate resources were available for a vertical evacuation of the residents in this compartment.

The Inspector was not assured that adequate measures were in place to contain fire and protect escape routes in the building. The inspector noted a number of gaps or holes within fire barriers which required sealing. The fire safety risk assessment of the building identified a number of deficiencies with the fabric of the building in relation to fire containment. For example:

- Fire stopping was needed in bedroom 9 and bedroom 12 due to service penetrations in the walls and several ceiling locations had cables that penetrated a fire rated ceiling that needed fire stopping. The Inspector was not assured that the attic hatches within the ceiling were fire rated.
- Some fire doors in the centre required a full replacement due to damage, the majority of fire doors required maintenance to ensure they could effectively prevent the spread of smoke and fire. For example, a store room door was partially missing a cold smoke seal and did not close fully when released. The kitchen store room door had non-fire rated hinges, inadequate ironmongery and did not have a door closer fitted. In general fire doors did not have any fire signage or a fire rating tag. The provider gave assurances that a fire-door contractor was due to start upgrading fire doors the week following the inspection.

The containment survey carried out by the provider had been requested prior to this inspection, however it was not submitted nor was it available to the inspector on the day. The full content and findings of the containment survey are unknown to the inspector.

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

Compliance Plan for Stella Maris Nursing Home OSV-0005614

Inspection ID: MON-0034964

Date of inspection: 11/01/2022

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1) The registered provider has retained the services of a competent person and prepared a fire safety management policy which became effective on 17/01/2022. This includes the introduction of a fire safety register and additional training for staff, including independently observed fire drills. 2) Compartment fire drill was conducted with 2 staff and with a maximum amount of fully dependent residents to obtain worst case scenario situation. 3) Additional staff member has been rostered for the night shift until improvements are made to fire safety. 4) Fire door checks documentation has been updated and captures additional information. 5) Fire alarm and lighting servicing has been changed to a different company. 6) Alarm is now monitored. 6) Directional signage has been changed. 8) Evacuation drawings have been updated, displayed and submitted to the Authority. 9) Certificate for intermesent paint used for smoking room ceiling submitted to the Authority. 10) Meeting held between our fire competent person and Fire Officer regarding our compartmentation proposal, awaiting Fire Officer to revert regarding same. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1) The registered provider has retained the services of a competent person and prepared a fire safety management policy which became effective on 17/01/2022. This includes 	

the introduction of a fire safety register and additional training for staff, including independently observed fire drills. Emergency lighting is maintained in accordance with the criteria of Irish Standard 3217.

2) A fire detection and alarm system examination was conducted to certify its L1 classification. The fire detection and alarm system is maintained and compliant with Irish Standard 3218.

3) Portable fire extinguishers are located throughout the centre and are maintained in accordance with Irish Standard 291.

4) A survey of all fire doors inside the centre was conducted, and corrective work was completed where required in early February 2022. We currently expect the installation of eight fire doors by the end of March 2022; the delay in the installation is outside of the control of the registered provider.

5) Means of escape are available throughout the centre, remedial works are currently undergoing regarding additional compartmentation to ensure the highest possible level of safety to both our residents and staff. We expect this work to be completed by the end of April, the delay is outside of the control of the registered provider.

6) Emergency lighting is maintained in accordance with the criteria of Irish Standard 3217.

7) The registered provider purchased new evacuation equipment in December 2021. Staff have received training in the use of this equipment. There are arrangements in place with 2 other centres for the safe placement of residents within the Athlone area.

8) Timber storage cabinet on the fire exit route has been removed.

9) Certificate for intumescent paint used for smoking room ceiling submitted to the authority.

10) Window in visitors room was removed and appropriately protected.

11) Timber serving hatch in the kitchen area has been removed and appropriately protected.

12) Floor plans have been updated, displayed and submitted to the authority.

13) Directional signage has been corrected.

14) Fire alarm is now monitored

15) Meeting held with our fire competent person and Fire Officer regarding compartmentation proposal, awaiting Fire Officer to revert regarding same.

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 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.	Not Compliant	Orange	17/01/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	11/03/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	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.	Not Compliant	Orange	25/03/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/04/2022
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	Orange	21/03/2022