



**Health
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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:	Atlanta Nursing Home
Name of provider:	Atlanta Nursing Home Limited
Address of centre:	Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	27 June 2024
Centre ID:	OSV-0000010
Fieldwork ID:	MON-0043958

About the designated centre

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

The centre is based in a town with access to shops and other amenities such as restaurants and cafes. The centre was originally two private residences and has been converted in to a three- storey centre offering places for up to 43 residents. The centre offers a service to male and female residents over 18 years of age, following an assessment to ensure their needs can be met in the centre. The centre supports residents with low to maximum dependency needs for full time residential care, respite care, convalescence and post-operative care. There are a mixture of single rooms with en-suite, double rooms, and one triple room. There are 10 rooms on the ground floor, eight on the middle and 10 on the top. There are no day services provided in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 27 June 2024	09:00hrs to 16:10hrs	Frank Barrett	Lead

What residents told us and what inspectors observed

Atlanta Nursing home is a 43 bed nursing home situated a short distance from the beach in Bray, County Wicklow. On the day of this inspection, there were no vacancies. Residents were observed throughout the day in the communal spaces and participating in activities. There was a group of residents watching football matches on TV in one day room, while other some other residents enjoyed music and crafts in another space. Residents who spoke to the inspector expressed their satisfaction with the care provided in the centre. One resident commented that staff are "incredible, and attend to everything with such care" another resident mentioned the food offering saying that there is "plenty of food available". Staff interactions with residents throughout the day were carried out with respect and attention. There was an activities schedule available which included sporting events, craft work, music and reading. Most of the activity for residents throughout the day was occurring on the ground floor where the day rooms are located. Some residents were not participating in activities, and stayed in their rooms in line with their wishes.

The centre is laid out over six levels. The largest area is the ground floor where there are dining and day spaces as well as resident bedrooms, the kitchen and laundry. The first floor incorporates a split level with five bedrooms on the main floor, and two further bedrooms on a lower level accessed by stairs. The second floor is also a split level with a main floor incorporating six rooms, with two further split levels on the stairs each with two rooms each. The centre is serviced by a passenger lift which opens onto the main floor at first and second floor as well as the ground floor. The split level area rooms are then accessed using the stairs which incorporate a chair lift. Some of the bedrooms were not provided with en-suite facilities, and there were shared bathroom facilities available. However, the inspector noted that four bedroom which were home to seven residents on the second floor, did not have a shared bathroom equipped with shower facilities on the same level as their rooms.

A programme of refurbishment and fire safety upgrades was being completed on the day of inspection, with some contractors carrying out finishing works. The centre was warm and bright, and while construction activity was taking place, its impact was minimal, as the works were confined to specific ancillary rooms, and doors.

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 on the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found significant improvements had been made to the centre to ensure that the residents are protected from the risk of fire. The governance and management arrangements at the centre was ensuring that fire safety and the resident environment was not impacting negatively on the quality of life enjoyed at the nursing home.

This was an unannounced inspection to review fire safety arrangements and the premises of Atlanta nursing home. An inspection in 2022 had identified significant concerns in relation to fire safety at the centre. Following this inspection, a restrictive condition was attached to the registration of the centre to ensure that residents at the centre are protected from the risk of fire. This restrictive condition expired in July 2024, and this inspection focused on reviewing arrangements that were now in place, and a review of the premises. While significant improvements had been made, some issues were outstanding which required the attention of the registered provider. These are discussed in Regulation 23 Governance and Management and Regulation 28 Fire Precautions.

Atlanta Nursing Home Ltd is the registered provider of Atlanta Nursing home. The centre had a person in charge who was on annual leave on the day of inspection. Oversight of the nursing home was provided by the company director who also acted as the Deputy Person In Charge (PIC) and engaged with the inspector for this inspection. Oversight of fire safety works was undertaken by another director of the nursing home, and that person was also present throughout the inspection. There were two other senior nurses on duty on the inspection day as well as health care assistants, activities coordinator, catering and household staff.

There was an extensive auditing system in place to ensure that fire safety systems were in working order. Daily, weekly and monthly audits of escape routes, fire fighting equipment, evacuation equipment and fire alarms were being completed at the centre. There was a revised fire safety strategy and policy in place, which reflected changes that had been made during the fire safety upgrade.

The upgrade works to improve fire safety were practically complete, however, a final risk assessment to indicate that all fire safety risks which had been identified, were actioned was not completed on the day. This would provide the necessary assurances that all items were completed. This fire safety risk assessment had been scheduled for completion in the days following the inspection, and was submitted to the office of the Chief Inspector.

Staff training in fire safety was up-to-date, and fire drills carried out monthly, included various scenarios and utilised the evacuation aids and routes present at the centre. A new fire alarm installation was serviced and operational. Staff were familiar with the use of the new system including how to read the new panel and identify the room in which a fire activation had taken place.

A refurbishment project had also been undertaken to improve the space within shared residents bedrooms. This included the repositioning of curtains to ensure compliance with regulations to provide residents with personal space in shared rooms. However, one of the beds in a triple room on the second floor, was not afforded appropriate space for personal items. There were three residents in this room at the time of inspection. Some issues were identified in relation to residents access to shower facilities and storage. These issues are discussed further under Regulation 23 Governance and Management and Regulation 17 premises.

Regulation 23: Governance and management

The registered provider had improved oversight and management systems, to ensure that the service provided is safe, appropriate, consistent and effectively monitored. The management of fire safety had improved since the last inspection. Significant resources had been committed to improve fire safety systems. Audits of fire safety systems undertaken since the previous inspection showed that checks were taking place, and that action items were being resolved. Fire safety was being discussed in detail at management level, and with staff during handovers and staff meetings. However, some final items were still outstanding including:

- A final Fire safety risk assessment had not been completed to ensure that all identified issues had been resolved satisfactorily.
- Notwithstanding the improvements noted on this inspection, further improvement was required in the oversight of fire safety and maintenance as discussed under regulations 28 fire precautions and regulation 17 premises.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the care and support residents received was of good quality and ensured they were safe and well-supported. This was reviewed in the context of the fire safety measures in place at the centre, and the nature of the premises.

The Inspector reviewed arrangements in place to protect residents from the risk of fire at the centre. Significant progress had been made in relation fire safety since the last inspection and since fire safety issues were identified on an inspection in November 2022. An upgrade programme of works had been completed to address concerns raised in relation to fire detection, fire containment and fire doors throughout the centre. While these improvements had reduced the risk associated

with a fire event to the residents, some fire safety concerns were highlighted on this inspection. Containment concerns were still present at the centre, and while new doors had been installed through most of the centre, assurances of the fire sealing around door frames was not available. There was a large electrical panel which was mounted on the wall in the corridor. This was not contained in a fire rated cabinet. Storage areas continued to present a risk of fire spread to the escape corridor, with non fire rated storage spaces in use along one corridor. These storage spaces were cleared out on the day of inspection to reduce the risk. The means of escape was impacted by furniture placement in the dining room, and by a damaged service cover on the escape route externally. These issues are discussed under regulation 28 Fire Precautions.

The premises of the centre was reviewed on this inspection. The centre was clean and bright. Residents had access to external safe garden spaces. There were seating areas, including covered seating in the garden. The layout of the centre impacted on the needs of residents to access shower facilities by the physical nature of the split levels of the building. Access to communal bathrooms was impacted on the second floor for residents that may have difficulties in negotiating stairs. On the day of the inspection, there were two high dependency residents on this level. The nearest accessible shower was on the next split level upwards. This area was not accessible using the passenger lift. There was a chair lift fitted to the stairs, but this was not suitable to the needs these residents. The residents could use the passenger lift to travel to the floor below to use an accessible shower.

While works had been carried out to provide residents with private space in shared bedrooms, there was one resident in a shared bedroom that was not provided with adequate private space to include space for their personal belongings, and a chair. The bed was against the wall in the corner of a three bedded room, and the privacy curtain around this bed space was very close to the two sides of the bed. Premises issues are discussed under regulation 17 Premises.

Regulation 17: Premises

Improvement were required of the registered provider to ensure that the premises is appropriate to the number and needs of the residents of the centre and is in line with the Statement of Purpose. For example:

- There were high dependency residents located on floors where assisted bathrooms or showers were not available on that level. This impacted on the needs of these residents to have access to appropriate shower facilities.

Improvements were required, 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:

- A resident bed space within a triple room did not have the required floor area to include the space occupied by the bed, a chair, and personal storage space. The space within the privacy curtain in this room was restricted to the size of the bed itself, with no additional space for personal storage, or furniture.
- Some maintenance issues required attention such as painting work to finish around areas where remedial fire safety works had concluded.
- A light switch was not appropriately fitted to the wall in one bedroom. There was a hole in the wall above the light switch,
- There was inappropriate storage of linen, toiletries and personal protective equipment in cupboards along the corridor on the ground floor. This was a repeat finding.
- There was damage to a section of ceiling in a staff toilet as a result of a leak. The sections of panelling at the ceiling had been removed to access the leak, however, the ceiling had not been remedied.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Works had been completed at the centre since the last inspection to improve the overall level of fire safety. However, improvement was required in some areas to comply with the requirements of the regulations.

Improvement was required by the registered provider to take adequate precautions against the risk of fire, for example:

- Storage was impacting on fire safety. Storage of combustible materials alongside flammable items was identified in the ground floor corridor. These materials were stored in cabinets which did not appear to be fire rated. There was no effective separation of higher risk items, and there was no fire detection present within the storage space. These cabinets were cleared out on the day of inspection to reduce the risk.
- Electrical service boards were present on escape routes. The panels were not encased in fire resisting construction and presented a risk of fire to the escape route.

A review of the means of escape was required by the registered provider for example:

- A service manhole cover was in poor condition on the means of escape to the assembly point at the side of the centre. This could impact on evacuation of residents in the event of a fire.
- Furniture in the dining room was partially obstructing the exit door. This could impede evacuation through the door in the event of an emergency

evacuation from the centre and result in a loss of valuable time in the evacuation of residents.

- The placement of the beds within a triple bedroom also impacted on the means of escape from that room. The space to exit between two of the beds was too narrow for mattress evacuation. Two of the residents in this room were high dependency and required mattress evacuation.

Improvement was required by the registered provider to make adequate arrangements for containing fires. For example:

- An under stairs storage space was not provided with a fire rated door. When this was brought to the attention of the provider, the inspector was told that no storage is permitted within this storage space, however, on the day of inspection there was a vacuum cleaner, a mirror, and a rubbish bag within the space. This under stairs space did not have appropriate fire sealing around the door frames, and the doors were metal, which did not include any smoke seals.
- A newly fitted door was identified as having expanding foam placed around the door frame to fill the gap following the door installation. Assurances could not be provided that this material had the required fire rating. In the absence of the correct fire rating, this could present a weakness in the containment of fire smoke and fumes on the escape routes.
- A newly fitted door did not close fully on release of its holder. This would impact on the containment of fire smoke and fumes through the corridor in the event of a fire.

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 Atlanta Nursing Home OSV-0000010

Inspection ID: MON-0043958

Date of inspection: 27/06/2024

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> <p>Fire Risk Assessment done 26th June and report received 6th July. All issues have been actioned or in the process of being actioned. Spread sheet results already submitted to HIQA.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>No High dependency residents on floors without assisted bathroom or shower. Bed spaces to be improved. Maintenance and damage issues to be attended to. Storage or linen etc in extensions has been removed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1) Storage on corridor has been removed 2) Electrical service boards to be encased correctly 3) Manhole cover to be replaced 4) Furniture in dining room to be reconfigured 5) Triple bed room to be reconfigured where possible 6) Storage removed from under stairs 7) Fire Certificate from contractor will be sought re fire doors 8) All fire doors now close 	

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/09/2024
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	30/09/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	20/08/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Substantially Compliant	Yellow	20/08/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	20/08/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2024