



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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|----------------------------|---------------------------------------|
| Name of designated centre: | St John's Community Hospital |
| Name of provider: | Health Service Executive |
| Address of centre: | Munster Hill, Enniscorthy, Wexford |
| Type of inspection: | Unannounced |
| Date of inspection: | 04 April 2024 |
| Centre ID: | OSV-0000604 |
| Fieldwork ID: | MON-0043239 |

About the designated centre

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

St. John's Community Hospital is located on the outskirts of a busy town. It is a purpose-built single-storey centre which can accommodate up to 104 residents. It provides rehabilitation, respite and extended care to both male and female residents over the age of 18, although the majority are over 65 years of age. The centre is divided into four units. In total, there are 20 four-bedded rooms, two twin rooms and 20 single rooms. All have full en-suite facilities. Other areas include day rooms, a smoking room, kitchenettes, offices and treatment rooms. There is also a large main kitchen and laundry. There are enclosed external gardens which are spacious and well maintained. Seating is provided there for residents and their visitors. There is parking space provided for residents, staff and visitors. According to their statement of purpose, St. John's aim to provide person-centred care to the older population of County Wexford. They aim to provide quality care in a homely environment where everyone is treated with dignity and respect.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 97 |
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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 4 April 2024 | 10:00hrs to 18:30hrs | Niall Whelton | Lead |
| Thursday 4 April 2024 | 10:00hrs to 18:30hrs | Yvonne O'Loughlin | Lead |

What residents told us and what inspectors observed

This was a short notice announced inspection to monitor compliance with the regulations made under the Health Act 2007 (as amended) and to inform decision making regarding the renewal of the registration for the designated centre. The inspectors were met by the director of nursing (Person in Charge) and an assistant direction of nursing (ADON), both of whom facilitated the inspection. This inspection included a focused review of the premises and fire precautions. The centre is registered for 103 residents, with 97 residents living in the centre on the day of inspection.

St. John's Community Hospital is within a modern single storey health care building on a spacious site close to Enniscorthy town. The grounds are well laid out and maintained to a good standard.

The centre comprises four wards; Oak, Elm, Ivy and Beech. These are each connected together by large corridors, which also provides access to ancillary staff accommodation such as administration, staff welfare, laundry and kitchen facilities. Bedroom accommodation in the centre is predominantly multi-occupancy with over 75% of residents accommodated in 4-bedded rooms. All bedrooms have ensuite bathrooms.

During the walk-through of the centre, the inspectors observed that the centre was clean, with the fabric of the building mostly in good condition. Observations included wear and tear to some walls and doors and plans were in place to address these by the end of May of this year, in line with the compliance plan for the previous inspection in January of this year. There was a folding partition dividing two day spaces and this was broken. The folding partition separating staff training area from a residents day space, had panels which were not secured in place and would move if leaned on. There was a socket in this area with a broken cover.

Overall there was a relaxed and calm atmosphere in the centre; residents were seen up and about and were seen moving freely in the centre, supported by staff who were caring and did not rush residents when assisting them. Some residents spent their time in their room and others were enjoying activities in the day space. The Ivy ward accommodated residents living with a cognitive impairment and there were access controls into this unit. Residents were seen to congregate around the nurse station to be near staff, who were kind and conversed with residents. Visitors were seen coming and going throughout the day and met with residents in their room or within the various communal areas available.

There was access to a number of outdoor spaces for residents. There were three enclosed courtyards and further outdoor spaces to the sides. These were maintained to a high standard and created a pleasant external environment for residents. The

day was cold so residents were not observed to be using the outdoor spaces, however inspectors saw there was unrestricted access to the main central courtyard.

Internal escape routes were observed to be un-obstructed and exits were clear and openable. There were contractors in the centre carrying out remediation works to fire doors throughout. Each door was seen to have a tag for the purpose of a fire door audit, with the actions of the audit in progress.

There were evacuation floor plans displayed throughout and these were easy to read, however the information contained in the floor plans was incorrect; there were reference to sixty minute fire compartment boundaries, which were actually thirty minute compartment boundaries.

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

There were management systems in place, however they were not sufficiently robust to recognise and respond to fire safety risks. Urgent assurances were required from the provider regarding risks to residents safety due to inadequate fire safety training for staff and for deficits to the residents call bell system. Action was required under Regulation 23; Governance and management, Regulation 17; Premises and Regulation 28; Fire Precautions

The Health Service Executive (HSE) was the registered provider for St. John's Community Hospital. There was a senior HSE manager nominated to represent the provider. The person in charge had responsibility for the day-to-day operational management of the designated centre and was supported by an assistance director of nursing and a team of clinical nurse managers, nurses, health care assistants, household, administration and maintenance staff.

Fire safety training was being provided for staff, however this training did not meet the requirements of Regulation 28; Fire Precautions. This was identified to the provider at an inspection in January and the same risk still persisted; staff received only part of the fire safety training required by the regulations and had not received formal training in the evacuation procedures, building layout and escape routes, location of fire alarm call points, fire fighting equipment and fire control techniques, each of which is required under the regulations. In the provider's compliance plan for the previous inspection, to capture the deficits to fire safety training, the provider committed to commencing on site fire safety training in March, however this was now delayed to a date in June. Owing to the risk to resident safety, an urgent compliance plan was issued to the provider to expedite this training and implement interim controls to manage the risk. A full overview of the fire safety

training provided to staff is required to ensure the training is centre specific, relevant and meets the requirements of the regulations.

There were a number of rooms, used for the running of the designated centre, which were not within the red line (the line on the registered floor plan which sets out the extent of the registered designated centre), which included the maintenance workshop, the boiler room, pump house, electrical room.

Regulation 23: Governance and management

The management systems in place were not sufficiently robust to ensure the service provided is safe, appropriate, consistent and effectively monitored. They were not effective to recognise risks and to put adequate controls in place, for example;

- the oversight of fire safety training did not ensure effective fire safety training was delivered to staff. Staff had not received appropriate training in the evacuation procedures, building layout and escape routes, location of fire alarm call points, fire fighting equipment and fire control techniques, each of which is required under the regulations. Staff spoken with were not all confident in the evacuation procedure. the fire safety management policy required each staff member to attend fire safety training and fire drills at least once per year
- there were deficits to the call bell system, both for resident call bells units and staff devices; this impacted residents rights and their safety
- the exit from the Beech unit, which was not wide enough for bed evacuation, had been identified by the local management but no action was taken by the provider

The provider was issued with an urgent compliance plan to address the urgent risks identified with the fire safety training and the call bell system. The provider's response provided assurance that these risks were addressed; this is discussed further under relevant regulations in the quality and safety section of this report.

The registered provider is required to arrange for a fire safety risk assessment of the centre to identify, assess and rate all fire safety risks in the centre, in the context of the design of the building and its use as a nursing home.

Judgment: Not compliant

Quality and safety

Overall, significant improvements were required by the provider to ensure adequate oversight of, and recognition of, day to day risks to residents in the centre. Action was required by the provider in relation to Regulation 17; Premises and Regulation 28; Fire Precautions.

The building did not align with best practice for nursing home occupancy, and had been designed to meet the requirements of a health care facility. Compartments to facilitate progressive horizontal evacuation comprised up to 56 residents, with sub-compartments for up to 20 residents. The provider was exploring options to further subdivide the building into smaller sub-compartments, however these proposals were based on sixty minute compartments, which were found to be thirty minute fire rated during the inspection

The travel distance (the distance to travel when escaping from a position in the building to an exit) were based on an a travel distance of up to 60 metres if two routes are available and 15 metres for a single route. The travel distances in nursing homes should not exceed 20 metres for two or more available routes and 10 metres if in one direction only.

The inspectors noted there were no exits available along the full length of the south side of the building, resulting in the extended travel distance to get to a final exit. In the Beech Ward, the final exit had been altered at some point resulting in a narrower exit. The evacuation strategy in place is bed evacuation, and this exit would not facilitate that type of evacuation. Furthermore, the external route from this exit was narrow and led to a grass area.

The provider is required to review the fire safety strategy in the centre for nursing home use and the additional fire safety risks arising from that use. For example there were;

- extended travel distances
- excessively large fire compartments to facilitate horizontal evacuation
- inadequate numbers of final exits
- day spaces open directly to bedroom corridors

The inspectors saw a risk assessment for the large fire compartments; not all controls were being implemented, for example, one of the controls included ensuring all staff receive adequate fire safety training. The absence of site specific fire safety training resulted in this risk not being adequately managed.

The resident call bell system was one where staff carried a mobile pager type unit to be alerted when residents would require assistance. In one unit, three of four pager units were missing and the remaining one would not be available when being charged. In another unit, the inspectors saw the pager units left unattended at the nurse station and not being carried by staff. The inspectors tested a sample of call bells and the audible tone from the call bell system was low and could be missed, impacting residents safety if calling for assistance. This issue had not been identified by the provider and was not included on the risk register.

The inspectors saw that equipment such as bedpan washers, the kitchen fire suppression system, and kitchen extract duct system were being serviced and maintained at the required intervals as required.

Regulation 17: Premises

The provider had taken action to address the findings of the previous inspection and was on target to meet the commitments given in their compliance plan with the exception of the provision of chairs in some resident's rooms; this was due to delays with suppliers.

On this inspection, deficits to the call bell system presented a risk to the safety of residents living in the centre. There was not an adequate number of pager 'Man down' devices available for staff, not all were fully working and where they were available, not all staff were carrying the device. There were a number of areas where an adequate call bell was not available for residents, therefore impacting their safety. An urgent compliance plan was issued and the provider's response did provide assurance that the risk was adequately addressed. In their response, the provider confirmed that the call bell system had been reviewed on each ward and confirmed all residents had access to a call bell in working order. The provider further confirmed that additional pager units were sourced and that staff carried the pager units to be alerted to a call bell being activated.

Further action was required on this inspection to meet the requirements of regulation 17 and Schedule 6;

- the ventilation outlet covers were observed to be not clean
- there was damage to a ceiling from a previous leak and investigative opening up work; the repairs had not been completed
- some light fittings were loose and not secured
- there was inappropriate storage, for example; the activities room in the Ivy Ward was being used to store equipment such as mobile hoists and specialist chairs

Judgment: Not compliant

Regulation 28: Fire precautions

The inspectors were not assured that the registered provider had taken all reasonable actions to ensure that residents were appropriately protected from the risk of fire. The shortfall in the fire safety training specific to this centre created a risk to the safety of residents and impacted the ability of staff to recognise and respond to fire safety risks. An urgent compliance plan was issued and the provider's response did provide assurance that the risk was adequately addressed. The

provider provided assurance that additional site specific training had been arranged to meet the requirements of the regulation, expedited to commence on 18th April and it confirmed it would capture all staff.

The provider was not taking adequate precautions against the risk of fire, nor adequately reviewing fire precautions, for example:

- the inspectors observed oxygen cylinders stored along escape routes. This introduced an unnecessary risk to the escape corridors
- there was out of date signage displayed regarding procedures for the piped oxygen system and fire hose reels
- improvements were required in the day-to-day fire prevention practices in the centre. The inspectors observed cardboard boxes stored up against electrical sockets
- there was a fire safety policy in place, however the named key personnel was incorrect

Action was required to ensure adequate containment and detection of fire, for example;

- the inspectors were not assured that the centre was adequately sub-divided into effective fire compartments to support the progressive horizontal evacuation strategy. While units were subdivided with thirty minute 'sub-compartment' walls, it was not clear if these boundaries were effective compartment boundaries to support horizontal evacuation. The size of the sixty minute fire compartments were excessive, as a result of being designed as a health care building. The Elm and Oak comprised one large sixty minute compartment, with capacity for 52 beds. The Ivy and Beech each formed a separate sixty minute compartment with 20 residents in Ivy and 32 residents in Beech
- while there is an ongoing programme of work addressing deficits to fire doors in the centre, there was no date by when this work would be complete
- the inspector observed gaps between the frame of a fire door and the wall in which it is fitted, to a sample of electrical cupboards reviewed. This means that fire would not be effectively contained. This was not part of the scope of works for the fire door programme of work
- it could not be confirmed that glazing within some fire rated enclosures achieved the appropriate fire rating and required review
- smoke detectors in some bedrooms were too close to the wall to be fully effective

The provider was not ensuring an adequate means of escape was provided, including emergency lighting, for example:

- the distance to travel within wards, and to reach final exits exceeds the limits for travel distance in a nursing home
- the final exit from the Beech Ward and the subsequent external route, did not allow bed evacuation which is the identified evacuation strategy

- some areas of the external escape routes did not have adequate coverage of emergency lighting to ensure safe escape to the assembly points
- the day space for the Elm and Oak wards were adjoined, separated by a folding partition. These rooms were open directly to the bedroom corridor. This meant that the escape corridors for those bedrooms were not protected from the risk of a fire in the day spaces and would allow the spread of fire and smoke along the escape corridor
- designated exits from two day spaces in the Ivy ward were taken out of use as exits in the absence of appropriate risk assessment
- some bedroom escape corridors were not effectively sub-divided by fire doors to restrict the spread of smoke along their length

The arrangements in place for maintaining fire equipment, means of escape, building fabric and building services were not adequate, for example

- there were outstanding actions for the medical gas system, identified from an inspection in February of this year which had yet to be completed
- there was no record that the electrical installation in the building had received its periodic inspection report (a report intended to identify the condition of the fixed electrical installation) and there was no record to show when portable electrical appliances had last been tested
- the inspectors observed some emergency lighting exit signs that were not lit

The provider had not made adequate arrangements for staff to receive suitable training in fire safety and had not met the minimum requirements of the regulations. Staff were completing online training; 86 percent of staff completed this training and 64 percent attended a fire safety drill. Staff had not received appropriate training in the evacuation procedures, building layout and escape routes, location of fire alarm call points, fire fighting equipment and fire control techniques, each of which is required under the regulations. Staff spoken with were not all confident in the evacuation procedure.

The measures in place to safely evacuate residents and the drill practices in the centre required action. While regular drills were taking place, they lacked detail to demonstrate that the staff available knew the procedure to follow for different areas of centre. The procedures varied, for example; a section of the Elm Ward and Oak Ward were in one sub-compartment and this would result in up to eighteen beds to be evacuated in one drill. This scenario was not evident in the drill records available. There was no drill report that showed that external escape routes had been tested to ensure potential evacuation aids (beds, wheelchairs etc) could fit and easily be manoeuvred along the route.

The procedure for calling the fire service relayed to the inspector, was that the person in charge in the centre at night time would call the fire service. Staff spoken with gave mixed responses and some indicated it would be the nurse in the individual units. This created the risk of the fire service not being called.

The evacuation procedures displayed included evacuation floor plans. These were to a good standard, were easy to read and were displayed throughout the centre.

However, the information on the plans included incorrect information. They showed sixty minute fire compartment boundaries within each unit; these were in fact thirty minute fire barriers. This may impact the evacuation strategy, where staff are assisting residents into an area which may not effectively protect them from the effects of a fire. The procedures displayed, did not differentiate between the procedures for day time and night time, which were different.

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 17: Premises | Not compliant |
| Regulation 28: Fire precautions | Not compliant |

Compliance Plan for St John's Community Hospital OSV-0000604

Inspection ID: MON-0043239

Date of inspection: 04/04/2024

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 | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Site-specific, in person fire safety and evacuation training commenced at St. John’s Community Hospital on Thursday 18th April 2024 and Friday 19th April 2024. 88 staff have now completed this training. A further day of training is booked for Wednesday 24th July 2024 to capture the remaining staff members. The training provider has confirmed the training contains: <ol style="list-style-type: none"> 1. Fire Prevention Measures – best practice as to good housekeeping and fire prevention measures such as, overloading electrical sockets, excess furniture, keeping escape routes clear, location of portable oxygen cylinders. The importance of keeping the fire register checked and updated. 2. Emergency Procedures both in case of sounding of fire alarm and if a staff member discovers a fire. 3. Site-Specific Evacuation Training taking account of building layout, fire safety plans, primary and secondary escape/evacuation routes including stairs, fire compartments, use of manual call points 4. Fire Control Techniques – containment, horizontal evacuation through compartments. 5. First Aid & Fire Fighting Techniques – fire points, use of extinguishers, fire blankets and “Stop, Drop and Roll” in case of a person’s clothes catching fire, • Online fire safety training is now complete and in date for all staff with the exception of those staff who are on long-term sick leave/maternity leave. Arrangements will be made to ensure these staff complete the training as part of their return to work. • There is a monthly fire drill schedule in place across the hospital and this is audited by the senior nurse management team. Reporting on drills is reviewed at the quarterly hospital governance meetings. • The call bell system at St. John’s Community Hospital has been reviewed on each unit – we can confirm all residents have access to a call bell in working order. In addition to the calls, there is also a visual alert, in that on using the call-bell, a light goes on outside the room requiring assistance which supports all staff in ensuring all active calls are responded to. | |

- Additional call bell receivers (Man down) are now in place in all units with staff carrying these in person at all times. Check lists and testing are in place to account for each one and this will be subject to audit.
- A review has taken place of the final exit from Beech ward and it is planned to increase the opening to allow for bed evacuation, with the associated widening of the footpath leading to the front of the building. Expected Completion Date: 30/09/2024.
- St. John's Community Hospital is supported by the HSE Regional Fire Prevention Officers who work to iteratively assess and mitigate the risk of fire within the centre. This is an ongoing and dynamic process to support improvements to the safety of the centre for residents and staff through the process of a live fire safety management plan which is risk-rated for prioritisation.
- The provider is committed to carrying out a comprehensive Fire Safety Risk Assessment (FRSA) by an appropriately qualified contractor. This is subject to a tendering and appointment process in line with the HSE's National Financial Regulations. The resultant report will be submitted to HIQA without delay. Expected Completion Date: 30/09/2024.

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|-------------------------|---------------|
| Regulation 17: Premises | Not Compliant |
|-------------------------|---------------|

Outline how you are going to come into compliance with Regulation 17: Premises:

- The outstanding chairs for the resident's rooms have now been delivered and are in place.
- The call bell system at St. John's Community Hospital has been reviewed on each unit – we can confirm all residents have access to a call bell in working order. In addition to the calls, there is also a visual alert, in that on using the call-bell, a light goes on outside the room requiring assistance which supports all staff in ensuring all active calls are responded to.
- Additional call bell receivers (Man down) are now in place in all units with staff carrying these in person at all times. Check lists and testing are in place to account for each one and this will be subject to audit.
- The cleaning of the ventilation outlet covers, remedial decoration to portion of the ceiling damaged from previous leak, tightening of loose light fixtures and shelving of a storage area to allow for the removal of chairs from the quiet room on Ivy have been lodged with Maintenance. Expected Completion Date: 30/09/2024.

| | |
|---------------------------------|---------------|
| Regulation 28: Fire precautions | Not Compliant |
|---------------------------------|---------------|

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Site-specific, in person fire safety and evacuation training commenced at St. John's Community Hospital on Thursday 18th April 2024 and Friday 19th April 2024. 88 staff have now completed this training. A further day of training is booked for Wednesday 24th July 2024 to capture the remaining staff members.
- Oxygen cylinders have now been removed from the escape routes. Further to assessment and review, we intend to further mitigate the risk from the presence of oxygen cylinders by reducing the size of the cylinders – we await the delivery of ordered brackets for the smaller cylinders to mount the cylinders safely and securely. Any unused cylinders will be removed from the wards to the appropriate storage area. Completed.
- All out of date signage regarding procedures for piped oxygen and fire reels have been removed.
- Weekly fire checks are in place in all areas – it has been highlighted with the staff who carry out such checks to be mindful of good fire prevention practice and to ensure any inappropriate storage that could hinder evacuation, or contribute to the risk of fire is highlighted to management and removed as soon as is noted. This is noted on the weekly fire checklists which are subject to audit by the senior nurse management team.
- The current fire safety policy is currently under review and will be updated as soon as changes are complete.

- In consultation with the regional Estates team, a design team, led by a suitably qualified architect in conjunction with the regional fire prevention officers, is being assembled to review the design of St. John's Community Hospital with due regards to recommending and commissioning of works to provide additional compartmentation and address the travel distances and final exits. This is expected to require significant capital investment in order to address the misalignment between the current design for a healthcare building and the required design for a designated centre for older people. The expected completion date for the totality of these works is provisionally June 2025 and a project plan will be shared with HIQA once in place for further consultation.

- An inter-departmental team within the HSE of service management, registered provider representative, Fire Officers and Estates Management has already been convened to progress immediate fire safety upgrades including:
 - o Immediate works have been commissioned to introduce 2 additional sets of fire doors (see Appendix drawing) which will achieve dual objectives of
 - Sub-Division of the largest 60 minute compartment to divide the Oak and Elm wards into 2 x 60min compartments. Each 27 bed compartment will then have a 9 and 18 bed 30 minute sub compartment. Expected completion date: 30/09/2024.
 - These two doorsets as shown above will also separate day room areas from the bedroom corridors for Oak and Elm wards. Expected completion date 30/09/2024.
 - Further subdivisions of wards are expected following the FRSA.
 - As part of our ongoing fire safety management processes, the following additional controls are being put in place to further mitigate the inherent risk:
 - o Yearly in-person, site-specific fire safety training, supported by online fire theory training for all staff. Expected completion date 24/07/2024 and ongoing yearly thereafter.
 - o Due to the size of the centre, there is an ongoing iterative programme of works to

review, maintain and repair the fire doors. The Fire Officer will meet with the contractor to identify the need to ensure any gaps between the frame of the fire door and the wall to which it is fitted is made good as part of these works. Furthermore, the glazing within/above these doors will be added to the scope of these maintenance works to ensure the glazing is either to within the required standard or is identified and replaced. Expected completion date: 31/12/2024.

o A full electrical inspection will be completed by a registered electrical contractor including the testing of portable electrical appliances. This will also include a review of the placement of smoke detectors in bedrooms and emergency exit light signs. Expected completion date: 31/12/2024.

o A review has taken place of the final exit from Beech ward and it is planned to increase the opening to allow for bed evacuation, with the associated widening of the footpath leading to the front of the building. Expected Completion Date: 30/09/2024

o A request has been logged for review and increase of emergency lighting where required to ensure safe egress to assembly points. Expected completion date: 31/12/2024.

o Monthly fire drills will continue based on the site specific training. The testing of external escape routes with due regard to the evacuation aids required for the residents in an area will be incorporated.

o Procedure and responsibility in relation to calling the fire service is prominently displayed in all areas to avoid confusion and will also be discussed at ward safety pauses to ensure all staff are knowledgeable on the procedure in place.

o The evacuation floor plans are being reviewed to ensure all information displayed is correct and relevant to current circumstances of the centre. As the above mitigation works are completed, there will be requirement for iterative updates and these will be completed as soon as there is any change to evacuation procedures in line with the center's fire safety plan. Any such changes will be identified to all staff at ward safety pause and incorporated into fire drill without delay.

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. | Not Compliant | Red | 30/09/2024 |
| 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 | Red | 30/09/2024 |
| 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 | 30/09/2024 |

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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. | Not Compliant | Orange | 31/12/2024 |
| 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 | 30/06/2025 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Not Compliant | Orange | 30/09/2024 |
| Regulation 28(1)(d) | The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the | Not Compliant | Red | 24/07/2024 |

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| | procedures to be followed should the clothes of a resident catch fire. | | | |
| 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. | Not Compliant | Orange | 24/05/2024 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 30/09/2024 |
| Regulation 28(2)(iii) | The registered provider shall make adequate arrangements for calling the fire service. | Substantially Compliant | Yellow | 24/05/2024 |
| 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 | 30/09/2024 |
| Regulation 28(3) | The person in charge shall | Substantially Compliant | Yellow | 24/05/2024 |

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| | ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre. | | | |
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