Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Phoenix Park Community Nursing Units
Centre ID:	OSV-0000476
Centre address:	St Mary's Hospital, Phoenix Park, Dublin 20.
Telephone number:	01 6250300
Email address:	rosemary.reynolds@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Deirdre Murphy
Lead inspector:	Niall Whelton
Support inspector(s):	Philip Daughen
Type of inspection	Unannounced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	22

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
19 May 2016 10:00	19 May 2016 14:20

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Health and Safety and Risk Management	Non Compliant - Major

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection of the Chapel View building forming part of the Phoenix Park Community Nursing Units. The inspection took place over one day.

There were 14 residents residing in the Chapel View building on the day of inspection. The building was previously inspected by the Authority on the 10 March 2015 and on 23 February 2016 during which the inspector identified fire safety deficiencies.

The purpose of this inspection was as a follow up inspection to determine compliance with respect to Health and Safety and Risk Management, and specifically, on the arrangements in place with regards to fire safety. It is noted that the number of residents had decreased significantly since the previous inspection dated 23rd February 2016 from 24 to 14. The building originally had a capacity for 36 residents. Inspectors were informed that a plan was in place to relocate the remaining residents to a different centre within a short time frame. Information received subsequently confirmed that a plan was in place to relocate the remaining residents to the alternative centre during the week of 28th June 2016.

The inspector noted areas of good practice in relation to fire safety management but further improvement was required to meet regulatory requirements. The building was found to be in poor condition, with no improvements noted since the previous inspection. The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Safety and Risk Management

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The action with regard to fire doors, identified on previous inspections was being addressed. Inspectors were informed during the inspection that a contractor had been identified and a letter of intent had been issued to carry out the work with regard to fire doors. This work however, would not be complete prior to residents being transferred to alternative accommodation.
The inspectors reviewed the fire safety management practices in place, including the physical fire safety features of the building. Inspectors also examined records for maintenance, fire safety training of staff, evacuation procedures and programme of drills.

The inspector noted that this unit in the centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system throughout. The fire detection and alarm system was provided with a main panel located in the administration office, with repeater panels located in both the male and female wings of the building. The system was capable of identifying the location of an activated device. A test was carried out in the presence of the inspectors to verify this. There were a number of small storage rooms which were not provided with smoke detection. Service records were not available for the fire detection and alarm system on the day of inspection. Information received subsequently, indicated that the records are kept centrally on site on St. Mary's intranet site with updates sent to each unit quarterly. The CNM2 performed a bell test, in the presence of the inspectors, by activating a break glass call point. This was carried out at the request of the inspectors to ensure that the system was operational. The panel was capable of identifying the location of the activated device and did not display any faults on in the system.

Inspectors noted the provision of emergency lighting throughout the unit and maintenance records for same indicated that the system was being serviced as required. First aid fire fighting equipment was evident throughout and was noted as having been serviced.

The inspectors found that the building was not adequately separated by construction resistant to the passage of fire, and in particular, there was a lack of appropriately positioned fire doors. The walls for the most part were of masonry construction but the extent of cavities above the ceiling level was not clear. There were holes drilled in areas though the ceiling plasterboard and plasterboard partitions, possibly for the purposes of cavity ventilation, thus breaching the line of fire resistance in some instances. There were extensive instances where the enclosure to rooms, which would require construction resistant to the passage of fire and smoke, contained holes, gaps and imperfections of fit. Inspectors noted a number of rooms used for the purposes of storage, which did not have a fire rated doorset fitted or smoke detection provided. The layout of the building was such that a central corridor provided access to the single bedrooms and ancillary accommodation. The rear glazed corridors were accessed through two rooms previously used as single bedrooms. The rear glazed corridors provided access to the multi bedded rooms, single rooms and the day room. The unoccupied multi bedded rooms were used for storing equipment. Each corridor was sub-divided with fire resisting door assemblies. While a small number of fire doors were functioning correctly, in many cases the fire doors were not furnished with a complete set of intumescent strips and cold smoke seals. In addition fire doors were noted to be warped, had gaps at the head and jambs of the doors and not provided with functioning self closing devices. There were instances where fire doors provided with self closing devices were wedged open. In one instance where the electromagnetic-hold-open device to a cross corridor door was broken, the door was wedged open.

The main entrance to the building was fitted with a magnetic locking device fitted to the top of each door leaf, requiring a code to open the door from each side. Inspectors were informed that the door was connected to the fire detection and alarm system and the lock would release upon activation of the alarm. In addition, a green break glass unit was fitted adjacent to the door. The remainder of the final exits provided escape via the rear glazed corridor. There was a key lock fitted to each exit with a break glass unit containing a key adjacent to each. Inspectors were informed that, with the exception of the single leaf exit from the male unit, each exit was fitted with the same lock and was capable of being unlocked with one key. Inspectors were informed that a key to the exits was kept with the set of keys for access to medication, on each side of the building. Inspectors advised that all staff should have a copy of each key on their person at all times while on duty. The glazing along the rear corridor was fitted with curtain poles which extended across over final exit doors, allowing the curtains to obstruct the exits.

Inspectors noted that there was a room which housed an emergency trolley fitted with an oxygen cylinder, which was adequately enclosed in construction resistant to the passage of fire. This room was found to have a number of loose oxygen cylinders with combustible storage on high level shelves. The fire detection and alarm system was not extended into this room. Inspectors advised that loose oxygen cylinders and the items of combustible storage should be removed from this room.

During previous inspections, inspectors noted that the conservatory accessed from the rear glazed corridor was used as an area for smoking. This room was no longer being used and people, who smoke, do so outside the front main entrance in the open air. People who smoke are given aprons and are fully supervised by staff. Cigarettes and

lighters are retained by staff. Inspectors were informed that at the time of inspection that there were four residents who smoked residing in the unit.

There was a fire procedure in place in the building. This was displayed in both written and drawing format. It is noted that the layout of the building was not accurately reflected on the drawings. It was evident from the layout of the building, size of exits and the provision of ramps at all exits that bed evacuation was available. It is noted that in an emergency situation, there is a considerable support network of available personnel from adjacent units, to assist in evacuation. Shelter and supervision is also available from adjoining units.

Considering the reduced numbers of residents, the availability of staff and support from adjoining units, the ability to engage in direct bed evacuation at night and the short duration to the date for relocation to an alternative designated centre and inspectors found that the means of escape in this instance was adequate.

Inspectors found that the needs of residents in the event of a fire were assessed by way of a Mobility Assessment document which detailed the residents name, location and mobility status. The assessments were found to be rudimentary in nature and would benefit from additional detail on cognitive ability, method of evacuation for both day and night time and details on supervision requirements after evacuation.

Fire drill records were available indicating that fire drills were being carried out in the centre as part of the fire safety training for the building. Inspectors were informed verbally that night time drills were carried out in the building. Although records were not available to demonstrate that night time drills occurred, the fire drill schedule for 2016 indicted that a drill had been due to take place on the 19th February, but there was no record of this drill on file. It was noted that drills are carried out under the supervision of an external fire safety contractor.
The provider had made necessary arrangements for fire safety training to be provided to staff. Documentation available to inspectors demonstrated that fire safety training was carried out on numerous occasions throughout the site with staff required to attend both fire extinguisher training and evacuation training once per year. From the records observed, it appeared that for the most part staff training was up to date. However, it appeared that a small number of staff had not had appropriate training within the previous 12 months, but had attended the appropriate training the previous year. Training records indicated that one staff member had not received training in evacuation procedures, although they had attended fire extinguisher training.

The fire safety register was available for inspection by inspectors. Records indicated that daily checks—up to the date of inspection— were taking place, for escape routes, signage, fire door devices, break glass units and the fire alarm panel. Although daily checks for the aforementioned were taking place, inspectors noted that in one instance the electromagnetic hold-open device on a cross corridor door was damaged and was not noted in the fire safety register.

Judgment:
Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Phoenix Park Community Nursing Units
Centre ID:	OSV-0000476
Date of inspection:	19/05/2016
Date of response:	20/06/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Safety and Risk Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Certificates of Servicing of the fire detection and alarm system were not available on the day of inspection.

Some fire exits locked with key operated locks were not provided with appropriate safeguards to ensure they can be opened in the event of an evacuation.

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
1. The certificates of servicing of fire detection and alarm system were emailed to Niall Whelton 27th May 2016.
2. The glazing along the rear corridor was fitted with poles which extended across over final exit doors allowing curtains to obstruct the exits .
Note ; these curtains are now removed to make clear the exits.

3. All staff members are to be provided with a key to hold on their person for each shift until these doors are fitted with release system that is interfaced with fire alarm
4. Note that: the electromagnetic hold open devise to a cross corridor door was broken and wedged open – this door is now fixed since inspection & no longer wedged open .
5. The glazing along the rear corridor was fitted with poles which extended across over final exit doors allowing curtains to obstruct the exits .
Note ; these curtains are now removed to make clear the exits
6. Inspectors advised that loose oxygen cylinders and the items of combustible storage should be removed : note that this has been competed –spare cylinders have been removed from this room and the only remaining cylinder on in the emergency trolley .

Proposed Timescale: 20/06/2016

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One staff member, who was scheduled on night time duty on the week prior to the inspection, had not attended fire evacuation training.

2. Action Required:
Under Regulation 28(1)(d) you are required to: 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 procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
1. All staff are scheduled to attend Fire training for 2016
2. No staff member to be allocated night duty until evidence of Fire training is complete. Memo to enforce this standard send 17th June 2016 to all CNMs. This will be in force from mid July 2016 to give time for duty rotas to be set
3. Fire policy to be updated to include procedures to be followed should the clothes of a resident catch fire.
4. Fire officer to include procedures to be followed should the clothes of a resident catch fire in evacuation training .Request send via email to fire training officer to ensure

this is included in training for all staff

Proposed Timescale:
1. Fire training is ongoing for 2016 . A schedule has been developed. Chapel View staff have been informed to complete fire training on the 11th & 12th July.
Also fire site Specific training will be provided in Navan road Community Unit on the 14th & 15th July by Fire Protection Ireland. No staff member will be allocated night duty until evidence of Fire training is complete. Memo to enforce this standard send 17th June 2016 to all CNMs .This will be in force from mid July 2016 to give time for duty rotas to be set
2. Night duty Allocation will be audited to ensure that all night staff have Fire training completed. This will commence mid July 2016.
3. policy to be updated by end of July 2016
4. next training date 11th July 2016

Proposed Timescale: 31/07/2016

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire drill records required more detail in order to ensure that all concerned are aware of the procedures in place to facilitate evacuation in a timely fashion, particularly for night time evacuation.

3. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
1. Update of fire evacuation drill records to include more detail to ensure that all concerned are aware of the procedures in place to facilitate evacuation in a timely fashion, particularly for night time evacuation.
2. Night time drills in progress for all units - to arrange fire officer to carry out night drills with staff. Night drills to be carried out with 2 people on duty as this is who will be available on night duty

Proposed Timescale:
1. July 19th for update of fire drill template.
2. Fire drills will be completed week ending 24th July 2016 following initial instruction from fire training contractor at night.

Proposed Timescale: 24/07/2016

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire detection and alarm system was not extended to all areas consistent with a Type L1 system.

The provision of fire resistant doors throughout the building required assessment to ensure that fire resistant doors are provided where they are required and that any existing fire resistant doors have all the necessary features necessary to ensure they can perform as required.

Corridors providing means of escape were not adequately provided with construction resisting the passage of fire.

The following rooms were not adequately separated from adjoining areas with construction capable of resisting the passage of fire:
• Rooms used for storage
• Kitchen
• Bedrooms
• Dayroom
• Switch room
• Room housing emergency trolley

4. Action Required:
Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
1.There are areas of chapel view that are not covered by L1 system such as above and female toilet lobby , toilet sluice room lobby AED store room and main entrance lobby. The maintenance supervisor has been informed and inspected the area and an action plan to install L1 system to these areas to be addressed .

The fire alarm system, to upgrade it to an L1 system, will be carried out by Q3- Q4 2016 – note all residents will be vacated from Chapel View by 10th July 2016

Proposed Timescale: 31/12/2016

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review of the residents' mobility assessment document showed that the evacuation

needs of residents were insufficiently detailed. Individual personal emergency evacuation plans were not available.

5. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
1. We have more detailed Personal Emergency Evacuation Plans for each resident in place

Proposed Timescale: 20/06/2016

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The fire evacuation drawings displayed around the unit did not reflect the actual layout of the building.

6. Action Required:
Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

Please state the actions you have taken or are planning to take:
1. Map of unit displayed outside nurses station has been updated to reflect current use and location of map.

Proposed Timescale: 20/06/2016