

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bray Manor Nursing Home
Centre ID:	OSV-0000018
Centre address:	47 Meath Road, Bray, Wicklow.
Telephone number:	01 286 3127
Email address:	braymanor@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Barravore Limited
Provider Nominee:	Shay Costello
Lead inspector:	Niall Whelton
Support inspector(s):	Leone Ewings
Type of inspection	Unannounced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	5

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 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 31 July 2017 17:20 To: 31 July 2017 19:30

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 was an unannounced inspection by the Health Information and Quality Authority (HIQA), which included assessment by a specialist inspector in fire safety. This was a focused assessment of the means of escape from the upper floors of the building, the purpose of which was to follow up on moderate non-compliances identified at a previous inspection on 23 and 24 May 2017.

This report does not constitute a full fire safety assessment of the building, and the provider may need to seek the advice of a suitably qualified person with relevant experience in fire safety assessment, to fully meet their obligations under the Health Act 2007 as amended.

The building comprised of a two-storey section to the front with additional accommodation at half landing level to the rear. There were bedrooms located at each level of the building.

This inspection found significant deficiencies in the centre's fire safety arrangements.

The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013.

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 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:

During the previous inspection in May 2017, fire precautions were fully assessed. Inspectors identified risks whereby residents with reduced mobility were accommodated in areas of the building with a single means of escape. For this reason, it was determined that an inspection focusing on the means of escape would be carried out by an inspector with specialist knowledge of fire safety.

Since the last inspection, the provider had been proactive and had undertaken to relocate some residents with reduced mobility to more suitable accommodation on the ground floor. However, at the time of this inspection, residents with reduced mobility were still being accommodated in areas with a single means of escape only. To this end, inspectors issued an immediate action plan to the provider in relation to the lack of adequate arrangements for evacuating each resident in the event of a fire.

Since the last inspection, the nurses' station which had been found to obstruct the escape route at the middle floor had been relocated to an area opening off the ground floor lounge.

Inspectors reviewed the building in the presence of the person in charge, in particular the means of escape from areas of the building with a single means of escape.

Inspectors saw records of fire drills and discussed with the person in charge evacuation procedures to be followed in the event of a fire. The person in charge was found to be knowledgeable about fire safety and the procedures to be followed in the event of a fire. However, the length of time it would take to evacuate areas with a single means of escape, as it was explained to inspectors, was not timely. Of the fire drill records viewed by the inspectors, a number of scenarios were practised. One drill record, simulating evacuation from the top floor included four residents, one of whom had restricted mobility. (This area has a capacity for eight residents.) This evacuation took in excess of five minutes to complete.

Inspectors reviewed escape routes and final exits. Escape routes and exits were all found to be kept clear and maintained in good order. One exit was suitably fitted with a push-bar panic bolt.

However, a number of final exits were noted to be locked and required the use of a key to open them. Inspectors found that adequate safeguarding measures to ensure the exits could be opened in the event of a fire were not provided. Most (but not all) locks were openable with the same key and all staff had a copy of that key on their person while on duty. However, inspectors observed one large set of keys where the key to open the exits was not readily identifiable. The key to final exits were not held in break-glass units adjacent to the doors concerned, as detailed in the fire safety management document for the building.

One escape route, identified with a lit exit sign, was through a treatment room to the open air. The lock to this treatment room was a different key to the one outlined above and was not carried by all staff due to medicines stored within. This was not in line with the additional control measures to safeguard residents where exits are required to be securely locked, as detailed in the fire safety management document for the building. To this end, inspectors were not assured that exits could be opened in a timely fashion when required. Typically, fire exits should be fitted with fastenings which are readily operated without the use of a key. If an exit is required to be secured in the closed position, adequate safeguarding measures should be provided to ensure exits are readily openable in the event of a fire.

There was a chairlift located at each flight of the internal stairway. It was explained to the inspector that the chairlift had been reviewed and deemed acceptable for use during evacuation. Inspectors were not assured that the use of a chairlift was a suitable method of evacuation. One chairlift at the upper floor had a service label which indicated that the next service had been due in September 2016, some 10 months before this inspection.

Inspectors noted that in the main, the centre appeared to be subdivided with construction that would resist the passage of fire in most cases. Inspectors noted the fire door to the laundry room did not close effectively and the fire door to the visitor room and the visitor room lobby were not fitted with self-closing devices.

There was a small store containing combustible material located along an escape route beneath the stairs. This was not fitted with fire-rated doors nor was it fitted with smoke detection.

Inspectors noted two areas where smoke detectors were missing. The person in charge told inspectors that the system had been serviced on that day and the missing smoke detectors would be replaced the following day. Inspectors reminded the person in charge that additional control measures may be required in this regard.

Inspectors reviewed the laundry facilities and found that improvements were required in relation to fire precautions. Inspectors noted that the lint tray within the dryer machine was found to have an accumulation of lint. Inspectors were informed that it was emptied once or twice daily and not after each cycle as would be expected.

There were fire-safety procedures in place in the centre. The fire-safety notices displayed gave instruction for staff on discovering a fire and calling the fire service only. The notices did not detail evacuation procedures as required. There were drawings displayed also, but they did not accurately identify the extent, size and locations of compartments necessary for evacuation.

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:

Niall Whelton
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Bray Manor Nursing Home
Centre ID:	OSV-0000018
Date of inspection:	31/07/2017
Date of response:	28/08/2017

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:
Adequate arrangements were not in place for evacuating each individual resident in the event of fire.

1. 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

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

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:

Simulated and timed Fire Drills have been carried out since Inspection to ensure each Resident can be evacuated in a timely manner these are on-going.

The number of beds has been reduced by 4, and Residents who cannot ambulate independently, will not be accommodated in area of the Nursing Home with only 1 means of escape.

Proposed Timescale: Completed & On-going

Proposed Timescale: 28/08/2017

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

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

2. 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:

All Staff carry keys to Fire Exits since Inspection of 23rd and 24th of May 2017. A Key Pad has been fitted to the door of the Clinical Room, and the key to the door accessing the garden, remains directly adjacent to the door. We have engaged a Fire Consultant, who is compiling a report, to enable us to improve on all systems in place, to safeguard Residents from fire.

Proposed Timescale: 09/09/2017

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Adequate arrangements were not in place for evacuating each individual resident in the event of fire. A number of residents who need the assistance of staff or equipment to evacuate were accommodated in areas of the centre with a single means of escape.

The inspectors were not given adequate assurance that those residents could be evacuated in a timely fashion.

3. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:

All Residents requiring assistance of Staff or assistive equipment to mobilize, have been re-accommodated in areas of the Nursing Home, with more than 1 means of escape.

We have amended our application for Registration to 19 beds. There is now only capacity for 5 ambulant Residents to be accommodated on the upper floor. Residents who require assistance from Staff or assistive equipment to mobilize, will not be accommodated on the upper floor. Residents of maximum dependency, will not be accommodated in 2 rooms on the middle floor, which provide a fire escape as an alternative means of escape. This is reflected in our Statement of Purpose and Contract of Care, amended since Inspection.

Emergency Lighting of the required standard, remains in place and is checked quarterly by suitably qualified personnel, in line with legislation.

Proposed Timescale: 28/08/2017

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some fire doors did not close fully and some were not fitted with a self-closing device.

A small store containing combustible material, located along an escape route, was not fitted with fire-rated doors nor was it fitted with smoke detection.

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:

All Fire Doors which did not close fully, have been fitted with self-closing devices.

The small store referenced, has been emptied of all materials, and is no longer used for storage.

Proposed Timescale: Completed

Proposed Timescale: 28/08/2017

Theme:

Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The procedures to be followed in the event of a fire were not adequately displayed.

The drawings displayed did not adequately identify the extent, size and location of fire compartments necessary for phased evacuation.

5. 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:

The drawings indicate the direction of evacuation to the next safe compartment / sub compartment. These drawings, when used in conjunction with Staff training, ensure Staff have a clear understanding of the actions to take when evacuation becomes necessary. However, based on the findings of the inspection, we are reviewing these drawings as part of our overall review of evacuation strategy.

Proposed Timescale: 09/09/2017