



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

Issued by the Chief Inspector

Name of designated centre:	Kilcara House Nursing Home
Name of provider:	Mertonfield Limited
Address of centre:	Kilcara, Duagh, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	22 February 2023
Centre ID:	OSV-0000241
Fieldwork ID:	MON-0039419

About the designated centre

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

Kilcara House Nursing Home is a family run designated centre set in a rural location within a few kilometres of the towns of Abbeyfeale and Listowel. It is registered to accommodate a maximum of 31 residents. It is a two-storey building with stairs and lift access to the upstairs accommodation. Downstairs it is set out in three wings: Abbeyfeale Duagh and the new wing and upstairs has eight beds. Bedroom accommodation comprises single and twin rooms and some have en suite shower and toilet facilities. Communal areas comprise two sitting rooms, a day room and two dining rooms. There is a secure enclosed courtyard with seating and there is a mature garden with walkways and seating at the front entrance to the centre. Kilcara House nursing home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term, convalescence care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
--	----

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
Wednesday 22 February 2023	10:30hrs to 19:00hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

This was an unannounced one day inspection to inform the decision to renew the registration of the designated centre.

Kilcara House Nursing Home is within a two storey building, with most of the accommodation at the ground floor. Bedroom accommodation comprises 19 single and six twin rooms, all but three had en-suite facilities. There was bedroom accommodation for twenty three residents at ground floor and eight at first floor. The inspector was told that the bedrooms at first floor were only suitable for residents who could weight bear and not have a requirement for the use of a hoist. A platform lift provided access to the first floor and two stairways were in place for escape purposes only. Communal space for residents comprised a large dining/day room, smaller dayroom to the front, small dining room to the rear and larger sitting room to the rear.

The inspector was met by the person in charge (PIC) and the person representing the registered provider, who facilitated the inspection. This inspection included a focused review of fire precautions.

Following an introductory meeting, the person representing the registered provider accompanied the inspector on a walk-through of the centre.

There was a homely environment in the centre and residents were seen moving independently through the centre. Residents were heard playing musical instruments and participating in a sing song.

The inspector spoke to two residents regarding fire safety in the centre. One resident confirmed they were told about the escape route from their room. They also confirmed that when the fire alarm was tested, fire doors would close.

The front dayroom was bright and had an open fire place. While it wasn't lit during the inspection, there was a fire guard in place. The inspector looked at a sample number of chairs which contained a label confirming it was fire retardant.

The fire door to the laundry room was propped open. The light switch on the wall was loose and required repair.

There was a mix of fire door types in the centre. The closing device to most was a chain type within the frame of the door, a number of which were not capable of fully closing the door. A number of doors were observed to be open. Fire doors were not fitted with smoke seals and would not be capable of preventing the spread of smoke in the event of a fire. Gaps were observed to fire doors and some were misaligned in their frame.

The fire doors to the kitchen had a small gate fitted to the frame, which may

interfere with the closing of the fire door.

A staff changing room, small store at first floor, fridge room and sluice room were not provided with fire detection. The detector to a lobby leading to a bedroom at first floor was a heat detector, which meant that the warning of a fire may be delayed.

There were fire rated ceilings which had attic hatches and mechanical extract vents from bathrooms penetrating them. It was not clear if adequate fire rating was maintained at these locations.

The inspector saw a number of escape corridors where escape signage was not visible.

The inspector saw the flooring had been replaced in at least three bedrooms and was told that a programme to replace carpets was ongoing. Some rooms had also been painted since the previous inspection.

There were a number of bedrooms where extension cords were in use for residents electrical appliances, which indicated that insufficient electrical sockets were available in some bedrooms.

The inspector looked into one attic and it was clear and not used for storage. This attic was adjacent to first floor bedrooms and above ground floor bedrooms and it was not apparent where the fire compartment boundary to separate both was located.

Two of the three bedroom corridors at ground floor had a single direction of escape. To mitigate this, each bedroom had it's own exit directly to open air, the door of which opened outwards. There was a secure coded box with a key inside the door to each exit to open the door if required. The inspector reviewed a sample of these and found they were all in place. To get access from the outside, a spare set of labelled keys was available if required. In some rooms the bed was positioned in front of the door, making it difficult for staff to assist from the outside when the brakes of the bed were activated.

There was two escape stairs from the first floor, both of which were very steep. The space at the foot of the stairs beside the kitchen was small.

All beds had a ski sheet under the mattress for evacuation, however they were not strapped to the mattress, which would cause a delay during an evacuation. The PIC confirmed all beds would be reviewed and ski sheets would be correctly fitted that evening. At first floor, the provider had provided an evacuation chair for each resident to improve evacuation.

Floor plans were displayed in various areas of the centre; there was limited information contained in these plans. They were annotated with a 'you are here' location. The PIC confirmed that new floor plans are proposed and will contain pertinent fire safety information.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Mertonfield Ltd is the registered provider of Kilcara House Nursing Home, and the company has two named directors, one of whom works in the centre full-time. The management structure in place within the centre, identified clear lines of authority and accountability. From a clinical perspective care is directed by a person in charge, who works full time in the centre. They are supported in their role by an assistant director of nursing and a team of nursing staff, an administrator, care staff, housekeeping, and catering staff

The provider had a comprehensive fire safety management document, however it lacked centre specific detail. It did not reflect the specific evacuation requirements for this centre.

The provider had proactively arranged for a fire safety assessment of the centre and this was submitted to the Chief Inspector prior to this inspection. Some, but not all, recommendations contained in the report of this assessment were actioned and there was no time bound plan to address the findings of this report. Further fire safety risks were identified on this inspection and these are detailed under Regulation 28 of this report.

Since the previous inspection, evacuation drills were completed from the first floor. Staffing at night time was increased to three staff; this provided an additional resource for the evacuation at night time, which reduced the risk to residents. The person representing the provider and the PIC took a proactive response to this inspection and demonstrated a commitment to addressing the actions identified in this inspection. Many of the actions were addressed during the inspection with further confirmed actions subsequent to the inspection. Further improvements to fire safety management systems were required and these are detailed under the quality and safety section of this report.

Regulation 23: Governance and management

Improved fire safety governance and management systems are required to ensure the service provided is safe, appropriate, consistent and effectively monitored. The

provider had not recognised some of the risks found on this inspection:

- not all recommendations contained in the fire safety assessment report were actioned and there was no time bound plan in place to address the findings
- the maintenance deficits to fire doors which were not identified by the provider
- evacuation ski sheets were not secured to the mattress on most beds

Judgment: Substantially compliant

Quality and safety

Overall, the containment of fire in this centre was not adequate. The fire doors required action to ensure containment of fire and smoke and the full extent of fire compartment boundaries was not clear.

The first floor was subdivided into two fire compartments; one with a twin bedroom with the remaining six residents in the other. Phased evacuation was only available for the smaller compartment into the larger one; there was insufficient space in the smaller one to receive occupants from the six bedded compartment. There were two escape stairs from the first floor, both of which were very steep. Staff demonstrated the use of evacuation chairs from the first floor and they could fit along the flight of steps. There was no risk assessment to assess the risk of falls on the stairs. There was a small step at the threshold of the exit door from each stairs, and this made it difficult to move the evacuation chair to the outside.

The escape strategy for the ground floor bedrooms was either to the escape corridor or through an exit directly to the outside. On one corridor, there was a locker and lamp table which partially obstructed the escape to the corridor.

Externally, the escape route to the rear was partially obstructed by a work bench. The provision of emergency lighting to external routes was not adequate to guide occupants to the assembly points.

The inspector noted deficiencies with the measures in place to contain fire. Fire doors were not being maintained to a standard to ensure they were capable of restricting the spread of fire and smoke. Gaps were observed, a number did not close effectively and fire doors were not fitted with smoke seals. The nurse office was not adequately fire separated from the bedroom corridor; non fire rated glazing was provided and the fire door was propped open. It contained office equipment such as computers, printer and was used to store files and documentation. Further assurance was required regarding the fire rating of the ceilings to prevent the spread of fire into the attics. There were attic hatches and mechanical extract vents from bathrooms within the ceilings which may compromise the fire rating of the ceilings. The duct for the extract unit above the cooking equipment passed through the wall of the fire protected stairway compromising the fire containment of the wall

enclosing the kitchen. This impacted the fire protection of the escape stairs from the upper floor.

The centre was provided with a zoned fire detection and alarm system and it was free of fault. In the event of a fire, staff will be alerted to the zone in which the fire has started and must then search for the source of fire in the zone. There was no zoned floor plans to guide staff, nor was there a clear schedule of zones displayed at the panel. Small labels listing the areas in each zone were on the panel and these were difficult to read. A number of areas were not provided with fire detection as described under regulation 28.

The emergency lighting service records showed that the system was being serviced, however the annual certificate to verify it was free from fault was not available on the day of inspection.

In-house fire safety checks were taking place and these were logged and up-to-date. Improvements were required however, as the fire safety checks were not picking up the items noted by the inspector, for example, the partially obstructed external escape route and maintenance deficits to fire doors.

Regulation 17: Premises

While the date for completion of actions from the previous inspection had not yet passed, progress was made and there was plans in place to address those actions, further issues with the premises were noted on this inspection which required action to ensure compliance with Regulation 17 and Schedule 6:

- the registered floor plans did not accurately reflect the layout of some parts of the centre. At least two bedrooms were not reflected correctly on the plans. An exit door shown on the floor plans was not in place. The purpose and function of some small rooms was not as per the floor plans. For example, the designated changing room for kitchen staff was now a fridge store.
- in some twin rooms, one of the privacy curtains were missing, which meant that the residents would not have a private space if they chose

Judgment: Substantially compliant

Regulation 28: Fire precautions

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

- fire doors were propped open, including the fire door to the laundry room.

This is a room of increased fire safety risk

- the electrical supply panel was located at the foot of one of the escape stairways, introducing a risk of fire to the escape route. It was not enclosed in fire rated construction
- there was no risk assessment for the open fire in the front day room
- the fire compartment boundary between ground floor bedrooms and the upper floor bedrooms, where they were separated by an attic space was not clear
- there was no record available to show that the electrical installation in the building had undergone a periodic inspection to ensure it was free of faults

The means of escape, including emergency lighting was not adequate:

- there was poor provision of emergency escape signage in some areas of the building; for example the bedroom corridors to the front of the centre
- the escape strategy at ground floor included escape directly from the rooms. The position of the bed in some rooms impacted the escape route, and access for staff from the outside to assist if required.
- the escape stairs from the upper levels were excessively steep. While the evacuation chairs manoeuvred easily along the flight of steps, the steepness of the stairs increased the risk of falls for staff during evacuation
- the small step at the threshold of the exit door from each escape stairs created a delay when manoeuvring the evacuation chairs through the exit
- there was storage along an escape corridor at the upper level leading to the rear stairs. This was not in line with the centres fire safety management plan
- curtains were positioned across exits, causing potential obstruction and delay in the event of a fire
- an external route to the rear was obstructed with a work bench narrowing the available escape width
- external escape routes did not have sufficient coverage of emergency lighting to lead occupants safely to the assembly points

The arrangements for maintaining fire equipment were not effective;

- there were maintenance issues to fire doors; for example gaps were observed, some did not close effectively and fire doors were not fitted with smoke seals
- the annual certificate of servicing was not available for the emergency lighting system

The arrangements for containing fire were not adequate:

- the extract duct from the kitchen extended through the wall of the escape stairs. Assurance was required that effective fire containment was provided to protect the escape stairs from a fire in the kitchen
- the attic hatches within fire rated ceilings did not appear to be fire rated
- the extent of fire compartment boundaries was not clear
- the door to the small dining room was not an effective fire door

The arrangements for detecting fire and giving warning of fire were not adequate:

- areas not provided with detection, for example the sluice room, fridge room off the kitchen, staff changing room, small store at first floor. The detector in a first floor lobby appeared to be a heat detector and would not give sufficient warning of fire.
- zoned floor plans were not displayed at the fire alarm panel. The zones were labelled on the panel itself but were difficult to read

The arrangements for evacuating residents was not adequate:

- ski sheets for evacuation were not appropriately fitted to the mattress
- the configuration of the compartments at first floor meant that phased evacuation was available in one direction only as the smaller compartment was not of a size to fit the six residents from the larger compartment
- the assessment of residents evacuation requirements was a personal emergency evacuation plan (PEEP). The PIC assured that the assessments were under constant review and only documented when the residents assessed needs changed.

The procedures to follow in the event of a fire were not displayed in a prominent place in the designated centre.

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	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Kilcara House Nursing Home OSV-0000241

Inspection ID: MON-0039419

Date of inspection: 22/02/2023

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>Kilcara are now following thorough recommendations highlighted following a fire safety assessment, which will include fire doors. This will most likely take until end of December 2023.</p> <p>All ski sheets are checked daily and are fitted appropriately, this will be checked on walk arounds and quarterly audits.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All floor plans have been updated and reflect the lay out of the nursing home</p> <p>Privacy curtains were in laundry at time of inspection, same were returned to twin room that PM. Privacy and dignity of all residents maintained.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Daily walkarounds are carried out to ensure no fire doors are propped open.</p>	

Doors which are required to be left open are fitted with Acoustic door releaser. Fire Compartment boundaries are now clear on floor plans of nursing home.

Electrical installation inspection and annual service of emergency lighting has been booked and annual with Electrical company for August 2023.

Risk assessment for open fireplace has been completed.

All bedrooms downstairs have an exit door leading outside. Some residents request their bed along Door/Window therefore, All residents are assessed as part of PEEPS and will be required to mobilize independently to exit bedroom door from outside in the event of a fire.

All staff has completed numerous fire drills and are very comfortable/ confident using evac chairs down both stairs.

All escape corridors are clear, curtains across fire exit doors have been removed, in line with the center's fire and safety management plan.

The workbench adjacent to fire escape route has been removed.

All ski sheets are checked daily and are fitted appropriately, this will be checked on walk arounds and quarterly audits.

All Personal evacuation plans (PEEPs) are updated quarterly or as residents' needs change. These are available in each resident's bedroom.

The electrical supply panel will be enclosed in a fire rated construction as part of upgrade work.

Upstairs is currently divided into two compartments. To allow for safer evacuation of larger compartment upstairs a third fire door will be allocated where occupants can be evacuated safely to back of the nursing home.

The small step at the threshold of each exit door will be replaced with access ramps to allow for safe maneuvering and faster evacuation during an emergency.

The extract duct from the kitchen will be rerouted away from the access staircase to exit through the kitchen wall.

The procedure to follow in the event of a fire was and is displayed beside fire panel.

Under regulation 28 fire precaution Kilcara are undertaking major upgrade work, which will take time.

Plans are in place to enhance the current fire panel by adding extra smoke detectors and fire zones wherever required.

More emergency lighting for external escape routes for safe evacuation will be installed.

Attic hatches within fire rated ceilings will be replaced to comply with regulations.

All Fire doors will be upgraded which included fire seals to comply with regulations. Vents in bathroom will be fire rated.

All other rooms i.e., sluice room, Fridge room, staff room will be provided with fire detectors.

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.	Substantially Compliant	Yellow	14/03/2023
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.	Substantially Compliant	Yellow	15/12/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	31/08/2023

	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	31/12/2023
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	15/12/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/03/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2023
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	31/12/2023
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	Not Compliant	Orange	31/03/2023

	placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	31/03/2023