



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

## Issued by the Chief Inspector

Name of designated centre:	Aperee Living Belgooly
Name of provider:	Aperee Living Belgooly Ltd
Address of centre:	Belgooly, Kinsale, Cork
Type of inspection:	Unannounced
Date of inspection:	01 December 2021
Centre ID:	OSV-0000218
Fieldwork ID:	MON-0034971

## About the designated centre

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

Aperee Living Belgooly is a three-storey building with bedroom accommodation for residents on all three floors. The centre is located close to the village of Belgooly on extensive mature grounds. The centre is accessed by a long tree lined avenue. There is a large car park with adequate parking spaces for visitors and staff, that includes parking spaces reserved for disabled users. There are two large secure outdoor spaces, accessible to residents with footpaths for residents to walk around. It was originally a large period house that was converted to a nursing home and later extended.

Recent renovations to the pre-existing premises involved the decommissioning of a bedroom and the reduction in the number of residents in shared bedrooms. As a result the overall capacity was reduced from 57 to 41 beds. These changes enhanced the quality of life of residents by providing more space and enabled staff to protect residents privacy and dignity while providing personal care.

More recently a new single storey extension has been built that comprises 27 single en suite bedrooms, additional sitting rooms, an extended dining area, a large secure outdoor space and various offices and store rooms. The centre now has the capacity to accommodate 68 residents in 54 single and seven twin bedrooms, all of which will be en suite.

Full time nursing care and medical care is delivered by trained staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	55
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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
Wednesday 1 December 2021	09:15hrs to 18:15hrs	Mary O'Mahony	Lead
Wednesday 1 December 2021	09:15hrs to 18:15hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

Overall the centre generally provided a good service to residents, Inspectors met the majority of residents during the inspection and spoke in more depth to approximately 10 residents. They also met and spoke with a number of relatives throughout the day.

Inspectors arrived to the centre unannounced on the morning of the inspection. Inspectors was met by the nurse in charge, who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature check were implemented, prior to entering the centre. Following an opening meeting with the person in charge inspectors were guided on a tour of the premises and external grounds.

Residents spoke with the inspector about their concerns about the pandemic and the pandemic restrictions in relation to visiting. Inspectors acknowledged that this had been a challenging time for staff, residents and relatives. Residents praised staff who supported them through this difficult year with conversation, shopping, phone calls and video-links to their families. Documentation relating to resident meetings and surveys were reviewed which indicated that a range of issues, such as the COVID-19 virus and other matters were discussed with them. Visitors said that there was very good communication with staff about their relatives throughout the COVID-19 pandemic and residents were appreciative of staff efforts to keep them free from the virus. Community involvement was evident and staff said the local community were very supportive during the pandemic.

Inspectors saw that the centre was a mixture between the old centre which was a three story period house and the new modern extension boasting purpose built single en-suite bedrooms with colourful day and dining room spaces. Inspectors saw that bedrooms in this section were bright and spacious and provided plenty of storage including locked storage space. The older section of the centre had been renovated in some areas but retained the older features of a building of that era which required continuous upgrading.

Inspectors observed that the centre was beautifully decorated for the upcoming Christmas festivities with decorations throughout. When the inspectors first came into the centre they noted that there was a very large screen TV on the wall that displayed a beautiful Christmas screen as the screen saver. The resident who was sitting in the foyer looking at it said, it would "warm your heart and make you feel good".

Pictures of residents' activities were seen throughout the centre and one wall featured a full montage of wedding photos. The person in charge explained to inspectors how they had undertaken a 'mock' wedding. Residents staff and visitors had all dressed up in their finery and all took part. There was a full wedding party including the bride and groom, best men and bridesmaids. Residents had played the

part of mother and father of the bride and groom, and of course esteemed guests. Everyone looked wonderful, relatives all came dressed as wedding guests and a party, with music, food and dancing took place afterwards. Residents and staff described it as a "magical day".

At mealtimes inspectors saw that residents were offered a choice and modified diets were seen to be well presented and appetising. All three dining rooms were nicely decorated with easily cleaned table cloths, flower posies and condiments. Care staff were observed providing assistance when required to residents in a respectful and dignified manner, ensuring the meal was a nice experience. Residents could also choose to eat their meals in their rooms if it was their preference. Residents told inspectors that they were happy with the choice and amount of food available to them. However as described later in this section not all residents were afforded this positive dining experience.

Residents said that their choices and their rights were respected in relation to visits, meals, bedtimes, and using mobile phones. However, the activity schedule displayed in each bedroom was out of date. Additionally, inspectors found that while there were activities underway during the day, not all residents were seen to attend. There were only 14 out of the 55 residents present at two of the activity sessions seen during the day. Inspectors were concerned to see a number of institutional-like practices, for example, six residents sat in the same room, on the same chairs from the early morning until the late evening. These residents did not participate in social activities on the day of inspection and also had their meals while sitting on the large recliner chairs. They were not afforded an opportunity to partake in the social engagement offered by dining with other residents and as such appeared isolated from the main group. One other resident sat alone in a room all day with the radio for company. He sat facing a window and was not able to see what was going on around and behind him which again appeared to be very isolating for him. Inspectors observed that four of the recliner chairs on which the aforementioned residents sat were very worn and torn. This impeded effective cleaning.

The hairdresser and the chiropodist visited on a regular basis and these visits were documented. Two hairdressers were present on the day of inspection and residents were looking their best as a result of the hair 'dos'. Residents told inspectors that the hairdressers came every week and they loved to see them coming for the chat and fun, and said that one of the highlights of their week was having their hair done.

Residents were seen to wear their choice of clothes, their reading glasses and hearing aids which were labelled, to prevent loss.

While the centre provided a homely environment for residents, particularly the newer section, further improvements were required in respect of premises and infection prevention and control, which are interdependent. Damage from wear and tear continued to impact negatively on the centre for example, some surfaces and finishing were observed to be worn and poorly maintained and as such did not facilitate effective cleaning. There was a lack of storage space in the centre which resulted in the inappropriate storage of equipment and supplies. Barriers to effective

hand hygiene practice were also identified. Findings in this regard are further discussed under Regulation 27, Infection prevention and control.

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

Overall, the inspectors found that there were in general, effective management systems in this centre, ensuring good quality care was delivered to residents. The management team were generally proactive in response to issues as they arose and some of the improvements required from the previous inspection were completed. However, other actions such as required premises upgrades and infection and control issues had not been addressed. Other improvements were required in the management of fire safety and ensuring residents' social needs were met which were highlighted in more detail under the relevant regulations.

Aperee Living Belgooly is operated by Aperee Living Belgooly Limited, who is the registered provider. It is part of the Aperee Living Group, which owns and operates a number of nursing homes throughout the country. In this centre there was a clearly defined management structure in place with identified lines of accountability and responsibility. The Aperee Living Group's senior management team included a group operations manager, human resources manager, director of quality and standards and regional and clinical practice development managers who supported the management team within the centre. On the day of inspection, some of the senior management were on site to support the person in charge.

The person in charge was supported on a daily basis by a clinical nurse manager (CNM) and a team of nursing staff, care staff, two activity coordinators, catering, domestic, administration and maintenance staff. The assistant director of nursing (ADON) was currently working in another Aperee centre, leaving the ADON post in the centre vacant.

Comprehensive systems were in place to monitor the quality and safety of the service. The person in charge collected and monitored key metrics such as falls, residents' weights, wounds, antimicrobial stewardship, medicine management and restrictive practices. The management team had developed a schedule of audits for the centre that included monitoring of hand hygiene, infection control, care planning, quality of interactions and medicine management. Audits reviewed by inspectors indicated that quality improvement plans were developed with a time frame for completion included. This information was discussed by the management team in the centre each week and was reported to the monthly clinical governance meetings. Other issues such as fire safety, incidents, complaints, infection prevention and control and training needs were also reviewed at clinical governance

meetings.

A comprehensive annual review of the quality and safety of care provided to residents in 2020 had been prepared in consultation with residents and included an improvement plan for the centre for 2021.

Staffing levels on the day of inspection appeared sufficient to meet residents' needs. The roster appeared up to date and staff files were well maintained. Mandatory training was undertaken including for example, the prevention of elder abuse and fire training. Additional appropriate training was delivered on infection control procedures, end of life care and medicine management. Complaints were recorded in detail. The satisfaction or not of the complainant was generally included in the record and details of the appeals process were forwarded where necessary.

#### Registration Regulation 4: Application for registration or renewal of registration

The required documents for renewal of the registration were submitted in a timely manner.

Judgment: Compliant

#### Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All necessary fees were paid when due.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge met the requirements of the regulations and was suitably qualified.

Judgment: Compliant

#### Regulation 15: Staffing

There were adequate numbers of staff in the centre on the day of inspection to meet the needs of residents. The roster reviewed reflected that staffing levels



discussed with the person in charge. Staff spoken with felt that staffing levels were adequate and residents were happy that their care needs were met.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. There was an ongoing schedule of training in place to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles. Two staff were due fire training which was scheduled two days after the inspection. Staff had completed training in infection prevention and control and specific training regarding correct use of personal protective equipment (PPE) and hand hygiene. Newly recruited staff were provided with a comprehensive induction and worked in a supernumerary position for a period of time to enable them to adjust to their role. An appraisal system was evidenced and new staff had regular probationary reviews.

Judgment: Compliant

### Regulation 21: Records

Requested records were made readily available to inspectors and all records reviewed were well maintained. A sample of five staff files were reviewed and found to contain all the requirements of Schedule 2 of the regulations.

Inspectors identified issues with the unsafe storage of residents' older, confidential documents in clinical rooms and unsecured areas but these issues were rectified during the inspection and the archived documents were stored safely and securely.

Judgment: Compliant

### Regulation 22: Insurance

There was a valid up to date certificate of insurance in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in the centre were not adequate on this inspection for the oversight of premises issues and inspectors found that many areas of the centre that required repair and redecoration were not identified and actioned.

Not all issues identified on the previous inspection had been addressed such as staff using a toilet area to change clothes and store personal possessions.

Due to the current vacant ADON post further managerial support was required to fill the vacancy in the interim and to enhance the management systems.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

There were contracts of care in place that met the requirements of regulations. They clearly identified the room to be occupied, fees to be paid and fees for extra services.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was updated on an annual basis. It contained details of the services available to residents as well as the complaints procedure and management structure.

Judgment: Compliant

### Regulation 31: Notification of incidents

Inspectors reviewed the centre's incident and accident log that was stored electronically and found that all required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector. Incidents such as falls were analysed and reviewed each month to identify any trends and reduce risk of recurrence where possible.

Judgment: Compliant

## Regulation 34: Complaints procedure

Complaints were documented on the electronic system.

Two complaints however were not 'closed' on the system even though the person in charge said that they had been addressed.

Judgment: Substantially compliant

## Regulation 4: Written policies and procedures

Policies and procedures were updated within the three yearly time frame set out in the regulations.

Infection control and Covid-19 policies were seen to reflect national guidelines and were relevant to the centre.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that residents were supported to live a good quality of life in the designated centre. Their health care needs were evaluated using validated assessment tools which informed appropriate care planning and medical care. Care plans were seen to be personalised and provided good guidance on a holistic approach to care. However, improvements were required in fire safety, infection control, premises and residents' rights, as discussed under the relevant regulations in this dimension of the report.

The centre consisted of the original premises and a new extension. The original part of the building was an old period house which now had resident accommodation laid out over three floors, in twenty five single and eight twin bedrooms. The upper floors were accessible by stairs and lift. Twenty seven single bedrooms were added in 2019. The bedrooms were all en suite with shower, toilet and wash hand basin with the exception of one room, that had toilet and wash hand basin only, in the en suite. Residents were supported and encouraged to personalise their bedrooms with their family photographs, favourite ornaments, plants and soft furnishings. Some improvements were required in respect of premises and infection prevention and control, which were interdependent. Similar to findings on the previous inspection, inspectors were informed that the provider was planning to improve current facilities and physical infrastructure at the centre by building a new extension. However,

there was no commencement date for these works as previously found. In the interim of this development, it is essential that the infrastructure in the older part of the centre is maintained to ensure the effectiveness of infection control practices and prevent the transmission of infection. For example, a number of maintenance and infrastructural issues were identified which had the potential to impact on infection prevention and control measures. Despite the infrastructural differences between older and newer units, a good standard of cleaning was observed on the day of inspection. Premises issues which required attention were highlighted under Regulation 17 in this report.

There was satisfactory evidence that residents had timely access to healthcare and medical services. Monitoring procedures were in place to ensure deterioration in any residents' health or wellbeing was identified without delay and included indicators of COVID-19 infection. Although improvements were required regarding completeness of some residents' care plan documentation, the care plan information available directed person centred care and supported residents' individual preferences, including choices for end of life care. Most residents' care plans were regularly updated in consultation with residents or their families, as appropriate.

The provider took a proactive approach to managing risk in the centre and where risks were identified, appropriate controls were implemented to mitigate the level of the risks found. However, some improvements were required in relation to risk management to ensure that control measures identified in the risk register were implemented for example in the area of fire safety.

The premises was divided into compartments, internally, by the use of fire safe doors to contain fire/smoke in the event of a fire and this information was displayed in floor plans displayed in the hallways of the centre. Personal emergency evacuation plans (PEEPs) were in place for each resident which set out the requirements for safe evacuation. Staff were facilitated to complete fire safety training and to participate in simulated emergency evacuation drills in the centre. Nevertheless, inspectors found that there were some aspects of fire safety in the centre which did not provide sufficient assurance that all risks had been assessed and managed. These are addressed under Regulation 28 in this report.

Residents' rights were generally respected and their privacy and dignity needs were met. However, findings on inspection indicated that there were differing approaches to care and activities which required review to ensure that all residents were facilitated to participate in life in the centre to the best of their ability.

## Regulation 11: Visits

Visits were undertaken within the current Health protection Surveillance Centre (HPSC) guidelines. Visitors were appropriately screened and wore masks when visiting their relatives. Inspectors saw numerous visitors during the inspection and saw some people taking their relatives for walks in the extensive grounds of the centre.

Compassionate visiting was encouraged where appropriate.

Judgment: Compliant

### Regulation 17: Premises

There was a number of areas for improvement identified in relation to the premises. Some of these were identified on the previous inspection and appropriate action had not been taken. For example:

- In the older section flooring in a number of bedrooms, corridors and bathrooms was worn and required repair; the floor near the lift in the older part of the centre had holes in the concrete and was a trip hazard for anyone coming out of the lift.
- Furniture such as lockers, bedframes and chests of drawers in a number of bedrooms were worn and damaged.
- Walls in some of the bedrooms and corridors were chipped and marked and required repainting.
- There was a broken radiator in a bathroom.
- The clinical room behind the nurses' station was very cluttered with unnecessary and inappropriate items.
- Signage around the building required improving.
- Vacant beds in double rooms had not been made up with bed linen, which was not conducive to a nice environment for the resident occupying the bedroom.
- The dirty utility rooms in the new extension were not sufficient and were not in line with national guidance. For example, there was no sluice hopper in one dirty utility and the second did not have a bed pan washer.
- Residents on the third and second floor had no communal place to sit if that was their choice.
- In addition any resident on the third floor was quite remote from staff and other residents due to the layout of the centre.

Judgment: Not compliant

### Regulation 26: Risk management

Not all risks were assessed and included in the risk management policy/ risk register for example, the broken floor areas outside the lift, the unfinished wall adjacent to the fire door and the presence of towels on chairs in the smokers' area.

Judgment: Substantially compliant

## Regulation 27: Infection control

A number of issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example;

- there was a limited number of dedicated staff hand wash sinks in the centre. The available sinks did not comply with current recommended specifications
- resident's wash-water was emptied down residents' sinks which had the potential to cause contamination
- there was a lack of proper sealant around some toilets
- torn, worn furniture was evident, particularly recliner chairs
- rips were noted on one bed rail bumper
- fabric chairs were soiled and had not been steam cleaned
- staff were changing in a toilet where a number of items of external clothes were seen hanging, this was a repeat finding
- one bedroom had 20 bags of belongings on the floor preventing any opportunity to clean the floor underneath
- two mattress covers were worn and torn
- cleaning checklists were ticked off in advance of the time scheduled for the work, this meant that the list could not be relied on as an accurate record
- open and partially used dressings for wound care were seen in drawers of residents' lockers when they should have been stored in a sterile environment to prevent cross contamination
- access to one double bedroom was through a lobby where a 'dirty' sluice room was located, this meant that there was a high risk of cross contamination in the area leading to the bedroom as commodes and the bedpan washer were being emptied and operated in close proximity to a bedroom area
- rust was seen on some handrails and bins
- dirty shower outlets were seen in a number of en-suite bathrooms
- chipped paint on some radiator covers and window sills impeded cleaning
- one vacant bedroom, not designated as a staff changing room, had four items of staff's personal clothes hanging in the wardrobe belonging to staff on duty that day.

Judgment: Not compliant

## Regulation 28: Fire precautions

The smoker's area was not suitable and other risks were identified relating to fire safety: an immediate action was issued to the provider to address these issues and the issues identified in relation to the smoking areas were generally addressed

during the inspection.

- towels were placed on the chairs in the smoker's area which created a risk of combustion in the event of fire
- a linen trolley and two full waste bins were located right next to the smokers' seats
- one fire door was not plastered up into place and there was exposed concrete down one side of the door: this would render the fire and smoke containment aspect of the door ineffective, creating an unsafe environment should a fire occur
- there were gaps obvious on the top of this double door which was designed to cordon off one compartment from another to delay the spread of fire and smoke for a period of time
- there was no call bed, no suitable ashtray and no fire blanket in close proximity to the smoking area, this was addressed without delay during the inspection.
- some fire safe doors were seen to be held open with wedges made from cardboard, these doors were designed to close automatically in the event of fire to contain flames and smoke. The cardboard wedges would prevent this automatic closure.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Prescription items such as creams were seen on residents' bedside lockers and were not stored in accordance with best practice guidelines.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans were detailed and person centred. They contained sufficient detail and information to direct care. Assessments were completed using a range of validated tools. Plans were seen to reflect the assessed needs of residents. Members of the multi-disciplinary team had also inputted advice for staff in providing best evidence-based care. Residents had been consulted in the development of their care plans which were found to reflect residents' daily experience and medical and social care needs.

Judgment: Compliant

## Regulation 6: Health care

There was a good standard of evidence-based health care provided to residents in this centre. Residents were regularly reviewed by their GP. There was evidence of access to health and social care professionals such as, the physiotherapist, dietitian, palliative care, psychiatry and occupational therapist (OT). Residents who had skin wounds had appropriate care plans in place and dressings were carried out in accordance with advice from the tissue viability nurse (TVN).

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff identified residents who experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A review of these care plans indicated that residents had behavioural support plans in place, which identified potential triggers for behaviours and any actions and therapies that best supported the resident.

Residents had access to psychiatry of older age.

Throughout the day of inspection inspectors observed that staff demonstrated knowledge and skills when supporting residents experiencing responsive behaviours, in a manner that was least restrictive.

Judgment: Compliant

## Regulation 8: Protection

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections in place. The reporting system in place was clear, and ensured any disclosures or suspicions were escalated and investigated without delay. Staff who communicated with inspectors, were aware of how to identify and respond to alleged, suspected or actual incidents of abuse. Inspectors saw that staff were respectful and kind when providing assistance and when interacting with residents. The provider acted as a pension-agent for six residents and a separate pension account had been established. Residents had locked storage in their rooms but there was also a facility to hand in items for safekeeping. Although this was generally a robust system a regular audit of the items handed and recording of same was recommended.



Judgment: Compliant

## Regulation 9: Residents' rights

The inspectors were not satisfied that the rights of residents were being fully met.

- This was particularly apparent in one section of the centre where a number of residents were seen to sit in the same area of the centre all day long and were not afforded the opportunity to move to a dining table to experience a conducive dining experience that other residents in the centre experienced. Meals were served to these residents on bed tables in the seats they sat in all day.
- Inspectors also noted that there was no activities provided to these residents during the inspection and they were not afforded the opportunity to attend activities in the main day room or activities area.
- Inspectors identified that although there were two activity staff on duty on the day of the inspection, both of them facilitated the same activity in the afternoon where only 14 of the 55 residents in the centre attended. This left the rest of the residents without activities for the afternoon despite the majority of residents paying the social charge.
- Out of date activity schedules were seen in residents' bedrooms therefore residents were not fully informed of what activity was scheduled for the day/week.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Aperee Living Belgooly OSV-0000218

Inspection ID: MON-0034971

Date of inspection: 01/12/2021

## 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>Areas that were identified on inspection that require repair and re-decoration are addressed in Regulation 17. DON will ensure oversight of all maintenance and repair issues in the Centre.</p> <p>Staff areas identified and personal possessions removed from toilet area following inspection</p> <p>The ADON has been re-deployed temporarily to another Aperee Home on a short-term basis. In the interim the CNM1 is currently supernumerary in her post and is providing managerial support to the DON.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Both complaints had been reviewed and closed by the DON on the Epiccare System prior to the inspection but it was a system error on Epiccare that saw them still displayed on the home screen, this was resolved on the day after inspection. All complaints were fully addressed on the day of inspection.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Flooring in the number of bedrooms, bathrooms and corridors in the older building requires repair/replacement and will be considered as part of the next capital development works in the Nursing Home.</p> <p>Flooring near the lift was repaired immediately following inspection. Broken radiator that was identified during inspection was fixed immediately. Walls and corridors that require re-painting and worn/damaged furniture will be addressed as part of the overall annual maintenance schedule and will be overseen weekly by the DON.</p> <p>The clinical room was de-cluttered, and all inappropriate items were removed on the day of inspection.</p> <p>New signage has been erected on every corridor to direct residents and visitors to various areas of the building. Vacant beds in the double bedrooms have been made up with bed linen</p> <p>We follow the HSE Guidelines on Infection Prevention and Control for Community and Disability Services for the manual cleaning and decontamination of urinals and bedpans in the absence of a bed pan washer. This includes a full decontamination of each item. Provision of a third bed pan washer (currently 2 in the building) and sluice hopper sink will be considered as part of the next capital development works in the Nursing Home.</p> <p>Residents on the second and third floors are offered the choice to attend the ample communal space on the ground floor and many residents avail of this daily and enjoy the group activities provided. Residents on the third floor are ambulant residents only and can mobilise independently to attend the ground floor communal areas where they enjoy socialising. Residents and families are offered the choice to view the rooms both on the second and third floors prior to admission on the pre-admission assessment and have a choice regarding their admission to these bedrooms.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Floor adjacent to lift now fixed and the unfinished wall identified on inspection has now been repaired. All towels were removed from the chairs in the smoking areas and all staff advised at</p>	

daily handover that these are not to be used.  
 Risk register has been reviewed and updated to reflect all risks in the Centre.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

HTM compliant sinks will be reviewed as a part of capital development works in the Home. There are plentiful sinks available in all rooms and in the corridor / entrance to the Home for hand washing. There are multiple alcohol hand rub stations throughout the Home and in every Residents bedroom.

Staff advised not to empty resident's wash water in the sinks, advised to empty same in en-suite shower outlet-notice issued to all staff.

All maintenance issues identified such as painting/radiator covers/sealant for toilet will be addressed as part of the annual maintenance schedule and will be overseen by the DON

All furniture or equipment that requires repair will be repaired. Replacement of furniture that cannot be repaired will be replaced and a deep clean schedule of all fabric furniture will occur.

All mattresses/bed bumpers that require replacement will be replaced.

Extra storage was provided for a resident who has a significant number of belongings.

Cleaning checklists have been reviewed and notice has been issued to staff to ensure that these are completed post cleaning/decontamination of a room. Education and training will be updated for all housekeeping staff.

Shower outlets will be added to the daily cleaning schedules.

All residents' wound care dressings have been removed from the bedrooms and individual dressing containers have been provided for each resident which are now stored in the clinical room.

Staff changing areas now clearly identified – one vacant bedroom re-purposed as designated to staff only. All staff items removed from bathrooms.

Double-bedroom that was identified as being in close proximity to a sluice room will be reviewed as a part of capital development works in the Home.

Regulation 28: Fire precautions	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Smoking area-all issues identified in this area during the inspection were addressed immediately on the day of inspection: All towels removed, linen trolley and waste bins moved away from the area, all door wedges were removed, and call bell, ashtray and fire blanket are in place.</p> <p>Gap identified in fire door was repaired and re-plastered following inspection.</p> <p>All fire doors will be reviewed by the external fire consultant to ensure all doors are compliant.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All medicated creams have been removed from bedrooms; medication creams now stored in the medication trolleys in accordance with best practice.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: All residents are now offered their meals in the dining room and more seating areas have been provided for same so that all residents can avail of an enjoyable dining room experience.</p> <p>Activities are provided for all residents in the new communal room and in the older communal room and activity staff will ensure their resources are used efficiently so that both areas will have activities. Highly dependent residents have now been offered the choice to attend the main dayroom daily with more mobile residents availing of adjacent dayroom so that they can mobilise independently to attend an activity in the main dayroom. Activity staff will also provide individual activities to residents who would like to avail of these, with rummage boxes with various items such as playing cards, books, magazines, art therapy etc. so that all residents are afforded the opportunity to partake in activities if they so wish throughout the day.</p> <p>The activity planner that was observed in resident's rooms on the day of inspection was an example of the activities that are available for the residents and was not a weekly</p>	



schedule of activities. The activity staff now have weekly planners displayed in all communal areas which are updated weekly so residents can see daily what activities are provided in the Centre.

## 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	Orange	31/12/2022
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	13/12/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of	Substantially Compliant	Yellow	23/12/2021

	risks throughout the designated centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/12/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	02/12/2021
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.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2022
Regulation 29(4)	The person in charge shall	Substantially Compliant	Yellow	02/12/2021

	ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	02/12/2021
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Orange	13/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Not Compliant	Orange	13/12/2021

	activities in accordance with their interests and capacities.			
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