



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Churchtown
Name of provider:	Aperee Living Churchtown Limited
Address of centre:	Churchtown, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	10 May 2024
Centre ID:	OSV-0000266
Fieldwork ID:	MON-0043622

About the designated centre

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

Aperee Living Churchtown is a purpose built nursing home and is located close to the village of Churchtown in Co. Cork. The centre is built on large landscaped grounds with adequate parking for visitors and staff. The centre is registered to accommodate fifty residents in forty four single bedrooms and three twin bedrooms. All bedrooms are en suite with toilet, shower and wash hand basin. The centre provides long-term nursing care, predominately to people over the age of 65, but can also provide convalescent and respite care. The centre caters for residents with varying degrees of dependency from low to maximum. The person in charge is responsible for the day-to-day operation of the centre with the support of an assistant director of nursing and a clinical nurse manager. Care is provided by a team of nurses, healthcare care assistants, activity staff, catering staff, and housekeeping staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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
Friday 10 May 2024	09:00hrs to 14:30hrs	Robert Hennessy	Lead
Friday 10 May 2024	09:00hrs to 14:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This inspection took place over one day by two inspectors of social services and was unannounced. The purpose of this inspection was to monitor the care and welfare of residents in this centre, and to follow up on serious concerns regarding the registered provider's ability to provide a safe service and ensure fire safety risks were addressed. Inspectors met with many residents during the inspection and spoke to seven residents in more detail all of whom spoke positively about the centre, the staff and the care they received. People visiting residents in the centre spoken with also gave positive views on the care in the centre. However, on this inspection inspectors continued to have concerns about the governance of the centre, premises and fire safety works.

The centre was purpose built in 1996 and is situated on the outskirts of the village of Churchtown in North Cork. Resident's bedroom accommodation consists of forty four single bedrooms and three twin bedrooms. All bedrooms had en suite facilities including toilet, shower and wash hand basin. Communal areas comprised of three separate sitting rooms, a lounge and a dining room. Inspectors noted that the premises was decorated with many attractive features, such as a shop front appearance for the hairdressers rooms, an antiques shop which had an inbuilt glass cabinet containing interesting artefacts. There was also an area which was home to two budgies and an open fish pond which contained four large goldfish. Corridor walls were adorned with photographs, paintings and caricatures which added colour and life to the corridors. There were 25 residents residing in the centre on the day of inspection. Approximately half of the resident bedrooms were not in use, as fire safety works had begun in two corridors of the centre. Residents were moved temporarily into the empty bedrooms throughout the centre to facilitate the fire works. Only one bedroom was in use as a twin bedroom, however, there were issues with residents privacy in this room due to a lack of privacy screens, this and other area of poor maintenance of the centre are discussed later in the report under premises and infection control.

The residents had access to a large outdoor area. On the previous inspection there was a large quantity of broken and unused equipment whilst some of this equipment was removed on this inspection the outdoor area was still untidy and was not well maintained and not an inviting place to spend time in with garden furniture required repair and painting. A fence had been removed so fire exit doors were able to open fully, however this area was now unsecured.

The inspectors observed that some of the residents were engaged in activities with an activities coordinator during the morning of the inspection. Other residents were watching television in the day room. The inspectors saw that staff interacted with residents in a very kind and respectful way and it was obvious that residents knew staff well.

Gates that were at two residents doorways on the previous inspection had been

reviewed and removed and this was working well for the residents involved.

Work on fire safety improvements had begun in the centre. The inspectors saw that two sections of the centre had been closed to residents. The fire door work had begun with fire stopping being inserted into the door frames and all door frames removed. Fire stopping had also begun on the ceilings in the centre. Workers were also seen working on the outside emergency lighting on the pathways around the centre. The inspectors also saw that fire safety training was also taking place for a number of the staff on the day of inspection.

The overall cleanliness of the centre was much improved with rooms viewed being much cleaner than the previous inspection. Residents' bedrooms that were viewed were clean and cleaning checklists in these rooms were completed. Hand wash sinks had been placed in the corridors but they were not fully installed and operational. These hand wash sinks did not meet the latest infection control recommendations and this is discussed later in the report. Storage in the centre had improved and a communal room which was full of storage, during the last inspection, was now available for use by the residents.

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 on the quality and safety of the service being delivered.

Capacity and capability

This was a risk inspection to monitor the care and welfare of residents as the centre was currently in significant regulatory escalation. The previous four inspections of Aperee Living Churchtown undertaken on the 18th of May 2022, 25th of May 2023, 10th of August 2023 and the 07th of February 2024 identified significant areas of concern relating to the governance and management of the centre, fire safety and the protection of residents' finances. Following the registered provider's failure to address serious fire risks identified in their fire own external fire safety risk assessment undertaken on the 20th of January 2022 and issues identified during the inspection of the centre 10th of August 2023, a restrictive condition was attached to the registration of the centre allowing no more admissions until the safety of residents was assured. This restrictive condition came into affect on the 21st of December 2023. The Chief Inspector had issued a notice of proposed decision to cancel the centre's registration on 09th of November 2023 due to serious concerns about the registered providers fitness to operate the centre and their lack of action in addressing fire safety risks and protection of residents finances.

Following receipt of the notice proposing to cancel the registration of the centre the provider submitted representation to the Chief Inspector on 08th of December 2023, outlining actions the provider was taking to address the serious regulatory non compliance identified and requesting that the Chief Inspector reconsider the

decision. The representation submitted outlined a revised organisational structure and detail of the action underway to bring the centre into compliance with fire precautions and the safeguarding of residents finances. An inspection was undertaken on the 07th of February 2024 where inspectors inspected against this representation. The representation received on the 08th of December stated that the fire doors were ordered and the fire works would begin on the 8th of January 2024 and works would be completed by the 28th of February 2024. However the inspectors saw that no fire works had commenced and that the doors had not been ordered contrary to what was stated in the representation. The registered provider had also committed in their representation that they would provide a weekly update to the chief inspector on the progress of the fire works and that also had not taken place. A notice of decision to cancel the centre's registration was issued on the 28th of March 2024. The provider has made an appeal to the district court against this notice of decision.

This inspection was undertaken to ensure the safety and welfare of residents in and to follow up on the non compliance from the previous inspection. During this inspection the inspectors did see the fire works had commenced but they were well behind the targeted time frame provided to the Chief Inspector during the representation and on numerous other occasions.

Aperee Living Churchtown is operated by Aperee Living Churchtown Limited, the registered provider. The centre was part of the Aperee Living Group, which operates a number of centres around the country. Previous inspections have repeatedly found that the registered provider was not compliant with Regulation 23; Governance and Management. In addition the notice of decision to cancel the registration of the designated centre set out concerns about the registered providers fitness to operate a designated centre. In November 2023 the Chief Inspector was notified of a complete change to the company directors, with three new directors appointed. Aperee Living Churchtown Ltd failed to comply with the regulatory requirement to give the Chief Inspector 8 weeks notice of a change to the directors of the company when one of the three new directors departed the company on 31 January 2024. Consequently when this director attended a meeting with the Chief Inspector on 15 February 2024, as a director of the company, the Chief Inspector was not aware that they were no longer a director of the company.

Within the centre care is directed by a suitably qualified person in charge. They are supported by an Assistant Director of Nursing (ADON) and a team of nursing, health care, domestic, activity, maintenance, administration and catering staff. The person in charge was on planned leave during the inspection and the ADON facilitated the inspection. There was adequate staffing levels available to residents on the day of inspection. However, the overall governance of the centre was still unclear to the inspectors. A regional manager had been employed to support the centre, with a director of quality of care in place but on a contractual basis for the group three days per week. There was evidence that the person in charge had regular meetings with the regional manager and a director of the company to discuss the overall running and maintenance of the centre. The statement of purpose on the day of inspection did not reflect the actual governance structure in place and required review in a number of other areas. This is outlined under Regulation 3. The

inspectors found that the governance structure remained weak and did not reflect the commitments given to strengthen it, as identified in the compliance plan submitted following the previous inspection.

Incidents that occurred were recorded and monitored by the person in charge. One incident that was required to be reported to the Chief Inspector had not been done in line with regulatory requirements. The complaints procedure had been updated in response to the changes in legislation in March 2023 and complaints were managed and addressed in the centre.

Regulation 15: Staffing

There was appropriate staffing levels in the centre to meet the needs of the 25 residents and also appropriate to the size and layout of the centre. There was a staff nurse on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Oversight of training had improved in the centre and fire safety training was taking place on the day of the inspection. However, action was still required in relation to the provision of training in behaviours that challenge for staff, which is discussed under Regulation 7.

Judgment: Compliant

Regulation 23: Governance and management

Significant concerns remained with regards the providers management systems and the overall governance and management of the service to ensure that the service provided was safe. This was evidenced by the following:

- the provider had arranged for an external consultant to conduct a fire safety risk assessment of the premises on the 20th of January 2022 which identified five red (high) 12 orange (medium) fire safety risks in the centre. The majority of these works had yet to be fully addressed despite repeated assurances
- the management structure of the provider was not clearly defined to identify the lines of authority and accountability and to specify roles and detail responsibilities for all areas of care provision. The statement of purpose of

the centre did not reflect the management structure as verbally explained on the day of inspection. The statement of purpose for the centre detailed a director who had departed from the provider company since January 2024. Furthermore, a person listed on the statement of purpose as the chief operations officer for the centre had not been appropriately notified to the chief inspector as a person participating the management of the designated centre as the registered provider had committed to doing.

- legally mandated registration notifications had not been submitted within required time lines to the office of the Chief inspector. For example, notification of the departure of a director was submitted to the Chief inspector in April 2024, despite the person leaving the role in January 2024. In addition Aperee Living Churchtown Ltd presented this person as a director of the company at a meeting with the Chief Inspector on 15 February 2024 even though this person was no longer a director.
- although the provider had committed in their representation to submit weekly updates to the chief inspector in relation to the progress of the fire works, these updates were not consistently submitted.

Significant concerns remained with regards to the designated centre having sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose:

- the provider issued repeated assurances that appropriate action would be taken to complete the required fireworks in the centre to ensure residents' safety. However, the inspectors found that a significant body of work remained outstanding in the centre as outlined under Regulation 28; Fire precautions.
- although some improvements in premises works had taken place since the last inspection, significant further resources were required to complete these works.
- the registered provider had not ensured the centre was tax compliant on a number of occasions, resulting in a significant delay in the payment of fair deal payments on one occasion.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose for the designated centre required review and updating in the following areas: Some of these issues were repeat findings

- the statement of purpose did not contain the registration conditions of the centre
- the complaints section of the statement of purpose did not identify an independent advocacy service that could assist with making a complaint
- the staff table numbers had the whole time equivalent (WTE) exceeding the

- actual number of staff employed
- the governance and management section of the statement of purpose does not correlate with what was reported to the inspectors on the day of inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

While reviewing the complaints log there was a complaint from a resident that was actually a safeguarding issue and it was evident that a three day notification had not been submitted to the chief inspector as required by the regulation.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints policy was in place, with the complaints procedure on display in the centre. Evidence of complaints being dealt with and closed out in a satisfactory manner to the complainant was available.

Judgment: Compliant

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider failed to give 8 weeks notice in writing to the chief inspector in relation to change of company directors as required under paragraph 3 of Schedule 1. The provider informed the chief inspector of the change of director in April 2024 when a director left the company in January 2024.

Judgment: Not compliant

Quality and safety

Overall the inspectors were assured that residents were supported and encouraged to have a good quality of life in Aperee Living Churchtown. There was evidence that residents needs were being met through good access to GP services and

opportunities for social engagement. However, the providers history of poor governance and failure to implement effective fire management systems, impacted on the quality and safety of care and continued to put residents at risk. Some improvements had been made in these areas since the last inspection but further action was required.

Residents had good access to general practitioner (GP) services and medical notes showed regular reviews by their GPs to ensure best outcomes for residents. Timely referrals were requested to specialist services such as dietitian, speech and language therapy and tissue viability nurse. The previous inspection found that as a result of the registered providers failure to ensure timely payment of some allied health care professionals that residents did not have access to timely referrals to a physiotherapist or occupational therapist. During this inspection staff told the inspectors that although all outstanding bills were now paid previous service providers were reluctant to provide future services and alternative service providers had yet to be sourced.

The premises had adequate communal space and outdoor areas for the residents. There was evidence that there had been work on improving the premises since the last inspection. The premises including residents' bedrooms were much cleaner with systems in place to monitor the cleanliness of rooms throughout. However there were issues identified with infection control which are discussed under Regulation 27. Storage space had been reallocated in the centre providing more communal space for residents. However, the premises required investment to ensure that it was kept in a good state of repair internally and externally and that it was suitably decorated. Actions required for the premises are outlined under Regulation 17.

Regular drills, evacuations and fire alarm checks were taking place. Records showed that drills were timed and the number of staff and residents involved in the evacuation detailed, evacuation aids required and used, analysis and actions taken following simulations to enable learning for all staff. A pictorial summary of the personal emergency evacuation plans (PEEPs) were available to the staff at the residents' door as a quick guide for staff in an emergency. Records to show work had been completed for quarterly fire checks for lighting, equipment and appliances were available. Fire safety works to address all the fire safety risks as previously outlined had commenced in the centre. However none of the fire safety structural works had been completed. Actions required for fire safety in the centre are outlined under Regulation 28.

Restraints that were in place on the last inspection which prevented the resident leaving their room had been removed. Some staff required training in the area of dealing with responsive behaviours which is detailed under Regulation 7.

A shared room that was now in use for residents, due to the fire safety works beginning, did not provide adequate privacy for residents in the room. The use of the room was reportedly a temporary measure. This was somewhat addressed during the inspection with a privacy curtain sourced to go around one bed but was still not fully addressed for the resident in the second bed.

Regulation 17: Premises

There continued to be significant action required with the premises to ensure it was kept in a good state of repair internally and externally and that it was suitably decorated:

- areas of the centre require painting including residents' bedrooms
- a twin room in use lacked a privacy screen to provide privacy for both residents using the room
- carpets throughout the centre were worn and stained
- lockers and wardrobes in a number of bedrooms were not in good condition and required repair or replacement
- there were a number of handrails in bathrooms and en-suites that were rusting
- flooring was ripped and torn in a number of areas
- the external gardens were unkempt and garden furniture required repair and painting
- there were a number of uneven surfaces in the grounds that would be a fall risk for residents
- fencing to the external grounds required repair and in some parts it had been removed so required replacement
- a number of chairs were ripped and required repair or replacement
- in one bedroom a light above the bed was not working

Judgment: Not compliant

Regulation 27: Infection control

The following items needed to be addressed to ensure that procedures consistent with the standards for the prevention and control of health care associated infections were implemented:

- although some clinical hand wash sinks had been partially installed in the centre, these were not functioning and the sinks were not compliant with HBN 00-10 standards
- resident personal medical equipment was not store correctly in residents bedrooms to prevent cross contamination
- items of furniture such as bedroom furniture were worn which would impede effective cleaning
- chair coverings were worn and torn which again would impede effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following actions were required in relation to fire precautions these were the same actions repeatedly identified in the four previous inspection reports of the centre and had not been actioned by the registered provider. Although some fire works had commenced in the centre further action was required in relation to a large number of ongoing areas :

Action was required by the provider to ensure adequate precautions against the risk of fire and for reviewing fire precautions:

- while there were no residents who smoke at the time of inspection, the smoking area for potential residents that smoke was not adequate. There was no call bell to alert staff and the ground was uneven making it difficult for residents to access.

The arrangements for providing adequate means of escape including emergency lighting were not effective:

- the threshold to some exits was high. This meant that egress may be hindered where mobility aids and evacuation aids were used
- external escape routes were not adequate. They consisted of a concrete pathway following the line of the building and there were corners and pinch points which would not be conducive for mobility aids or evacuation aids
- at some final exits, there was insufficient space to manoeuvre around the door when it was in the open position
- escape corridors did not provide a fire protected means of escape
- the provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety.

The measures in place to contain fire were not effective, for example

- fire doors to rooms were not adequate and would not all be effective to contain the uncontrolled spread of fire and smoke (work on one wing of the centre was taking place on the fire doors on the day of inspection).

The measures in place to detect fire were not adequate:

- the store room which opens from the quiet room did not have fire detection
- the small staff changing rooms were not fitted with fire detection.

The measures in place to contain fire were not effective, for example

- fire doors to rooms were not adequate and would not all be effective to contain the uncontrolled spread of fire and smoke. While some fire

compartment and cross corridor doors were in good condition, deficits were observed to some such as gaps where the doors meet, and the door leaf not fully closing.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A number of residents assessments and care plans were viewed during the inspection. Clinical assessments were completed using validated tools and were seen to be comprehensive and were updated as required. The care plans seen were person centred in nature and sufficiently detailed to direct care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner, tissue viability nurse, dietitian and speech and language therapy. However, at the time of inspection, the residents did not have access to physiotherapy or occupational therapy and this situation had been ongoing since the previous inspection.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Training records showed that five staff required training in relation to responding to and managing behaviour that is challenging, to ensure that the staff had up to date knowledge and skills appropriate to their role.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The privacy of residents was compromised in one shared twin bedroom that was in use on a temporary basis to provide accommodation to two residents in the centre whilst the fire works were ongoing. There was no privacy screen around the beds which did not provide adequate facilities for residents in this room to undertake

activities in privacy if they so wished.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The inspectors saw that a number of residents who had moved bedrooms to facilitate the fire safety works had limited clothing and belongings moved with them to their new room which did not facilitate residents the right of full choice and control over their belongings.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant

Compliance Plan for Aperee Living Churchtown OSV-0000266

Inspection ID: MON-0043622

Date of inspection: 10/05/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The management arrangements consist of the Registered provider Representative who has 20+ years of experience in the nursing home sector. The Registered Provider Representative is the ultimate decision maker in conjunction with the fellow company director. The Registered Provider Representative works closely with the Regional Manager who has 30 years of experience in healthcare. A Director of Care Qualities and standards has also been appointed on a contract basis. • The registered provider Representative attends the Home on a weekly basis and holds in-house weekly meetings with the director of nursing. • The clinical regional manager supports the team on all matters clinical and care and holds fortnightly clinical meetings with the director of nursing, but can also be contacted by the staff in the home for considered advice and guidance. • The Director of Care Quality and standards is reviewing the structure and processes in place to achieve quality and safety in the service in partnership with the director of nursing and clinical regional manager. • The contractor for Fire rectification has been on site since the date of the inspection report and very significant progress has been made. All Red risks highlighted in the report have been completed in all the bedroom areas and upon return from builder holidays on August 12th the remaining areas will be completed by no later that August 31st. The majority of orange fire risks are now complete with 2 remaining to be completed and these will be complete by August 31st. • The management structure is now clearly defined with clear lines of reporting and accountability. • The governance and management section of the statement of purpose has been updated to reflect the new management structure as outlined above. • The registered provider apologises to the Authority and will ensure no such error occurs in the future. • Weekly updates have been provided to the Authority since the date of inspection, the only exception has been when the Registered Provider Representative has been 	

unavailable.

- Resources now exist and are available to the company to ensure the fireworks are completed.
- A full refurbishment plan is currently being drafted, with some replacement flooring works commencing on July 31st. Once Refurbishment plan is complete it will be submitted to the Authority.
- The Registered Provider has a current Tax Clearance Certificate.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 3: Statement of purpose

Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

Registration Conditions: The statement of Purpose now contains the registration conditions of the center.

Identify independent advocacy services: The complaints section now identifies the contact details for the independent advocate services that can assist with making of a complaint.

Whole time Equivalent: The staffing complement has been updated to reflect the actual number of staff employed.

Governance and Management sections: The governance and management section has been updated accordingly.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The Director of Nursing shall ensure all required notifications will be submitted within the required regulatory time frame.

Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: Change to company directors: The Registered Provider shall ensure all required notifications will be submitted within the required regulatory time frame.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A full and comprehensive refurbishment plan is currently being worked on to include painting, flooring, furniture, ensuites, loose furniture etc., We have retained the services of an Interior Design specialist to assist, we expect to have this plan finalized within the next 6 weeks and anticipate a 9-12month program. <p>Since submitting the above report, we have met with all the stakeholders, and we are now aiming to have work done within 9-12 months.</p> <ul style="list-style-type: none"> • The use of this twin room was only utilized to accommodate residents that had to move bedrooms for a few nights as the fireworks were being completed in their corridor. This twin room will be used as a single room going forward. • Work will begin on July 31st to replace the carpets in St Ellen's and St Catherines' corridor. Carpets in remaining corridors will be replaced as part of the above mentioned refurbishment plan. • All lockers and wardrobes requiring replacement form part of our refurbishment plan <p>As part of the long-term refurbishment plan for the home, all handrails that are rusted will be replaced</p> <p>In conjunction with the head of maintenance a plan for the up-keep of the gardens has been established. All garden furniture that require repair or painting will be completed by the 31st of August.</p> <ul style="list-style-type: none"> • All uneven surfaces are being reviewed to ensure any trip hazards for residents are corrected. • A new Fence has been erected in the external grounds. <p>Chairs will be replaced as part of the long-term refurbishment plan for the home</p> <ul style="list-style-type: none"> • Lights in bedrooms: In conjunction with the head of Maintenance and review of all 	

bedroom lights was conducted. Repair and replacement of lights was carried out by the electrician.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- HBN 00-10 have been sourced and we are awaiting instillation post builders holidays.
- Residents' personal medical equipment is now stored in zip lock bags in their bedrooms to prevent cross contamination.

Worn furniture will be replaced as part of the refurbishment plan for the home

Regulation 28: Fire precautions

Not Compliant

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

- A new designated smoking area is now in place.
- All exits were reviewed and associated works were completed.
- External escape routes have been reviewed and amended where necessary.
- Final exits have been adjusted to ensure adequate space exists
- Escape corridors are all upgraded to provide a fire protected means of escape
- Additional emergency lighting along external escape routes has now been installed.
- Fire doors to rooms have been replaced where necessary and have been adjusted where possible.
- Fire detection has now been installed in the storeroom which opens from the quiet room.
- Fire detection has now been installed in the Staff changing areas.

- Fire doors to rooms and cross corridor doors have been replaced where necessary and adjusted where possible.
- Fire stopping in the bedrooms and ceilings has been completed. On the 19th of August the final phase of the fire stopping will commence which includes the communal areas, sitting rooms and reception area and will be completed by August 31st.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 Physio and OT services: Physiotherapy service has resumed. An OT service from the local Primary Care Centre is attending the Home on referrals.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 The Director of nursing will ensure all staff attend training in relation to responding and managing behavior that is challenging.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 • The use of this twin room was only utilized to accommodate residents that had to move bedrooms for a few nights as the fireworks were being completed in their corridor. This twin room will be used as a single room going forward.

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Going forward if a resident must move bedroom to facilitate works all their belongings will now be moved with them to ensure they have full control and access to their belongings.</p>	

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
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	31/07/2024
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and	Substantially Compliant	Yellow	31/07/2024

	retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.			
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	31/05/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	31/07/2024
Regulation 23(c)	The registered provider shall	Not Compliant	Orange	31/07/2024

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Substantially Compliant	Yellow	31/08/2024
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.	Not Compliant	Orange	31/08/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/08/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	31/08/2024

	maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	31/07/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	31/07/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	31/07/2024
Regulation 7(1)	The person in	Substantially	Yellow	31/07/2024

	charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Compliant		
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/07/2024