



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Ballinasloe
Name of provider:	Aperee Living Ballinasloe Ltd
Address of centre:	Bridge Street, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	25 May 2022
Centre ID:	OSV-0000361
Fieldwork ID:	MON-0036612

About the designated centre

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

Millrace nursing home is a purpose built two storey nursing home situated in the town of Ballinasloe in Co. Galway. The centre is registered to accommodate 60 residents. The accommodation comprises 52 single and four twin bedrooms. All bedrooms have en suite shower and toilet facilities. A variety of communal rooms are provided for residents' use on each floor, including sitting, dining and recreational facilities. There is a lift provided between floors. Residents have access to an enclosed garden. Millrace nursing home accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, palliative care, respite and post-operative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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 25 May 2022	09:30hrs to 17:45hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

From what the inspector observed, the residents in this centre were supported to enjoy a good quality of life by staff who were kind and caring. The inspector observed a friendly and calm atmosphere in the centre on the day of the inspection. The overall feedback from residents was that they were happy living in the centre and that they were provided with the help and support they needed. A lot of good practice was observed by the inspector on the day. The centre was well managed and assured regulatory compliance.

This unannounced inspection took place over one day. There were 46 residents accommodated in the centre on the day of the inspection and 14 vacancies.

The inspector interacted with a large number of the residents and spoke in detail with a total of eight residents. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. Residents' feedback provided an insight of their lived experience in the centre. Residents told the inspector that they felt safe in the centre and that they could freely raise any concerns with the staff. One resident told the inspector that the staff were always good to them. They said that they preferred to spend time in their bedroom and told the inspector that they were checked regularly by staff throughout the day. Another resident told the inspector that 'the staff had them spoiled' and that they did not know how they would have managed if they had not moved to the centre. A number of residents described how they preferred to spend their days and they told the inspector that their personal choices were respected by staff.

The inspector also spoke with three visitors who spoke very positively about the care and support received by their loved ones.

Following an introductory meeting, the inspector completed a walk around of the designated centre with the person in charge. The centre was a purpose built two-storey building with an accessible lift between both floors. The décor was modern throughout the centre and all areas were appropriately furnished. There were a variety of bright, spacious communal spaces available for residents to use including a lobby, day rooms and dining rooms. Hallways and corridors were decorated with pictures of the local area, and of residents taking part in various activities and social events. Residents' bedrooms were appropriately decorated with many residents personalising their rooms with pictures, books and furniture.

The inspector found that the building was designed and laid out to meet the needs of the residents, and to encourage and aid independence. The corridors were wide, bright and airy, and the building was warm and well ventilated throughout. There were appropriate handrails and grab rails available in the bathrooms and along the corridors to maintain residents' safety. Call-bells were available throughout the centre. All non-resident areas were accessible via a keypad to ensure the safety of the residents. The single and twin occupancy rooms had sufficient space for

residents to live comfortably. This included adequate space for residents to store personal belongings.

There was a designated smoking area which was adequate in size and well ventilated. The inspector observed that measures were put in place to ensure residents' safety when using this facility, including access to suitable fire fighting equipment.

Residents had safe unrestricted access to the outdoors. There was a enclosed garden area with suitable seating, and features of interest including a water fountain and a chicken coup. Residents were also provided with safe access to an outdoor balcony on the first floor.

There was good infection prevention and control signage in place at key points throughout the centre. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place.

Residents were observed in the various communal areas of the centre throughout the day. Residents were observed moving freely throughout the centre, chatting with each other and with staff. Other residents chose to remain in their own rooms, preferring to spend time on their own. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day. The inspector observed that staff promoted each resident's rights, and that their privacy and dignity was respected. It was evident that residents were supported by staff to spend the day as they wished, and residents appeared to be happy and content as they went about their daily lives. Staff were observed to be attentive and respectful in their interactions with the residents. The provision of care was observed to be person-centred and unhurried and there was a relaxed atmosphere present throughout the centre. The inspector observed that residents' personal care was attended to a good standard. Staff who spoke with inspectors were knowledgeable about residents and their individual needs.

Residents were provided with opportunities to participate in recreational activities of their choice and ability, either in the day rooms or their own bedrooms, seven days a week. The inspector observed a number of residents taking part in an exercise class and a quiz which they appeared to enjoy.

Residents told the inspector that they had a choice of meals and drinks available to them every day. The daily menu was displayed in a suitable format and in appropriate places throughout the centre. The mealtimes were observed by the inspector on the day of the inspection. Food was freshly prepared in the centre's own kitchen and the meals served were well presented and appealing. There was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Staff members and residents were observed to chat happily together throughout the meal-time and all interactions were respectful. Residents were complimentary about the food in the centre.

Residents had unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also available. Friends and families were

facilitated to visit residents and the inspector observed many visitors coming and going throughout the day.

The centre was clean and tidy on the day of the inspection. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place and equipment was cleaned after each use.

In summary, the inspector found a good level of compliance in the centre. There was a responsive team of staff delivering safe and appropriate person-centred care and support to residents who lived there.

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 carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in May 2021.

The inspector found that this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of a good standard, and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of the residents who lived in the centre. This centre had a history of good regulatory compliance and the inspector found that the provider had addressed the actions of the compliance plan following the last inspection.

The registered provider of this centre was Aperee Living Ballinasloe Ltd. The person in charge, who facilitated the inspection, demonstrated a clear understanding of their role and responsibility and were a strong presence in the centre. They were supported in this role by a clinical nurse manager and a full complement of staff including nursing, care assistant, activity, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The person in charge was also provided with support from the management team from Aperee Living Ltd including a clinical regional manager who attended the feedback meeting following the inspection.

The inspector found that the residents were supported and facilitated to have a

good quality of life. There was a stable and dedicated team working in the centre which ensured that residents benefited from continuity of care from staff who knew them well. There was sufficient staff on duty to ensure the residents' needs could be met and teamwork was evident throughout the day. The person in charge and clinical nurse manager provided clinical supervision and support to all the staff. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with the residents. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities.

Policies and procedures were available, providing staff with guidance on how to deliver safe care to the residents.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role. This included COVID-19 infection prevention and control training.

There was good evidence of effective monitoring of the service provided in the centre. A range of audits had been completed by the person in charge which reviewed various elements of the service such as care planning, nutrition, call-bell response times, and infection prevention and control. Results of audits were used to identify learning and to develop quality improvement plans.

Risk was found to be effectively managed in the centre. There was a risk register which identified clinical and environmental risks and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. There was an emergency plan in place which included a comprehensive COVID-19 contingency plan with controls identified in line with current public health guidance.

The inspector observed that regular staff group management meetings had taken place including, management, nursing, care assistant and support services team meetings. Minutes of meetings reviewed by the inspector showed that a wide range of issues were discussed in detail, including COVID-19, residents' welfare, incidents, audits, staffing, training and infection control. Action plans were developed following meetings where service improvements were required.

The centre had a complaints policy and procedure and the process of raising a complaint or a concern was clearly displayed in the centre.

Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection with appropriate skill mix to meet the assessed needs of all residents, taking into account the size and

layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role. This included infection prevention and control, manual handling, safeguarding, and fire safety.

Judgment: Compliant

Regulation 21: Records

A sample of three staff files were reviewed by the inspector and found to have all the required information as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of good quality care and support to residents.

There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There was a quality assurance programme in place that effectively monitored the quality and safety of the service. Feedback from audits was used to identify areas for improvement.

The person in charge had completed an annual review of the quality and safety of care in the centre for 2021 which included an action plan for 2022.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

A review of the complaints records found that resident's complaints and concerns were promptly managed and responded to in line with the regulatory requirements and there was a comprehensive record kept of all complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the designated centre received care and support that was of a good standard which ensured they were safe, and that they could enjoy a good quality of life. Residents spoke positively about their experience of living in the centre. Observations on the day of the inspection found that residents' rights and choices were upheld and their independence was promoted. Care delivery was observed to be evidence-based and person-centred. Staff were respectful and courteous with residents.

The inspector reviewed a sample of six residents' files. Prior to admission to the centre, a comprehensive assessment of residents' health and social care needs was completed. This information was used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were

initiated within 48 hours of admission to the centre and reviewed every four months or as changes occurred in line with regulatory requirements. The care plans reviewed by the inspector were person-centred and holistic and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided to residents. Residents had timely access to healthcare services based on their assessed need.

The provider promoted a restraint-free environment in the centre, in line with local and national policy.

There were residents' meetings held regularly, where the residents had the opportunity to consult with management and staff on how the centre was run. Minutes of recent resident meetings were reviewed by the inspector and showed that relevant topics were discussed. These included COVID-19, catering, activities, visiting and care services. Action taken as a result of resident feedback was documented and addressed in a timely manner. Residents had access to an independent advocacy service.

The centre was generally well maintained on the day of the inspection. While the inspector observed a small number of areas of décor and maintenance that required action, the inspector noted that ongoing redecoration and refurbishment of the centre was included in the quality improvement plan for 2022.

The centre had a comprehensive COVID-19 contingency plan in place which included the guidance from Health Protection Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities).

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken including night time drills in the largest compartment. This was an action from the previous inspection. Up-to-date personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

Regulation 11: Visits

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of required elements as set out under Regulation 26 .

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

While fire safety management checking procedures were in place, the inspector observed gaps in the records for the following;

- daily inspection of fire routes

- weekly inspection of fire alarm, emergency doors, bedroom door releases and emergency lighting.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected the residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

Judgment: Compliant

Regulation 8: Protection

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that the residents' privacy and dignity was respected. Residents told the inspectors they were

well looked after and that they had a choice about how they spent their day.

Judgment: 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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Ballinasloe OSV-0000361

Inspection ID: MON-0036612

Date of inspection: 25/05/2022

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Weekly Fire Inspection Audit – to be checked and signed off by management weekly. This process has been initiated immediately post inspection.	

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 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	26/05/2022