

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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Conna
Name of provider:	Conna Care Home Ltd (Formerly known as Aperee Living Conna Limited)
Address of centre:	Conna, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	21 August 2024
Centre ID:	OSV-0004447
Fieldwork ID:	MON-0044202

About the designated centre

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

Aperee Living Conna was established in 2003. It is currently managed by the Aperee Living Group. It is a 50-bedded home situated on the edge of Conna and all accommodation is on one level. The home comprises 42 single rooms with toilet and shower facilities some of which are shared between two single bedrooms. There are two single rooms (not en-suite), three double bedrooms en-suite, a large sitting room, conservatory, dining room, oratory, library, hairdressing salon, assisted bathroom, assisted shower room and enclosed garden with seating provided. All rooms have access to a call bell system and residents are encouraged to personalise their rooms. The centre offers long-term and respite care as well as caring for residents with dementia. There is 24-hour nursing care available. There is medical and allied health services available and all dietary needs are catered for.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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How we inspect

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 21 August 2024	09:30hrs to 18:00hrs	Siobhan Bourke	Lead
Wednesday 21 August 2024	09:30hrs to 18:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day by two inspectors of social services. The purpose of this inspection was to monitor the care and welfare of residents in this centre; and to follow up on information of concern, regarding the financial viability of the centre.

From the observations of the inspector and from speaking with residents and staff, it was evident that residents were provided with a good standard of care by staff and management working in the centre, to enable them to have a good quality of life. Staff were found to be attentive and respectful to the needs of residents. However, inspectors continued to have concerns with regard to the resources available and the effectiveness of the management systems in place to protect residents.

Aperee Living Conna is a large single-storey building located in the scenic rural setting near Conna village. The centre is registered to accommodate 50 residents. Residents' accommodation entails 44 single bedrooms and three twin bedrooms, arranged in three main wings called Aghern, Douglas and Castle. All three twin rooms were occupied by only one resident on the day of inspection. From a walk around the premises, inspectors saw that a number of residents' bedroom doors had been replaced, as well as a number of cross fire doors. Upgrades to the laundry had been completed and the external pathways around the centre had been widened. The centre's courtyard had also been resurfaced and was well maintained with raised beds with flowering plants, tables and chairs for residents' use and mature apple trees and plants. A smoking shelter had been fitted to the rear of the garden and was equipped with a call bell, fire blanket, and fire fighting equipment. A team of contractors, were on site during the day, and were observed to be working on cross fire doors in the centre. It was evident to the inspectors that progress had been made with the required works to improve fire safety in the centre, since the previous inspection. Nonetheless, the provider and management team remained unclear, as to what further works were outstanding, to ensure residents were protected in the event of a fire, as outlined further in this report.

During the walk around, the inspectors observed that paintwork on a number of residents' bedroom walls was chipped and marked. A number of wardrobes in residents' rooms were chipped or the veneer on the front of them was lifting. The counter surfaces in the clinical room and sluice rooms had not been replaced since the previous inspection and remained chipped and worn.

The meal experience was observed to be positive and much improved from the previous inspection of the centre, in May 2024. A new chef had been recruited and work was ongoing to ensure the dining experience was a more sociable experience for residents which was evident, with the majority of residents eating in the dining room. Staff were observed engaging with residents at meal times while supporting residents with their meals. Residents were offered a choice of a meal and their choices were respected. Meals appeared wholesome and nutritious. Residents'

feedback on the quality of the food available was positive, with many residents telling inspectors that they were happy with the improvements in place.

Staff were observed knocking before entering residents' rooms. During the day inspectors saw that staff responded in a timely manner to the new call bell system that had been recently installed. The inspectors saw that staff interacted with residents in a kind and respectful way. A number of residents, who could mobilise independently or with mobility assisting equipment, were observed walking freely around the centre. Residents could access the outdoor courtyard without restriction. The inspectors saw that residents who couldn't verbalise their experiences appeared comfortable and content.

The inspector saw that activity staff engaged with residents for both one-to-one activities and group activities during the day. The activity schedule and opportunity for social engagement for residents had improved since the previous inspection. Residents' views on the running of the centre were sought through regular residents' meetings, facilitated by an external advocate for the centre. Feedback from residents was actioned by the person in charge. Residents had access to independent advocacy services.

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

Capacity and capability

This was an unannounced risk inspection carried out by two inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The inspection was conducted, in response to information received, to the office of the Chief Inspector, that raised concerns regarding the financial viability of the registered provider company. The focus of the inspection was to ascertain how this was impacting the safety and welfare of residents living in the centre. The findings of this inspection were, that while the on site management team ensured the care provided to residents was safe and of a good standard, the provider had failed to take the necessary action to ensure compliance with regulations with regard to the governance and management of the centre and fire precautions to protect residents living in the centre.

The previous four inspections of Aperee Living Conna, undertaken on 26 April 2023, 7 September 2023, 9 November 23 and 10 May 2024, identified significant areas of concern, relating to the governance and management of the centre, the protection of residents' finances and fire safety. Fire safety had also been identified as an issue in the report of the 22 September 2022 inspection, where significant improvements were required to ensure adequate precautions against the risk of fire. Following the failure of the provider to address serious fire risks identified in their fire own

external fire safety risk assessment undertaken in January 2022 and issues identified during the inspection of the centre on 27 September 2022 and 26 April 2023, a restrictive condition was attached to the registration of the centre in May 2023. This condition required the registered provider to have the fire safety works completed by 31 October 2023 to ensure the safety of the residents. The Chief inspector acknowledges, that while the majority of these works have been completed by the time of this inspection in August 2024, the prolonged nature of the registered provider's response to such a serious issue, raises concern about the capability of the registered provider. Furthermore, on this inspection, it was not evident to inspectors and the local management were not able to tell the inspectors what works were yet to be completed and when the works would be completed.

Significant issues around the safeguarding of residents' finances were identified on an inspection of the centre in April 2023 where all reasonable measures had not been taken by the registered provider to protect residents' finances and the management of pension arrangements in the centre. Residents monies were lodged into the operational account of the centre and despite assurances from the registered provider that a resident client/ account would be put in place, a further inspection of the centre on 23 November 2023 found that there was still no residents' account in place and residents' monies remained unprotected. Between the November 2023 inspection and the May 2024 inspection, the provider had returned monies to estates of deceased residents where possible with the exception of three deceased residents. A separate residents' account had been set up in December 2023 whereby the monies of the remaining three deceased residents' were held to ensure that they were not used to finance the operational management of the centre. The inspectors were assured that these monies remained separate to the operational account of the provider. However the records provided to inspectors did not demonstrate that the registered provider was taking all possible action to return these monies to either the residents' estates or failing this, the state solicitors office.

Aperee Living Conna is operated by Aperee Living Conna Limited, the registered provider. The centre was part of the Aperee Living Group, which operates a number of centres around the country. Aperee Living Conna Ltd has repeatedly failed to comply with the regulatory requirement to notify the Chief Inspector 8 weeks in advance of any change to the directors of the company. Since the May 2024 inspection, the provider was not compliant with this regulatory requirement on two further occasions. On 6 June 2024, one company director departed the provider company and on the 12 June 2024 the person in the role of regional manager for the group was appointed as a second director to the registered provider company. The office of the Chief inspector was notified of these changes on the 6 June 2024 and the 16 June respectively.

In a meeting with inspectors in June 2024, the registered provider provided assurances that there were sufficient financial resources available to complete the fireworks in the centre and to ensure the sustainability of the centre. Subsequent to this meeting, inspectors received information which indicated that the registered provider company was in receivership, effective from 31 July 2024 and that the appointed receivers were now responsible for the operational and financial

management of the designated centre, with the powers of the current directors suspended. These and other findings are outlined under Regulation 23 governance and management.

The person in charge for the centre was full time in position and was supported by an assistant director of nursing, who had been recently appointed. The provider appropriately notified the chief inspector that the person in charge was to be on a planned absence from the centre for a period longer than 28 days. The assistant director of nursing was also on planned leave for two weeks during the same time frame. The Chief inspector was notified that the procedures and arrangements in place for the management of the centre, during the absence of the person in charge, included the regional manager taking responsibility for the centre for two weeks of this absence.

The number and skill mix of staff working in the centre was appropriate to meet the assessed needs of residents living in the centre. There was an adequate nursing staff on duty with two nurses rostered every day and night, supported by a team of health care staff. The person in charge ensured that an extra member of staff, in the role of night porter, was rostered at night, to mitigate identified fire risks in the centre.

A training schedule was in place for all grades of staff. Staff were facilitated to attend training appropriate to their role and demonstrated an appropriate awareness of their training with regard to safeguarding residents from abuse, infection prevention and control and fire safety. There were arrangements in place to provide supervision and support to staff through an induction process.

The onsite management team ensured that there were management systems in place to monitor the quality and safety of services provided to residents. This included a schedule of clinical and environmental audits and weekly collection and monitoring of key quality indicators such as infections, weight loss, pressure ulcers and falls. A review of completed audits found that the audit system was effective in supporting the management team to identify areas for improvement and develop action plans.

Incidents occurring in the centre were recorded electronically and there was oversight and monitoring of incidents by the person in charge. All incidents had been reported to the Chief Inspector, as per regulatory requirements. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Registration Regulation 6: Changes to information supplied for registration purposes

On two occasions in June 2024 the registered provider failed to give the 8 weeks statutory 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 departure of one director in June 2024 and the appointment of

the regional manager as a second director on the same week these changes took effect.

Judgment: Not compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate having regard to the assessed needs of the 44 residents living in the centre and the size and layout of the centre. There was a minimum of two registered nurses rostered 24 hours a day, seven days a week.

Judgment: Compliant

Regulation 16: Training and staff development

From speaking with staff and the person in charge, it was evident that there was good oversight of mandatory training in the centre by the person in charge. A review of the training records indicated that all staff were up-to-date with mandatory training. Regular in person staff training was scheduled during the year, to ensure staff had access to training, appropriate to their role. Staff were seen to be appropriately supervised during the inspection.

Judgment: Compliant

Regulation 23: Governance and management

As found on previous inspections, significant concerns remained with regard to the governance and management of the service and the registered provider's ability to ensure that the service provided was safe. This was evidenced by the following:

- The provider had failed to definitively address identified fire safety risks in a timely manner
- 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 while that a substantial amount of the works had been completed since the May 2024 inspection, there was no time line for when all the required works would be completed.

- Inspectors remained concerned regarding the provider's management of the centre's finances, as the centre was in receivership since 31 July 2024.
- there was a lack of oversight of premises issues with a number of issues outstanding from the previous inspections

The overall governance and management structure of the provider remained unclear and unstable, and not clearly defined, regarding the lines of authority and accountability, and to specified roles and detailed responsibilities for all areas of care provision.

- The office of the Chief Inspector was informed that as the provider company was in receivership, the powers of the directors of the provider company were suspended at the time of inspection. The receiver company had been appointed as the legal entity now responsible for the financial and operational management of the centre.
- There was ambiguity regarding senior management roles within the organisation, that were recorded on the statement of purpose provided to inspectors. The statement of purpose outlined that the regional manager reported to the Director of Care Quality and Standards. However, this position had not been filled and the provider and staff working in the centre were unaware of the role the person had in the centre.
- The director of nursing and the assistant director of nursing were both granted planned leave at the same time, which required the receiver to contract the services of a person external to the registered provider to deputise for two weeks in both their absence.

Minutes of management meetings provided to the inspectors, indicated that the last governance and management meeting held in the centre between the registered provider and the management team working in the centre was 11 June 2024, despite the provider assuring the Chief inspector that oversight arrangements were to improve, whereby a company director and the regional manager would attend the centre's formal governance and management meeting every two weeks.

Legally mandated registration notifications had not been submitted within required time lines to the office of the Chief inspector, despite this being found as a non compliance in the May 2024 inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Residents had a signed contract of care in place. The contract detailed the services provided to each resident whether under the Nursing Home Support Scheme or

privately. The type of accommodation was stated along with fees and the room number.

Judgment: Compliant

Regulation 3: Statement of purpose

The organisational structure outlined in the statement of purpose available in the centre on the day of inspection included a Director of Care, Quality and Standards. However, staff and management working in the centre were unaware of the position holder for this role. The role of the regional manager who was also a director was unclear as the directors were stood down during the receivership process.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge recorded incidents and accidents electronically and these were reviewed by an inspector. All required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector.

Judgment: Compliant

Regulation 32: Notification of absence

The required notification was submitted to the office of the Chief Inspector, giving notice of the expected absence of the person for 28 days or more in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulation. A review of a sample of complaints records, found that residents' complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

Notification to the office of the Chief inspector specified the arrangements in place to appoint another person in charge and detailed the proposed date by which the appointment was to be made.

Judgment: Compliant

Quality and safety

While inspectors found that residents health and social care needs were well met, inadequate progress had been made by the provider on completion of fire safety works to protect residents. As outlined in previous reports, this risk was first identified by the provider in January 2022.

The inspectors reviewed a sample of residents' health and nursing care records. Records indicated and residents confirmed that residents had regular reviews from local general practitioners. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy and physiotherapy. An assessment was completed prior to admission, to ensure the centre could meet residents' needs. Resident's care needs were assessed using validated assessment tools to identify areas of risk specific to residents. Care plans required action as outlined under Regulation 5; Individual assessment and care plan.

Residents who experienced responsive behaviours had appropriate assessments completed, and person-centred care plans were developed, that detailed the supports and intervention to be implemented by staff to support a consistent approach to the care of residents. Interactions between staff and residents was observed to be person-centred and non-restrictive. Staff and management were working to promote a restraint-free environment and there was appropriate oversight and monitoring of the level of restrictive practices in the centre.

Residents had access to advocacy services and regular residents' meetings were held in the centre. There was a schedule of activities in place to ensure residents had access to opportunities for meaningful social engagement.

In general, the premises met the collective and individual needs of residents, in line with the statement of purpose. The external courtyard garden had been resurfaced and pathways were extended to enhance evacuation strategies in the event of an emergency in the centre. A new smoking shelter had been installed towards the rear

of the courtyard. The inspector saw that some bedroom walls and wardrobes required attention as outlined under Regulation 17 premises.

The inspectors saw that the centre was visibly clean and residents confirmed that their rooms were cleaned every day. There was adequate resources in place, to ensure bedrooms could be deep cleaned and cleaning was performed to a good standard. An outbreak of acute respiratory infection was ongoing on the day of inspection with two residents in isolation. The inspectors saw that staff were inconsistent with wearing personal protective equipment (PPE) during the inspection; these and other findings are outlined under Regulation 27 Infection control.

Residents said they felt safe in the centre and staff had received training in safeguarding. However, improvements were required in the management of monies handed in for safekeeping and the return of monies of deceased residents.

An inspector reviewed the fire records in the centre and saw that appropriate certification was in place for servicing and maintenance of equipment. Fire safety training was up to date for staff. The night porter continued with regular fire safety checks in the centre. However, the weekly checks of the fire alarm were not consistently practiced and works to ensure the fire safety risks identified by the provider were addressed remained incomplete as outlined under Regulation 27 Fire precautions.

Regulation 11: Visits

Visiting was unrestricted in the centre and visitors were seen coming and going on the day of inspection. Visitors were welcomed by staff and met with residents in the communal rooms and in residents' bedrooms.

Judgment: Compliant

Regulation 17: Premises

While some action was taken to address premises deficits such as, the magnetic locks on the bathroom doors, had been fixed since the previous inspection, the following required action to ensure compliance with Regulation 17 and Schedule 6:

- There was some wear and tear on bedroom walls with regard to paintwork and skirting boards.
- Veneer surfaces of doors of wardrobes in some residents bedrooms were worn and cracked and required repair or replacement.
- Surfaces in ancillary rooms such as the medication room and dirty utility rooms were worn and cracked and required repair or replacement.

- Paintwork and murals on the walls of the activity room was chipped and stained and required attention.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as modified diets. The modified diets were presented well. The dining experience was seen to be enjoyable and residents praised the food, the choice and variety available.

Judgment: Compliant

Regulation 27: Infection control

The following required action to ensure procedures were consistent with the National Standards for infection prevention and control in community services (2018).

- Staff compliance with mask wearing was inconsistent; an outbreak of acute respiratory infection had been declared by public health; yet the inspectors saw that some staff were wearing masks, while others were not. This increased the risk of onward transmission. This was actioned by the assistant director of nursing on the day of inspection.
- Staff who were wearing facial masks did not consistently wear these correctly which may lead to cross infection.
- Two residents were in isolation on the day of inspection, with transmission based precautions in place; the inspectors saw that doors to these residents' rooms were open on occasions during the day, which may lead to onward transmission to other residents and staff.
- The link nurse for infection control for the centre had resigned and another staff member had yet to be provided with appropriate training to fulfill this role.
- The clinical hand wash sinks in the sluice rooms did not comply with the recommended specifications for clinical hand wash basins.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had failed to take action to address the serious and unsafe non-compliance found following the previous five inspections. This risk was known to the provider since January 2022. While a significant body of works had been completed since May 2024, the remaining works included completion of passive protection and completion of work to doors in the centre to ensure they had required fire protection.

In addition, inspectors saw that weekly checks of the fire alarm in the centre were not completed, when the maintenance person was absent. This may lead to staff not being aware of a fault with the system.

A number of new fire rated bedroom doors had been installed through out the centre. However, some of these bedroom doors were missing numbers which may misdirect staff in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While overall, care plans were person centred, action was required to ensure assessments and care planning documentation was in line with specified regulatory requirements as follows:

- care plans were not always updated with the changing needs of residents for example a resident's safeguarding care plan was not reflective of the residents needs.
- Progress notes recorded with regards to a residents mobility status, did not reflect the plan of care in place for the resident, as recommended by the physiotherapist.

The inspectors saw some duplication of care plans which may result in errors in care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that residents' health care needs were well met, and they had access to appropriate medical and allied health and social care professionals. Residents were reviewed regularly by local GPs who attended the centre. Access to allied health was evidenced by regular reviews by the physiotherapist, dietitian, speech and language and chiropody as required. Residents who required review by

community mental health and palliative care services were provided with this in the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The principles of a restraint-free environment were promoted by the person in charge and staff at the centre and the inspector saw evidence of alternatives to bed rails in use for residents at risk of falls. Staff were up-to-date with regard to training on responsive behaviour. From a review of care plans and the observations of the inspector, it was evident that residents who presented with responsive behaviour were responded to in respectful way by staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents who spoke with inspectors confirmed that they had access to an activities programme over seven days. The activities programme was varied and a schedule was displayed in the centre. Regular residents' meetings were facilitated by an external advocate and from a review of minutes of these meetings, issues were actioned by management and staff working in the centre. Residents told the inspectors that they enjoyed the summer party held in the centre and a number of residents were looking forward to a planned trip to Mount Mellary in the coming weeks. Resident were supported to access independent advocacy when required.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that action was required as the provider was not taking adequate precautions to safeguard residents monies in the centre.

- There was not a robust system in place for the recording and management of monies and items handed in for safekeeping. A number of items were not recorded and there was no full recording of monies in and out and rolling balances with signatures. There was also monies and belongings of residents who were no longer in the centre and required returning. This system did not protect the residents

- There continued to be monies belonging to three deceased residents kept in the centres resident account. This money had been held for an extended period of time and there was no evidence of further attempts to return the money to the estates of the residents or to the state solicitors office as required.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Aperee Living Conna OSV-0004447

Inspection ID: MON-0044202

Date of inspection: 21/08/2024

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
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: - As RPR, the appointed receiver is aware that the chief inspector must be notified in writing of any change in the identity of any person participating in the management of the Centre.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - The appointed receiver is acting as RPR of the Center since the 29th of July 2024 and currently has the responsibility for the operational and financial management of the center. - He is supported in this role by a PPIM and the Director of Nursing of the Centre. - As RPR, the appointed receiver has overseen the progress of the fireworks with a fire engineer. The RPR, the PPIM and the DON discussed the fireworks weekly and informed HIQA of the progress. This work is now complete. The fire engineer is currently preparing the final report has been submitted to HIQA. - The Statement of Purpose has been updated and reflects that the Director of Care Quality and Standards Person has been discharged and the inclusion of the PPIM. - The PPIM, the DON and the RPR have monthly governance and management meetings.	

The director of nursing and the assistant director of nursing were both granted planned leave at the same time, due to unforeseen circumstances and it is not expected that this will occur again.

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:

- The Statement of Purpose has been updated to reflect the current organizational structure, including the position of PPIM or Clinical Region Manager.
- The Director of Care Quality and Standards Person has been removed

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- A refurbishment plan for the Centre has been compiled and works have commenced.
- To date the Kitchen, reception and the nurses' station has been repainted.
- The mural on the wall of the activity room has been removed. The room has been re-organized, so the residents can access the various activity equipment more readily. It is planned to paint this room shortly.
- 12 bedtables have been acquired for residents' rooms.
- 28 lockers have been purchased for the residents' rooms.
- There is a refurbishment plan to repaint the remainder of the center and repair the skirting boards which need repair. The plan also includes:
 - repainting all the residents' bedrooms, (This has started),
 - replacing the curtains and curtain poles in the residents' rooms,
 - refurbishing the sluice rooms,
 - providing the appropriate hand wash sinks,
 - repair/replace all the wardrobe doors, starting with the ones which have the most damage.

<p>- Paint both the axillary rooms i.e. treatment room and the medication and repair/replace work surfaces.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Staff were retrained in the correct wearing of facial masks. • All staff are up to date in IPC training. • An audit will be conducted to assess the staff's level of IPC knowledge following training. • The DON is link IPC person and plans to do an IPC course in the new year. • There is a plan to replace the clinical hand wash sinks and refurbish the sluice rooms. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - The Fire works are now complete. The fire engineer is currently preparing the final report for submission to HIQA. - The Fire Register has been reviewed and staff are aware of the importance of carrying out the weekly checks of the fire alarm in the centre. - All residents' bedroom doors now have numbers. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>There is a schedule in place to audit all care plans.</p>	

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>There is now a robust system in place for the recording and management of residents' monies and items handed in the centre</p> <p>Attempts are being made to return the belongings of residents who were no longer in the centre.</p> <p>The office of the state solicitor was contacted and monies belonging to the three deceased residents have been returned, with his assistance.</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	01/07/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Substantially Compliant	Yellow	01/10/2024

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	18/10/2024
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	18/10/2024
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.	Not Compliant	Orange	18/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	01/06/2025

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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	04/11/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	04/11/2024
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	26/09/2024
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	18/10/2024
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	30/11/2024

	formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	19/09/2024