



**Health
Information
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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 Bantry
Name of provider:	Aperee Living Bantry Ltd
Address of centre:	Seafield, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	24 May 2024
Centre ID:	OSV-0004452
Fieldwork ID:	MON-0043755

About the designated centre

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

Aperee Living Bantry is a single storey facility located approximately two kilometres from the town of Bantry. The centre offers long-term, respite and convalescence care to persons that are predominantly over the age of 65 years requiring 24-hour nursing care. The centre can accommodate 50 residents in 42 single bedrooms and four twin bedrooms, all of which are en suite with shower, toilet and wash hand basin. The centre is located on large grounds with ample parking for visitors and staff. There are a number of sitting rooms for use by residents and also a quiet room for residents to spend time alone or to meet with visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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 24 May 2024	10:00hrs to 17:00hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

This was a single day unannounced inspection to monitor compliance with the regulations made under the Health Act 2007 (as amended) and to inform decision making regarding a notice of proposed decision to cancel the registration of the designated centre. The inspector was also following up on the progress made by the provider to carry out serious requisite fire safety works. This inspection included a focused review of the premises and fire precautions.

Overall, the atmosphere in the centre was pleasant and staff were observed to be kind to, and were very familiar with the residents throughout the inspection. Visitors were observed coming and going throughout the day and met with residents in their room or in the various communal rooms available. The inspector spoke to a visitor who was complimentary of the home and commented that the construction works had been well managed to minimise disruption.

Aperee Living Bantry is within a two storey building, with the designated centre occupying the entire ground floor. There is small lower ground floor which is not part of the designated centre. The building is on a sloping site, located on the outskirts of Bantry town. It can accommodate 50 residents in 42 single and four twin bedrooms. All bedrooms had en suite facilities. There were 35 residents living in the centre at the time of inspection. All twin bedrooms were being used as single occupancy. Communal space consisted of a large sitting room with access to an enclosed courtyard, two dining rooms, and a sitting room with a visiting area attached. There was a covered area in the courtyard for residents who chose to smoke.

On arrival in the centre, the inspector was met by the person in charge, who facilitated the inspection. The representative of the provider joined the inspection at lunchtime. The inspector reviewed the programme of work and progress made with the representative of the provider to determine what work has been completed and what was left to do. This will be discussed further in the capacity and capability section of this report.

During the walk-through of the centre, the inspector observed the centre to be clean and tidy. There were building contractors in the centre and the inspector saw evidence of work which was underway and some that had been completed. In areas where new partitions had been constructed to realign fire doors with compartment walls, walls were left with exposed plaster board and not yet completed.

The inspector saw that an escape ramp to the rear of the Sheeps Head wing was under construction, to replace an existing steep ramp. This resulted in an exit door being put out of service to facilitate the works; this had not been risk assessed nor was there a contingency plan to ensure an adequate alternative means of escape for residents on this bedroom corridor.

On entry to the centre, there was a reception desk to the right, on a corridor which led to the Beara wing, comprising 16 ensuite bedrooms. This was the two storey section of the building and was above the lower ground floor, which was not part of the designated centre.

The area inside the entrance was where most of the residents day space was located and these opened onto the enclosed garden area. Ancillary accommodation, including the kitchen, laundry and staff facilities were in this area. A corridor from this area led to the Mizen wing which had nine single ensuite bedrooms, four twin ensuite rooms (configured for single occupancy) and a small dining room. A link corridor from the Mizen unit led to the Sheeps head wing with 17 single ensuite rooms and a hair salon.

It was evident a significant amount of work had been completed but further work is required, this will be explored further under capacity and capability in this report

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

Capacity and capability

The overall findings of this inspection of fire and premises were that although progress had been made to address the risks identified in the providers own fire safety risks assessment in November 2021, improvements were required to manage the risk of fire until the completion of the works.

The previous five inspections of Aperee Living Bantry identified significant areas of concern relating to the governance and management of the centre, fire safety and the protection of residents' finances. As a result the Chief Inspector had issued a notice of proposed decision to cancel the centres registration relating to serious concerns about the registered providers fitness to operate the centre and their failure to complete the fire safety works within the agreed time line. Following receipt of this notice to cancel registration of the centre the provider submitted legal representation to the Chief Inspector, outlining actions the company was taking to address the serious regulatory non compliance and requesting that the Chief Inspector reconsider the decision. The representation submitted outlined a revised organisational structure and detail of the action being taken to bring the centre into compliance with fire precautions.

This was a risk inspection to follow up on the progress made regarding requisite fire safety works, to address outstanding fire safety risks identified in the provider's own external fire safety risk assessment in November 2021. A restrictive condition had also been attached to the registration of the centre, restricting admissions of the centre until the fire safety works were completed in full. The provider was adhering

to this condition.

Aperee Living Bantry Limited was the registered provider for Aperee Living Bantry nursing home. The clinical management of the centre was led by a suitably qualified person in charge who had been in this post for a number of years. They are supported by an assistant director of nursing and a team of nursing, healthcare, domestic, activity, maintenance, administration and catering staff.

One of the mitigating measures committed to by the provider was to have a dedicated night porter, additional to the night staff in the centre. The night porter's duties included fire safety checks and to be trained and available to assist in the evacuation of residents. The inspector discovered the night porter position had ceased in March of this year. This had not been notified to the chief inspector, nor was there a risk assessment available when requested, to inform the decision. The inspector was told that as the number of residents had decreased, the night staff, apart from the night porter, was sustained. The fire safety checks were being conducted by health care assistants.

The most recent compliance plan from the inspection on 24 January 2024 committed to completing the requisite fire safety works by 31 May 2024. The provider had submitted an update to the Chief Inspector, the week before the inspection, outlining what work was complete and pushing the completion date out to 30 June 2024. This inspection was to review progress made and to determine what was left to complete. The following was the progress made with the red rated risks.

- upgrades to compartment walls; most of this work was complete, there was outstanding sealing to be done and the skimming with plaster of the new compartment walls on corridors
- upgrades of ceilings of extension and all roof window tunnels; this was almost complete
- servicing and/or replacement of inadequate fire doorsets; all fire doors adjusted where necessary and awaiting the delivery of nine replacement doors
- fire stopping of service penetrations passing through fire rated barriers throughout the building; this was deemed to be 50% complete. There were labels from a specialist contractor, affixed to a number of areas where fire stopping was complete. However, that contractor did not complete the work. The current contractor is arranging for this work to be complete
- upgrades of rear ramps to provide suitable means of escape; one had commenced and the second one was scheduled to be completed.

Outstanding orange rated risks included the upgrades of the oil storage tank location and enclosure, upgrading of ducting and associated passive fire protection, the provision of external emergency lighting and the update of evacuation floor plans.

The provider confirmed in correspondence to the Chief Inspector, the appointment of their competent fire consultant to carry out interim inspections and certification

on completion of the works. This certification will be required to be submitted to the Chief Inspector on completion of the fire safety works.

As mentioned in the first section of this report, the inspector observed an exit put out of service to facilitate the construction of a new ramp to the rear of Sheeps Head wing. This resulted in the lack of alternative escape route from the bedroom corridor. This had not been risk assessed nor was there a contingency plan to ensure an adequate alternative means of escape for residents on this bedroom corridor. This was also not picked up, in the daily fire safety checks of exits. There was a potential alternative route through the hair salon, but this had not been considered. The door from the hair salon had a step and a key lock. During the inspection this was reviewed by the person in charge and representative of the provider. It was determined that if a temporary landing and ramp was installed, and a gate leading to a cordoned off route through the enclosed yard was provided, this would create an adequate temporary alternative escape route from the corridor, suitable for ambulant residents or residents being evacuated in a wheelchair. It was not suitable for residents who would require evacuation on a ski sheet and mattress. The person in charge reviewed the dependencies of residents on this corridor, and through consultation with the residents, provided alternative bedroom accommodation to those who required the use of a ski sheet and a mattress, until such time as the ramp was complete. This was actioned during the inspection.

Regulation 23: Governance and management

In consideration of the findings of the fire safety risk assessment of November 2021 and the findings of this and previous inspections in relation to Regulation 28, Fire Precautions, the inspector found that the provider had failed to ensure that sufficient resources were made available and that management systems in place were sufficiently robust to ensure the service provided is safe, appropriate, consistent and effectively monitored. For example

- An escape route was put out of use to facilitate construction works to an escape ramp; this had not been risk assessed nor was there a contingency plan to ensure an adequate alternative means of escape for residents on this bedroom corridor
- The night porter position had ceased in March; this had not been notified to the chief Inspector nor was there a risk assessment available to inform this decision
- The provider had failed to ensure the fire safety works would be complete by 31 May 2024 in line with the compliance plan for the previous inspection

Judgment: Not compliant

Quality and safety

Overall, day-to-day fire safety was managed well, however improvements were required by the provider to manage the risks to residents, associated with the ongoing fire safety upgrade works. In particular, an exit was put out of use to facilitate the construction of a new ramp but this was not risk assessed nor adequately managed to ensure the safety of residents. The provider was required to continue to progress the works to completion as soon as possible to protect residents from the risk of fire.

Upgrade works to the premises were contingent on the completion of the fire safety works. Flooring required replacement in a number of areas including a dining room, day room and a number of bedrooms. The person in charge showed a sample of the flooring to the inspector and confirmed the plan was for the flooring to commence in the near future

The inspector reviewed records of fire safety drills. The drills contained good detail, however they did not reflect learning or what went wrong. The drills did reflect the simulated evacuation of full fire compartments as per residents personal emergency evacuation plan (PEEP). In some simulated drills, the time taken to evacuate residents to the adjoining compartment was excessive and the provider should strive to reduce this time.

Staff had received fire safety training; there were two staff who were out of date for the annual training, but this had been supplemented by an online course until they could attend the next in person training, scheduled for August.

The inspector reviewed the in house fire safety checks and they were found to be up-to-date. The provider needs to ensure that those completing the checks have been provided with appropriate instruction; for example the blocked exit had not been identified in the daily checks of the escape routes. There were weekly checks of the test of the fire alarm, fire door release mechanisms and fire fighting equipment and a weekly visual check of the emergency lighting and generator. There were monthly checks of the fitting of the ski sheet evacuation aids and this was identifying where faults were found. The inspector reviewed a sample of ski sheets and all were well fitted and ready for evacuation if required.

Regulation 17: Premises

Action was required as some areas of the premises did not conform with Schedule 6 of the regulations, for example:

- repair work was required where door architraves had been removed for sealing between the fire door frame and wall
- flooring in some areas of the centre such as the main day room, the dining room and some residents bedrooms was observed to be damaged and

discoloured. This was also a finding on the previous number of inspections, however, it had not been addressed by the provider to date.

Judgment: Not compliant

Regulation 28: Fire precautions

Notwithstanding the progress made in carrying out fire safety upgrade works in the centre, the repeated delays in addressing known fire safety risks in the centre, since first identified in the provider's own fire safety risk assessment in November 2021, meant that residents were still not fully protected from the risk of fire in the centre.

The provider had not taken adequate precautions against the risk of fire nor adequately reviewed fire precautions:

- the provider had not risk assessed, nor ensured an appropriate contingency plan where a fire exit was put out of service due to construction works. An immediate action was issued to the provider to address the inadequate alternative escape route. The manner in which the provider responded and actions taken did provide assurance that the risk was adequately addressed.

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

- the rear metal ramp had varied gradients, and required a combination of manoeuvring wheelchairs backwards and forwards; this may lead to delays or injury to staff and residents during evacuation
- the short ramps to two exits were not suitable and were located immediately outside the exit beneath the doors swing and did not have the appropriate level landing outside the door
- some additional emergency exit signs were required. This requires review by the competent person to ensure adequate exit signage and that it is correctly located
- additional emergency lighting was required externally

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

- there were nine inadequate fire doors which were awaiting replacement
- fire sealing of outstanding service penetrations was required to be completed
- upgrades of ducting and associated passive fire protection was outstanding
- completion of the fire compartment enclosure to the kitchen and laundry was outstanding
- there was a central vacuum system; assurance was required from the provider that this was adequately sealed to maintain fire containment

The arrangements for maintaining fire equipment were not effective:

- While there was documentary evidence to show that the emergency lighting system had quarterly servicing completed, there was no annual certificate within the last twelve months available for review
- There was no evidence available to confirm recommendations from the periodic inspection report for the electrical installation were complete

Notwithstanding conducting regular simulated fire drills, the provision of training to staff, the time taken to evacuate a full compartment when staffing levels are reduced, is excessive.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Aperee Living Bantry OSV-0004452

Inspection ID: MON-0043755

Date of inspection: 24/05/2024

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 escape route at the rear of Sheep’s Head Wing which was out of use to facilitate construction works to an escape ramp; has since this inspection been risk assessed and a contingency plan for an alternative escape route has been put in place to ensure an adequate alternative means of escape for residents on this bedroom corridor. • A risk assessment for ceasing the night porter position in March due to decreased occupancy level of the centre has been submitted to the Chief Inspector. • The original date for completion of the works has not been met due to a variety of reasons. The anticipated latest date for completion of the works is August 31st 2024. Upon completion of the works the Registered Provider will submit an up-to-date Fire Risk Assessment, prepared by an independent competent person to confirm the building is in substantial compliance with Fire Regulations. • The Registered Provider Representative visits the home on a weekly basis. • The Registered Provider Company Directors attend the home on a fortnightly basis to attend formal management meeting with management of the home. <p><i>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.</i></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"> • Repair works on the door architraves which had been removed for sealing between the fire door frame and wall has been completed 	

- Replacement of the flooring in areas of the building identified has commenced. The dayroom floor has been replaced. Replacement flooring for the identified bedrooms and for the Beara and Mizen corridors has been ordered and work will commence once the materials arrive in the flooring shop. Replacement of the flooring in the dining room will commence after the fire stopping works are completed in the kitchen.
- Currently a refurbishment plan is being finalised to include items such as painting, flooring, furniture, soft furnishings etc., The plan is to commence this on a phased basis once the Fire Rectification works complete.

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 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider had not taken adequate precautions against the risk of fire nor adequately reviewed fire precautions:

- The escape route at the rear of Sheep’s Head Wing which was out of use to facilitate construction works to an escape ramp; has since this inspection been risk assessed and a contingency plan for an alternative escape route was immediately identified to ensure an adequate alternative means of escape for residents on this bedroom corridor

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

- A new metal ramp and structure is currently under manufacture with an expected installation date in 4 weeks.
- The exit door in the Mizen corridor leading into an open external yard has now been repaired with a gradient platform of cement.
- The exit door in the Beara corridor leading into a closed external resident area has now been repaired with a gradient platform of cement. A metal handrail has been ordered and we are waiting for it to be delivered. Once it is delivered it will be installed.
- The additional emergency exit signs were due to be installed on July 23rd, however due to a Covid outbreak, the installation has been deferred.
- Additional Emergency lighting installation is substantially complete. Once the Covid outbreak is confirmed over, this installation will be completed.

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

- Six of the nine inadequate fire doors identified have been replaced. The remaining three doors located in the kitchen area are on site and will be installed when the fire stopping in the kitchen is complete. The fire stopping in the kitchen commenced Monday

the 22nd July and will take 10 days approximately.

- The fire sealing of outstanding service penetrations are in progress.
- The upgrades of ducting and associated passive fire protection is progress.
- The fire compartment enclosure to the laundry is completed.
- The fire compartment ceiling to the Kitchen is commenced on 22nd July
- The Central vacuum system is not in use and the works to seal same are underway.
- There is now an annual certificate in place to verify that the quarterly emergency lightning service has been completed.
- The electrician will conduct a periodic electrical inspection once all the electrical works are complete and provide documentation evidence.
- The fire drills now reflect learning and simulate the evacuation of a full fire compartment as per resident's personal emergency plan (PEEP). Significant improvements have been made by staff in evacuating residents to the adjoining compartment.
- The 2 staff whose annual fire training was out of date has been updated.

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.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	
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(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	31/07/2024

	consistent and effectively monitored.			
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 maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/08/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/08/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	31/08/2024

	evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
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