



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Belgooly
Name of provider:	Aperee Living Belgooly Ltd
Address of centre:	Belgooly, Kinsale, Cork
Type of inspection:	Unannounced
Date of inspection:	29 July 2022
Centre ID:	OSV-0000218
Fieldwork ID:	MON-0037051

About the designated centre

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

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

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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 29 July 2022	09:15hrs to 17:30hrs	Mary O'Mahony	Lead
Thursday 18 August 2022	09:40hrs to 17:40hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Overall the centre generally provided a good service to residents. Feedback from residents was that they were happy living in Aperee Living Belgooly. They said that staff were kind and appeared committed to respecting their rights and supporting them to live a good quality of life. The inspector met the majority of residents during the inspection and spoke in more depth to approximately 10 residents. A number of relatives were also spoken with throughout the day. The inspection was carried out over two days, the second day was undertaken by the inspector of social services with responsibility for fire safety.

The inspector arrived at the centre unannounced on the first morning of the inspection and was met by a staff member who ensured that all the necessary infection prevention and control measures were implemented, prior to entering the centre. On the first day of inspection the person in charge was on annual leave. However, the assistant person in charge and the clinical nurse manager (CNM) provided nursing management continuity. Following an opening meeting with the assistant director of nursing the inspector was accompanied on a tour of the premises and external grounds. Owing to concerns relating to fire precautions, a second day of inspection focused on fire precautions was arranged. The person in charge was in the centre and facilitated day two of the inspection.

The designated centre was located near the village of Riverstick, on the road to Kinsale, set in rural grounds with adequate car parking spaces for staff and visitors. On the day of inspection there were 54 residents in the centre and 14 vacant beds. The residents' section of the centre was located over three floors with lift and stairs access.

Throughout the day residents were seen walking around, or being wheeled on wheelchairs to the dining room and sitting room, if this was required. The inspector observed that there was a nice familiar relationship between staff and residents. Those spoken with said they were happy with the care and the staffing levels. Residents said that staff and management listened and responded to their concerns. Minutes of residents' meetings seen confirmed that there was an open approach to encouraging residents to express their wishes and complaints.

Pictures of residents were seen throughout the centre and on one wall there was a montage of photographs of groups at various activities and local community outings. The inspector saw that there was a lively 'greyhound racing' video game activity underway in the sitting room in the afternoon which was attended by a large number of residents. Residents who were present at the activity said they really enjoyed it. They were seen interacting with the instructions from the video game and the activity coordinator was supporting this. Residents were delighted with the snacks, drinks and the music in the afternoon. Residents were observed to sit outside with their visitors also and they said they enjoyed free access to the patios and outdoor seating. Some residents preferred to sit in the spacious foyer area from

where they could hear the banter and fun emanating from the sitting room. One resident, and her visitors who spoke with the inspector, said she liked to sit inside the big picture windows and take in the lovely scenery outside. She said it gave her a feeling of "being outdoors". Her visitors said they felt welcomed at each visit. Another group of residents who spoke with the inspector said that they were happy with the new arrangement for a nominated visitor for each individual, and a number of residents were seen to have a visitor in the afternoon. Visitors were observed to follow the protocol set out to protect themselves and others from the virus. Those spoken with said that communication had been maintained during the pandemic which they said had been a very "frightening time". Residents said that they had been kept informed about COVID-19 and understood why staff and relatives had to wear masks. Relatives and residents informed the inspector that they were thankful to the staff who supported them when the visits were restricted and kept them safe.

Similar to previous inspection findings the inspector saw that there was a big contrast within the centre between the old and newer sections. The older section of the centre was part of a three-storey period house, with the decor, building and layout challenges presented by a building of its era. By way of contrast the new modern extension had purpose built single en-suite bedrooms with colourful day and dining room spaces. The inspector observed that bedrooms in this section were bright and spacious and provided plenty of storage including locked storage space. The older section of the centre had been renovated in some areas but retained many of the older features which required continuous upgrading. Further details in this regard were outlined under Regulation 17: Premises.

Residents said that their choices and their rights were respected in relation to visits, bedtimes and using mobile phones to contact relatives and friends. At dinner time the inspector saw that residents were offered a choice of main course and food looked appetising. Care staff were observed providing assistance when required, in a respectful manner, ensuring the meal was a pleasant experience. Residents could also choose to eat their meals in their rooms if it was their preference. Residents told the inspector that they were happy with the variety of food available to them. The inspector saw that a trolley with tea, drinks and snacks was brought around to residents in the afternoon. Where residents requested help from staff to access drinks, they were seen to respond without delay. Residents told the inspector that food, such as a sandwich or hot milk, was also available before bed which they welcomed. Issues found in relation to the need for increased supervision at meal times were addressed under Regulation 24: Food and nutrition in this report. By way of example, the inspector observed that one resident did not have access to a drink on two occasions during the inspection day even though it had been brought to the attention of staff in the morning.

The hairdresser and the chiropodist visited on a regular basis and these visits were documented. Residents told the inspector that the hairdresser came every week and said that one of the highlights of their week was the social and 'well being' factor related to "getting the hair done". Residents were seen to wear their choice of clothes, their reading glasses and hearing aids which were labelled to prevent loss.

While the centre provided a homely environment for residents, particularly the

newer section, further improvements were required in respect of premises and infection prevention and control, which are interdependent. Damage from wear and tear continued to impact negatively on the centre for example, some surfaces and finishing were observed to be worn and poorly maintained and as such did not facilitate effective cleaning. Doors and woodwork required repair and painting. Additionally, the inspector observed that one of the recliner chairs in use for a resident was worn and torn. This impeded effective cleaning. A relative spoken with stated that he had purchased a new chair for the resident, which had been assessed as suitable by the occupational therapist (OT). This had yet to be delivered to the centre. There was a lack of storage space available which resulted in the inappropriate storage of equipment and supplies. For example, hoists were stored in bathrooms, pads and other care supplies were stored in various store rooms adding a cluttered appearance to certain rooms and excess yellow clinical waste bins were stored in the sluice room. Barriers to effective hand hygiene practice were also identified. For example access to the hand washing sink in the sluice room was blocked by the aforementioned stored items. Findings in this regard are further discussed under Regulation 17 Premises and Regulation 27, Infection prevention and control.

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

Capacity and capability

On this inspection the inspector found that the governance and management arrangements required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out on the local level. However, as a number of company directors had departed from the Aperee Living 'parent' company this depleted the directorship of the company on a national level. This meant that there was only one director represented the provider 'Aperee Living', for ten nursing homes around the country. This may have impacted on decision making: this was evidenced for example by the fact that a fire safety risk assessment carried out by an external assessor in November 2021 had identified fourteen red rated (requiring urgent action) risks twelve of which had not been addressed: the serious nature of these findings necessitated a second inspection day focused on precautions. The registered provider was issued with an urgent compliance plan to address fire safety deficits. These, as well as findings in infection control management, premises and food and nutrition were addressed under the respective regulations in the quality and safety dimension of this report. Despite good local management arrangements which had a positive impact on the care of residents the impact of the accumulated findings of non-compliance meant that the governance and management of the centre was also found non compliant as described under Regulation 23.

This centre is part of the Aperee Living Group, which owns and operates a number of nursing homes throughout the country. Within the centre, the organisational structure and the lines of authority and accountability were clearly outlined. The management team consists of a person in charge, an assistant director of nursing and a clinical nurse manager. This team also had support from the groups senior management team, which consisted of a regional manager, human resources manager, and an operations manager one of whom attended the feedback meeting, over Zoom, at the end of the inspection day. The person in charge was also supported by a team of nurses, health care assistants, as well as household, maintenance and catering staff. There was a comprehensive audit and management system set up in the centre which ensured that good quality care was delivered to residents. Minutes of regular management and staff meetings were seen and discussed with staff. Topics such as training needs, COVID-19, recruitment, complaints and incidents were discussed. Out of hours on call for emergencies was provided on a rotational basis by the person in charge, the assistant director of nursing and the clinical nurse manager.

Overall, the staffing levels on the day of inspection appeared to be appropriate to meet the care needs of residents. Management staff stated that staff retention was generally good. Residents stated that a number of longer term staff were from the locality and this gave them "confidence" that there would be continuity on a day to day basis. The centre was registered to accommodate 54 residents and had 14 empty beds on the day of inspection. Staff received training specific to various roles. Relevant and up to date training supported staff to provide evidence-based care to residents. Consequently, staff spoken with were aware of the actions to take to keep residents safe and were generally seen to demonstrate good practice throughout the day. Fire drill reports were detailed, the fire safety system had been serviced and each resident had an individualised personal emergency evacuation plan (PEEPS). Nonetheless, the provider was required to take immediate action regarding a number of fire safety deficits identified during the inspection, which were further outlined under Regulation 28 in this report.

The annual review of the quality and safety of care had been completed for 2021 and the actions which were identified formed part of an action plan for quality improvement. A quality management system, which included a schedule of audits, was in place to ensure that the service provided was safe and effective. Key performance indicators were collected weekly and audited, such as falls, infections, the use of restraints and skin integrity. The recording and investigation of incidents and complaints formed part of the review process.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists, beds and fire safety equipment. A sample of records, policies, staff files and other documentation required under Schedule 2, 3, and 4 of the regulations were seen to be securely stored, maintained in good order and easily retrievable for inspection purposes.

Regulation 14: Persons in charge

The person in charge was a registered nurse. She fulfilled the regulatory requirements set out for a person in charge of a designated centre for older persons in relation to experience and training.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were adequate to meet the needs of residents on the day of inspection. Staff retention was high. Night staffing levels reflected the fact that residents were accommodated over three floors.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix was maintained and this indicated good attendance at mandatory and appropriate training such as the prevention of abuse and safe manual handling practices.

The management team supervised staff training and staff practices.

There was a comprehensive induction, appraisal and probationary protocol in place.

Judgment: Compliant

Regulation 21: Records

Records were well maintained and easily retrievable for inspection purposes. For example, staff files contained all the requirements set out under Schedule 2 of the regulations: these included personal identification documentation and two references.

All staff had the required Garda Siochana (Irish Police) vetting clearance in place prior to commencing employment in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems in particular pertaining to oversight of fire safety and premises issues were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored:

This was evidenced by:

- a fire safety risk assessment carried out by an external assessor in November 2021 had identified fourteen red rated (requiring urgent action) risks, twelve of which had not been addressed.
- other aspects of fire safety were described under Regulation 28 for which an urgent action plan was issued to the provider.
- there was a lack of oversight and action in relation to premises issues.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated annually as required. The names of management staff were seen to be included in the management organigram.

Judgment: Compliant

Regulation 31: Notification of incidents

The specific incidents set out in the regulations had been notified to the Chief Inspector within the required time frame. These included a sudden death or any serious injury to a resident.

Judgment: Compliant

Regulation 34: Complaints procedure

A record of complaints was maintained. These were seen to have been addressed and a record maintained of the satisfaction or not of the complainant. The appeals process was outlined in the complaints policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies were available in the centre to guide care for residents and the recruitment of staff.

These had been updated within the required three year time frame. They were found to be relevant and detailed.

Judgment: Compliant

Quality and safety

Overall, residents in Aperée Living Belgooly were supported and encouraged to have a good quality of life which was generally respectful of their wishes and choices. There was evidence of effective consultation with residents and their needs were being met through timely access to health care from a range of practitioners and good opportunities for social engagement. Nonetheless, this inspection found that some improvements were required in relation to fire safety, premises, infection control and food and nutrition in this dimension of the report.

Parts of the centre were nicely decorated with good quality curtains, furniture, pictures and ornaments throughout. Since the previous inspection a new bedpan washer, a new dishwasher and a new cleaning system had been installed. As described previously there was a contrast between the older and newer section of the building with the majority of non compliance on premises relating to the older section. In the newer section residents' bedrooms were spacious and equipped with full en suite facilities. There were a number of communal rooms available in the centre such as, a dining room, sitting rooms, the oratory, visitors' room and the quiet room. This meant that choice was available for personal preference throughout the day to facilitate residents in how they spent the day or where to go with a visitor for enhanced privacy. Residents stated that they enjoyed the accessible patio and garden views. Nonetheless, the inspector observed that one lovely, new spacious sitting room was not utilised at all on the day of inspection. This meant that all residents sat together for the activity in the afternoon leaving little space for social distancing or one to one interactions with staff.

Some work was being undertaken to tidy the centre and deal with the lack of suitable storage. The assistant person in charge showed the inspector the new PPE (personal protective equipment) storage room which he had commenced in order to tidy up the stock and clear the store rooms and other rooms of excess supplies which had been accumulated for the COVID-19 pandemic. In addition, it was

evident that painting had been carried out in some sections. The centre was generally clean, laundry was managed well, within the poorly maintained laundry room and staff in these roles were found to be knowledgeable.

Upgrade works had been completed in the previous three years which included new fire doors to the compartment boundaries in the older part of the building and these were in good condition. Issues identified on the first day of inspection were mostly addressed by day two. Fire evacuation drills were taking place, documented and simulating the evacuation with night time staffing levels. The records didn't reflect the additional night porter allocated, however.

Notwithstanding the aforementioned upgrade works in the period section of the building and the additional night porter, inspectors were not assured that the provider was effectively managing identified fire safety risks, nor were they identifying day-to-day risks highlighted by the inspectors.

In view of the fire safety concerns identified during this inspection and within the provider's own fire safety risk assessment, the inspectors were not assured that the fire safety arrangements adequately protected residents from the risk of fire in the centre, or their safe and effective evacuation in the event of a fire. There were a number of areas identified that required action to ensure compliance with fire precautions, as detailed under Regulation 28.

On the first day of the inspection the inspector was assured that residents' health care needs were met to a good standard. General practitioners (GP's) attended the centre on a regular basis and when called to see individual residents. Residents had access to a range of specialist and other health care professionals as required. Records were seen which documented advice given during these visits. Issues related to medicine management were further outlined under Regulation 29 and those issues were associated with inadequate management of the storage of medicines.

Food was varied and nicely presented in general. There were some issues to be addressed around supervision of mealtimes which the management staff said would be addressed. These were outlined under Regulation 18: food and nutrition.

Residents were generally consulted about their care needs and about the overall service being delivered. They said they felt safe in the centre and were confident that staff would respond to their concerns. Advocacy arrangements had been accessed for a number of residents. Resident' meetings were held regularly and there was a good level of attendance at these. Records indicated that issues raised at these meetings were addressed for example, food preferences and preferred outings.

Regulation 17: Premises

The inspector found that there were a number of issues to be actioned in the

maintenance and appearance of the premises such as:

- insufficient storage for items such as hoists and bins. These were stored in bathrooms and sluice rooms blocking access to hand washing sinks in one sluice
- laundry cupboards and the general laundry sink unit was broken and damaged
- a leaking toilet
- rust on a shower pipe and supportive bars
- stairs gates were hard to open for residents and required maintenance attention.

Judgment: Not compliant

Regulation 26: Risk management

Fire safety risks as identified on the external audit or any fire safety risks did not feature on the risk register.

The risk management policy did not include the measures and actions in place to control any such risks identified.

Judgment: Not compliant

Regulation 27: Infection control

There were a number of areas requiring attention in order to ensure that the procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff:

For example:

- Some woodwork and furniture was worn and scuffed which meant that effective cleaning was not assured.
- There were six boxes of skin cream, open, in one bedroom, some unlabelled and some labelled with the name of person not in the room. This practice carried a high risk of cross contamination as they may be shared between residents when not correctly labelled and stored.
- There was a limited number of dedicated hand wash sinks in the centre and the sinks in the residents' bedrooms and en suite bathrooms were dual purpose used by residents and staff. Wash-water was emptied down these sinks. This practice should cease as this will increase the risk of environmental contamination and cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had failed to meet the regulatory requirements in relation to fire precautions and had not ensured that residents were adequately protected from the risk of fire. The risks identified in the centre's own fire safety risk assessment, carried out in November 2021, had not been mitigated. Inspectors issued an urgent compliance plan to the registered provider for immediate action and measures for residents' safety

- The boiler room and electrical room, rooms of increased fire risk, were being used for storage. This was a risk identified in the fire safety risk assessment in November 2021 and action had not been taken to address this risk.
- There were two fire alarm systems in place. While they were interconnected, the systems in place were not adequate to ensure adequate warning of fire.
- Four bedrooms in the older section of the building presented a risk; this comprised two sets of twin bedrooms, each accessed via a lobby off the main escape corridor. While there was a fire door to the escape corridor itself from the lobbies, the doors between the lobbies and the bedrooms were not fire doors and therefore were not provided with an adequate protected escape route. The lobby to each set of bedrooms was not provided with fire detection.
- The risk of fire was not included on the risk register.
- Some doors were held open by means other than appropriate 'hold open' devices connected to fire alarm system.
- Refuse bins were stored adjacent to an exit and not remote from final exits.
- A number of bathrooms throughout the centre had hook locks on the corridor side, creating a risk that a person may get locked into the bathroom.

The means of escape were not adequate, for example:

- The provision of emergency lighting to the external escape routes was not adequate.
- There were areas of the building which were not provided with adequate escape signage to direct staff and residents to the escape routes. Some exit signs were not lit.
- The management of keys for the keyed lock to the conservatory was not adequate.
- Refuse and laundry bins were partially obstructing an external escape route to the rear and a plant was placed in front of an internal exit.
- Assembly points were not all in suitable locations. One to the rear was on the grass beyond a timber railed barrier and not suitable for the occupants of the centre.

Arrangements for maintaining fire equipment were not adequate, for example;

- The service inspection reports for the fire detection and alarm system identified deficits which had not been actioned.

Arrangements for the containment of fire were not adequate, for example:

- Deficiencies were noted to fire doors in throughout the centre. The fire doors in the recent extension were found to have large gaps which would not prevent the spread of smoke to the protected escape routes. Doors in the older section were noted to have seals painted over, absent smoke seals and gaps were noted.
- There was evidence on site that remedial work was required to ensure that a compartment wall in the ceiling cavity was aligned with compartment wall below.
- As advised in the fire safety risk assessment, opening up works was undertaken to determine the fire resistance of elements of construction, however these were not all closed up afterwards to ensure the continued containment of fire.

Action was required to ensure early warning of, and adequate detection of fire:

- The fire safety risk assessment and fire alarm service records identified that additional detection is required in some areas, including some attics.

Action was required to ensure adequate arrangements were in place to evacuate residents in the event of a fire:

- Evacuation aids were not fitted correctly to some beds and there was no system to ensure they were correctly in place. Furthermore, three beds did not have evacuation aids fitted; the inspector was advised that the practice in the centre was to have a ski sheet fitted to every bed. This may lead to delays during evacuation. This was immediately addressed during the second day of inspection.
- The alternative escape from a first floor required going up steps and then down the central period stairs. This route had not been tried in drill practices.
- Evacuation pads were noted within the ground and first floor of one stairway; drill records did not reflect their use.
- It was not clear to inspectors, if the role of the night porter included assisting with evacuations; there was no duties or responsibilities available for this role.

Fire instructions and evacuation floor plans were displayed, however some floor plans did not align with the fire compartments described to the inspectors.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The clinic room and the medicine fridge where medicines were stored were unlocked on the day of inspection, therefore medications were not stored securely as required by regulations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were individualised and person centred.

- An assessment was done prior to admission.
- Life story information underpinned the formulation of the care plans and it was evident in the sample seen that residents were consulted in their development.
- There was evidence seen that they were reviewed four monthly.
- Care plans were maintained electronically.

Judgment: Compliant

Regulation 6: Health care

There was a good standard of evidence-based health care provided in the centre:

There was attentive care from the general practitioner (GP) services, including out-of-hours services. There were appropriate referral arrangements in place for a range of health care professionals. Validated assessment tools were used to identify clinical risks such as risk of falls and pressure sores. Where a risk of malnutrition was identified as evidenced by a high MUST (Malnutrition Universal Screening Tool) score the dietitian had been asked to review the residents and dietary supplements and fortified diet had been commenced. These assessments informed the care plans, which guided staff to deliver individualised, best evidence-based care.

In addition, where any resident had developed a pressure sore, appropriate early intervention had been sought such as the use of dietary supplementation, electric pressure relieving mattress, cushions, and advice from an expert nurse on tissue viability. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A sample of behaviour support plans were seen for residents and these indicated an understanding of the process of prevention or reduction of responsive behaviours.

Interventions were listed to prevent responsive behaviour (how residents with dementia may communicate anxiety or distress caused by triggers in the environment) and to distract residents with person centered, non-pharmaceutical interventions to enable better outcomes for residents or mitigate recurrence of such episodes.

Judgment: Compliant

Regulation 8: Protection

Training in this aspect of care was seen to have been attended by staff and refresher courses had been provided. Staff knew how to report suspected or actual alleged abusive interactions and they were happy that their knowledge was up to date.

Residents said they felt safe in the centre and family members stated that they knew who to talk with if they had concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that in general residents' rights and choice were promoted and respected in this centre. The activity programme had been improved and there were now two staff responsible for delivering the programme which residents really enjoyed.

Minutes of residents' meetings and survey results seen indicated that there was information sharing and interaction between residents and staff. The chef routinely discussed menu choice with residents and accommodated residents' preferences. Meal-times were discussed and amended to suit residents' needs and requests.

Other items discussed included the summer garden parties, BBQs, and other outings such as a trip to Doneraile Park, the pet farm and Kanturk Castle. Shopping trips

were continuously being organised. Photographs of these outings as well as activities such as chair volley ball, boccia, birthdays and card playing were displayed.

Minutes seen indicated that COVID-19 updates were provided such as information relating to the COVID-19 booster and lifting of visiting restrictions, which was welcomed by all.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector found that there were issues to be addressed related to food and nutrition such as :

For example: One resident did not have accessible drinking water in his bedroom on two occasions during the day.

The inspector was not satisfied that meals were properly and safely served:

- One resident who was in bed had not been correctly positioned for mealtime. Therefore his meal could not be appropriately served. Poor positioning while eating can increase the risk of a choking episode.
- Tables were not always seen to be set appropriately with condiments and cutlery to ensure a good dining experience.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 18: Food and nutrition	Substantially compliant

Compliance Plan for Aperee Living Belgooly OSV-0000218

Inspection ID: MON-0037051

Date of inspection: 29/07/2022

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The matters referred to by the inspector in this section are addressed under the relevant regulations below – Regulation 28: Fire Precautions and Regulation 17: Premises</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"> • All items such as hoists and bins were removed immediately post inspection and are now stored in appropriate storage rooms. Staff advised that these items are not to be stored in bathrooms or sluice rooms. • Cupboards and the sink in the laundry will be replaced • Leaking toilet was addressed by maintenance on the day of inspection • The shower pipe and supportive bars have been replaced. • A new lift was installed May 2021, the lift referred to has been decommissioned and not in use. • The stair gate will be replaced to provide easier access for residents. 	
Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
 The Fire Safety Risk Assessment is now included in the Risk Register.

A mitigation plan has been implemented and documented in the risk register. Measures and actions shall also be included in the Risk Management Policy.

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

- All woodwork and furniture that is scuffed will be re-painted as part of the overall maintenance programme with oversight of same by the DON/ADON.
- Staff have been advised that all creams are to be correctly labelled and stored to prevent cross contamination. This is highlighted at daily handover reports to ensure all care staff are aware.
- A review of all handwash sinks in the premises will take place which will be reviewed as part of the capital works plan. Staff have been advised that wash-water is not to be emptied into the residents' sinks. This has been highlighted with at handover reports and will be monitored daily by the DON/ADON to ensure compliance.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Subsequent to the inspection of August 18th, all storage was removed from the boiler and electrical rooms. Routine inspections shall be conducted by the Director of Nursing or other manager to ensure these high risk areas are well maintained and not used for storage going forward.
- The Provider has ordered an upgraded fire alarm control panel, thus ensuring the system has the functionality to identify and show on either panel where an alarm has been raised. This is scheduled for installation October 04th.
- Temporary smoke detection has been installed in the lobby to bedrooms 6, 7 & 10 and 11. The smoke detector shall be integrated to the new fire panel scheduled for installation October 04th.
- Doors to bedrooms 6, 7 & 10 and 11 shall be upgraded to FD30 and have been ordered, with an indicated 8 weeks lead in time for delivery and installation.
- The risk of fire is now included in the risk register and subsequently has been updated to detail a timebound list of actions to mitigate against any risks identified and reduce all identified risks to an acceptable level.

- Fire doors shall not be propped or wedged opened with items other than suitable hold open devices. Routine inspections shall be conducted by the DON or designated member of staff to ensure continued compliance.
- Refuse bins stored adjacent to a final exit have been relocated. Daily inspections shall be completed to ensure that all escape routes/exits are clear from obstructions.
- Hook locks installed on communal bathroom doors have been removed.
- Emergency lighting shall be reviewed and provided outside the building, beside final exits to help evacuees safely reach evacuation assembly points once they reach outside.
- Escape signage and emergency exit lighting shall be reviewed throughout the building and where deemed necessary repaired and or additional provided.
- A copy of the Conservatory door key is now located adjacent to the door in a break glass unit and also externally in a coded key box. The Nurse in Charge also carries a copy of the key on their person at all times.
- The Assembly Point to the rear of the building is currently under review with a Fire Safety Professional. An alternative location will be identified.
- A new fire detection and alarm system shall be installed October 04th. Both fire alarm systems shall be maintained every three months and annually inspected by a competent person.
- A door performance assessment shall be completed by a competent person to confirm door sets that may not provide the required fire performance. Subsequent to same, a repair/replacement programme shall be implemented.
- Repairs and replacement of absent or painted over smoke seals on fire door sets has commenced.
- Where fire safety precautions have been identified as being required in the Fire Safety Risk Assessment, but are not currently implemented, the Register will be updated to detail a timebound list of actions to mitigate against any risks identified and reduce all identified risks to an acceptable level. A competent construction company has been contracted to address these remedial works required, to include aligning a compartment wall in a ceiling cavity with a compartment wall below and closing up works to ensure the elements of fire construction remain fire resistant.
- Additional detection that are required in some areas of the home, shall be installed October 04th.
- Subsequent to Inspection August 18th, all beds were fitted with a ski sheet. The Director of Nursing, in conjunction with the Maintenance Department have established and maintain a weekly review of the system of ski sheets, to include correct fitting procedure and ensure they are in place.
- A number of fire drills have been carried out during different shifts since the inspection to include a simulated drill of:
 - The escape route from the first floor requiring going up steps and then down a central period stairs
 - The use of evacuation pads
- Duties / responsibilities for the Night Porter Role have been made available and held in the designated centre.
- Night Porters have received internal Fire Safety Management training and additional Fire Warden Training. Guided by the Fire Warden or responsible person, the Night Porter will participate in Fire Drill Evacuations.
- On completion of remedial works, the evacuation plans will be updated to reflect any compartmentation changes / updates.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • All RGNs have been advised that the medication fridge is to be always locked after use. A daily sign in sheet has been put in place to ensure compliance with same. 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • Fresh water is placed in each resident's bedroom every morning, on the day of inspection 1 resident did not have same. This was addressed immediately on the day of inspection. All Healthcare staff advised to ensure that all residents have water jugs in their rooms in the morning which should be replaced or re-filled throughout the day. • Resident was positioned correctly prior to being assisted with his meal. • All tables will now be set with appropriate cutlery and condiments prior to mealtimes. Previously cutlery and condiments were served as the residents were served their meals. 	

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/11/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2022
Regulation 18(1)(a)	The person in charge shall ensure that each resident has access to a safe supply of fresh	Substantially Compliant	Yellow	30/07/2022

	drinking water at all times.			
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/07/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/12/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	30/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	30/11/2022

	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	Red	10/10/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	30/12/2022
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	30/12/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/10/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre	Substantially Compliant	Yellow	12/09/2022

	and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2022
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Red	10/10/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	30/10/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/11/2022
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a	Substantially Compliant	Yellow	30/07/2022

	resident are stored securely at the centre.			
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