



# 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:	10 May 2024
Centre ID:	OSV-0004447
Fieldwork ID:	MON-0043490

## 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:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 10 May 2024	09:00hrs to 17:40hrs	Siobhan Bourke	Lead
Friday 10 May 2024	15:20hrs to 17:40hrs	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 serious concerns regarding the registered provider's ability to provide a safe service and ensure serious fire risks were addressed in the centre. Inspectors met with the majority of residents during the inspection and spoke with eight residents in more detail. The inspectors also met with six visitors. Overall residents and visitors gave positive feedback on the kindness of staff, however, a small number of residents told the inspectors that staff were slow to answer call bells which impacted on their experience of living in the centre.

During the inspection, an inspector walked throughout the premises and met with residents and staff during this time. The inspector saw that staff knocked on residents' doors before entering and greeted residents in a respectful and friendly manner. A number of residents were being assisted with personal care during the morning, while other residents were sitting in the day room watching TV. The inspector was informed that as the activity co-ordinator was on annual leave for the week, there was no one assigned to activities in the morning. The inspector saw that some residents spent long periods of the morning, sitting in the day room, with little stimulation or interaction.

Aperee Living Conna is a large single-storey building located in the scenic rural setting near Conna village, and is registered to accommodate 50 residents. The centre had 44 single bedrooms and three twin bedrooms arranged in three main wings called Aghern, Douglas and Castle. One of the twin rooms was empty and the remaining twin rooms were occupied by only one resident on the day of inspection. An inspector saw that ceilings had been upgraded since the previous inspection and work was underway on a number of fire doors. Prior to the inspection, assurances had been provided to the Chief Inspector that builders were onsite completing the outstanding fireworks. However, on the day of inspection, there were no builders onsite and the person in charge was not aware why they were not. The inspector saw that wear and tear was evident in some residents' bedrooms and surfaces in the ancillary rooms such as the clinical room and the sluice rooms were worn and required repair or replacement. A lock was broken on a shared bathroom and this was fixed by maintenance staff during the inspection.

The centre had a number of communal spaces for residents' use with a large dining room, day room, activities room, sun room and oratory. While many of these rooms were homely and inviting for residents, the oratory was cluttered and full of excess items, such as lockers, bed tables and wheelchairs. The outdoor courtyard was easily accessible to residents and had seating, mature plants and trees. There was also a designated smoking area in this space. The inspector saw that the bin for

cigarettes had papers and rubbish, which was a fire risk. The management team addressed this during the inspection.

An inspector observed the lunchtime meal and evening meal. During the lunch time meal, a number of residents told the inspector that their soup was cold. The chef was absent from the centre and a local catering company provided the main courses. While there was a choice of two courses, the inspector observed delays in serving the meals to residents. One resident who required assistance wasn't served their meal until almost an hour after other residents. While the majority of residents were eating together in the dining room, five residents were served their meals from bed tables in the day room which did not appear to be a sociable dining experience. During the evening meal, the inspector saw that there was no hot food choices available, with residents offered sandwiches, scones, fruit and yogurt. This is discussed further in the report.

The inspectors saw that staff interacted with residents in a kind and respectful way. Residents could mobilise freely throughout the centre and a number of residents who couldn't verbalise their experiences appeared comfortable and content during the day.

While activities were limited in the morning, a lively sing song and music session was led by an external musician, in the afternoon. Residents and visitors appeared to enjoy the session. Following this, before the evening meal, one of the residents led a rosary prayer group where a group of residents prayed together. Residents' views on the running of the centre was sought through monthly residents' meetings, and issues such as activities, food and any concerns were raised and discussed by residents.

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). This inspection also reviewed the action taken by the provider to address significant areas of known high risk in the centre, relating to governance and management and fire safety.

The findings of this inspection were that the provider had failed to take the required action to ensure compliance with regulations and significant action continued to be required in relation to the governance and management of the centre and to ensure

that residents were protected from the risk of fire in the event of a fire emergency. This omission of action posed a risk to residents receiving a safe quality service.

Following inspection of the centre in November 2023, the provider's compliance plan indicated that the proposed required fire works would be completed by 28 February 2024. While some action had been taken in relation to upgrading of the ceilings in the centre to fire rated ceilings, the majority of the required works remained outstanding therefore the risk to residents remained. A further time bound action plan was submitted by the provider in April 2024, indicating that the works would be completed by 31 May 2024. However, the findings of this inspection were that this plan had yet to be implemented. Furthermore, the governance structures for the centre remained unclear. From a review of the statement of purpose provided to the inspector on the day, the organisational structure did not reflect the arrangements in place.

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. The Chief Inspector was notified of a complete change to the company directors in November 2023, with three new directors appointed. One of the three new directors left the company on 31 January 2024. Aperee Living Conna Ltd failed to comply with the regulatory requirement to give the Chief Inspector 8 weeks notice of a change to the directors of the company. Consequently, when this director attended a meeting with the Chief Inspector on 15 February 2024, as a director of the company, the Chief Inspector was not aware that they were no longer a director of the company.

A regional manager had been appointed as a person participating in management for the centre since February 2024. A review of the governance meeting records within the centre confirmed that the registered provider had a presence in the centre and attended management meetings in the weeks preceding the inspection. However, the inspectors found that the governance structure remained weak and did not reflect the commitments given to strengthen it, as identified in the compliance plan submitted following the previous inspection.

In the weeks prior to the inspection, the person in charge of the centre had also resigned and a new person in charge had commenced in the centre. The provider failed to give timely notification of the change in person in charge to the Chief Inspector and the required documentation was not submitted at the time of the inspection. The provider agreed to submit this information, following the inspection.

The person in charge was supported in their role by an acting assistant director of nursing, a clinical nurse manager and a team of nursing, care, housekeeping, catering, activity, administration and maintenance staff. The regional manager was also onsite regularly in the centre to support the newly appointed person in charge. There had been significant change to the management team on site in the centre, since the previous inspection. As well as the recent resignation of the person in charge, the assistant director of nursing and the centre's administrator had also resigned. While the assistant director of nursing position had been filled in an acting

capacity, and a new administrator had recently started, these changes impacted the continuity of the operational management of the centre.

On the day of inspection, there was a part-time chef position vacant since January 2024 and this resulted in the provider requiring agency staff to support the roster. The agency staff did not attend the centre on the day of inspection, with a resultant impact on the choices and quality of food available for residents, this and other findings are outlined under Regulation 15; Staffing

A schedule of training 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. New staff were provided with a period of induction and appropriate supervision and this was overseen by the regional manager for the centre.

There was a schedule of audits in place to monitor the quality and safety of care provided to residents. However, the inspectors found that while audits identified areas for improvement these were not being actioned by the provider. For example, regular audits of call bell response times were undertaken in the previous months and found that there was a delay in response times by staff. However, there was no evidence of action taken to address this by the time of inspection. Residents also provided feedback to inspectors in this regard.

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. An annual survey of the quality and safety of services provided to residents in 2023 was prepared and available to inspectors.

The governance and management of the centre was not adequate, and did not meet the requirements of Regulation 23: Governance and management. There were insufficient resources available to ensure the effective delivery of care, in accordance with the statement of purpose. This was evident on the day of the inspection by the lack of progress made in relation to the actions required to address significant fire safety work and inadequate staffing levels. Furthermore the statement of purpose provided to the inspector did not reflect the organisational structure available in the centre as outlined under Regulation 3; Statement of purpose.

### Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider failed to give 8 weeks notice in writing to the chief inspector in relation to change of company directors as required under paragraph 3 of



Schedule 1. The provider informed the chief inspector of the change of director in April 2024 when a director left the company in January 2024.

Judgment: Not compliant

### Regulation 15: Staffing

The number and skill mix of staff working in the centre was not appropriate to the needs of residents as evidenced by the following;

One of the chef positions for the centre was vacant since January 2024 and from a review of rosters, an agency chef was rostered one to two days each week to address this gap. On the day of inspection, there was no chef available to cater for residents needs, as the agency staff did not attend for duty. Residents confirmed that this had happened on more than one occasion. While one of the regular chefs attended the centre, in the morning, to prepare soup and texture modified diets, residents' main lunch courses were provided from a local caterer. Residents complained that soup served was cold and the choice for the evening meal was sandwiches, scones and yogurts, with no hot option available.

As activity staff were on annual leave, there was no activities in the centre in the morning of the inspection to provide meaningful and stimulating activities for residents.

Judgment: Not compliant

### Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff had completed training in safeguarding, infection control, fire precautions, dementia awareness and managing behaviour that is challenging.

Judgment: Compliant

### Regulation 23: Governance and management

Significant concerns remained with regards the governance and management of the service and the registered provider's ability to ensure that the service provided was safe.

The provider had failed to ensure that the service was sufficiently resourced to take appropriate action, and sustain systems that were required to mitigate the serious non-compliance with Regulation 28; Fire precautions; as evidenced by the following;

- The provider issued repeated assurances that appropriate action would be taken to complete the required fireworks in the centre to ensure residents' safety. However, the inspectors found that a significant body of work remained outstanding in the centre as outlined under Regulation 28; Fire precautions.

The inspectors were concerned that the provider relied on agency staff, arising from the resignation of a chef from the centre in January 2024 and the impact this had on residents when the agency staff didn't attend for shifts. The absence of contingency planning for when activity staff were on leave to ensure residents had access to meaningful activities was also a concern as detailed under Regulation 15; Staffing.

Inspectors were concerned regarding the providers management of the centre's finances; Failure by the provider to ensure the centre was tax compliant resulted in a delay in fair deal payments to the centre which in turn resulted in delayed payment of staff in the centre.

Notwithstanding, that there was a clear reporting relationship between the person in charge and the regional manager, the management structure of the centre was not clearly defined to identify the lines of authority and accountability, and to specify roles and detail responsibilities for all areas of operation of the centre as evidenced by the following;

- The statement of purpose for the centre detailed a director who had departed from the provider company since January 2024. Furthermore, a person listed on the statement of purpose as the chief operations officer for the centre had not been appropriately notified to the chief inspector as a person participating in management.

Legally mandated registration notifications had not been submitted within required time lines to the office of the Chief inspector. For example, notification with regard to a director who departed the provider company was notified to the Chief inspector in April 2024, despite the person leaving the role in January 2024. Consequently when this director attended a meeting with the Chief Inspector on 15 February 2024, as a director of the company, the Chief Inspector was not aware that they were no longer a director of the company.

Notifications with regard to change of person in charge were not submitted in a timely manner.

The management systems in place were not always effective to ensure that the service was safe and appropriately monitored. This was evidenced by;

- Where the provider conducted audits, the findings were not always responded to in a timely fashion. Audits of call bell response times where

times were regarded as poor, were repeat findings in a number of audits and no action was taken to address same.

- Oversight of fire precautions required review: despite a turnover of staff in the recent months and the known fire risks in the centre, the provider failed to ensure that regular fire evacuation simulations were conducted since January 2024. These are required to ensure staff could safely evacuate residents.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The organisational structure outlined in the statement of purpose available in the centre on the day of inspection did not reflect the governance structures outlined in communication with the Chief Inspector. One of the directors listed was no longer part of the registered provider company.

The conditions of registrations listed on the statement of purpose did not reflect the conditions attached to the registration of the centre as it included a previous condition that had been removed and did not reflect the condition attached in July 2023, in relation to outstanding fireworks required in the centre.

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 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. 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 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place.

Judgment: Compliant

#### Quality and safety

Overall, inspectors found that residents' health care needs were well met with good access to GP and health care services. Residents were provided with a good standard of evidence based nursing care. However, action was required in relation to food and nutrition and ensuring residents' rights were promoted and supported at all times. Furthermore, the inspectors found that insufficient progress had been made in the area of fire safety management and that in the event of a fire in the centre, this lack of progress was a risk to the residents living in the centre. This risk was first identified in a risk assessment in January 2022.

From a review of a sample of health care records, it was evident that residents had timely access to GP services. Where required, residents were referred to allied health and social care professionals and recommendations made by these were implemented by the nursing and care staff team. Residents' nursing and health care records were maintained electronically. A comprehensive assessment was completed prior to admission and validated assessment tools were used to identify specific risks to residents. From a review of a sample of care plans, the inspectors found that duplication of care plans for specific risks to residents, may lead to errors in care as outlined under Regulation 5; Individual assessment and care plan.

On the day of inspection there was no chef on duty in the centre. While the full time chef had attended the centre in the morning to prepare soup and texture modified diets, the absence of a chef impacted residents' choice at mealtimes and the temperature at which the food was served as outlined, under Regulation 18; Food and nutrition.

In general, the centre met the requirement of Schedule 6 of the regulations, however further action was required in relation to storage and wear and tear in bedrooms and ancillary rooms as detailed under Regulation 17; Premises.

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 hourly fire safety checks in the centre. However, an inspector saw that the majority of the fire safety risks that required remedial works remained outstanding. Furthermore, regular fire safety drills and other fire risks were identified as outlined under Regulation 28; Fire precautions.

Residents had access to advocacy services and regular residents meetings were held in the centre. While there was a team of activity staff available in the centre, arrangements for when staff were on leave were not in place. Residents also told inspectors that call bells were not responded to in a timely manner. These and other findings are outlined under Regulation 9; Residents' rights.

### Regulation 10: Communication difficulties

The inspectors found that residents who required assistance with their communication needs were supported by staff and their requirements were reflected in care plans reviewed.

Judgment: Compliant

### Regulation 11: Visits

Visiting was facilitated in the centre throughout the inspection. Residents who spoke with the inspectors confirmed that visiting was not restricted.

Judgment: Compliant

### Regulation 13: End of life

From a review of a sample of residents' records, end of life care plans outlined residents wishes, where known, with regard to arrangements to be put in place.

Judgment: Compliant

### Regulation 17: Premises

While some action to address premises deficits had been made since the previous inspection, the following required action to ensure compliance with Regulation 17 and Schedule 6:

- The oratory room was cluttered and full of furniture such as lockers and chairs and could not be used as a space for residents in line with its registered purpose.
- There was some wear and tear on bedroom walls with regard to paintwork and skirting boards.
- Surfaces in ancillary rooms such as the medication room and dirty utility rooms were worn and cracked and required repair or replacement.
- A magnetic lock on a shared bathroom was broken which could impact on residents privacy and dignity; this was addressed by maintenance staff on the day of inspection.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The inspectors found that there was significant improvement required with food and nutrition and the overall dining experience for residents, as evidenced by the following;

- Residents told the inspector that the absence of the chef had occurred more than once since the resignation of the previous chef in January 2024. The absence of a chef on the day of inspection impacted on the choice offered at meal times for residents. Residents who required textured modified diets had no choice on the day of inspection. The evening meal had no hot food choice for residents and the only available choices was sandwiches scones, yogurts and fruit.
- The soup was served cold at lunch time and there were also delays with serving meals, resulting in one resident who required assistance receiving their meal an hour after other residents.
- While residents who sat in the dining room had a sociable dining experience, a number of residents were served their meals from bed tables in the dayroom where they didn't have the opportunity to chat or socialise with other residents.

Judgment: Not compliant

### Regulation 28: Fire precautions

The provider had failed to take action to address the serious and unsafe non-compliance found following the previous four inspections. As previously stated this risk was known to the provider since January 2022. Compliance plans submitted by the provider following the previous inspections had not been actioned. While the ceilings had been upgraded to fire rated ceilings, and work to the doors and doorsets had commenced the following still required action.

- Upgrade to the external escape routes in the rear of the building.
- Upgrade of laundry room fire rating to area added to room.
- Provision of passive fire protection to all ventilation outlets passing through fire rated construction.
- Servicing and/or replacement of the remaining inadequate fire doorsets and internal screens.

Further fire risks identified on inspection; the provider did not ensure that simulations of evacuations of residents in the event of a fire were regularly taking place to ensure that residents could be evacuated safely. The most recent records provided to inspectors indicated that these were last carried out in January 2024.

Oversight of precautions in place in relation to smokers in the centre required action, as the inspector saw that the bin for cigarettes was full of rubbish such as plastic containers and papers.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Medication administration records were examined and of the sample seen, these were comprehensively maintained in line with professional guidelines. Controlled drugs were maintained in line with professional guidelines. An inspector saw that checks of controlled medication were recorded by two nurses at the change of every shift.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Some action was required in individual assessment and care planning to ensure that residents documentation reflected their care requirements as evidenced by the following:

- While assessments were completed by staff following times when residents experienced responsive behaviours, these did not contain sufficient detail to

identify the trigger or the actions taken by staff at the time, to guide staff if a further episode occurred.

- Nursing staff duplicated care plans where changes to residents condition occurred. For example, if a resident had a high nutritional assessment score, a second care detailed care plan was created which may lead to nursing staff following the incorrect care plan.

Judgment: Substantially compliant

## Regulation 6: Health care

From a review of a sample of residents' records and from speaking with staff and residents, it was evident that residents had good access to evidence based health and nursing care as required. Local general practitioners attended the centre regularly and reviewed residents when required. There was evidence that residents had access to a consultant geriatrician. Residents who required assessment by health and social care professionals such as physiotherapist, speech and language therapist and dietitian were provided with these.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff and management generally promoted the principles of a restraint free environment and were working to implement alternatives to restraint measures, such as low low beds and crash mats for residents. There were 10 residents using bed rails on the day of inspection and the person in charge was working to reduce this number.

Judgment: Compliant

## Regulation 9: Residents' rights

Action was required to ensure residents' rights were promoted at all times as evidenced by the following;

As the activity co-ordinator was on leave, no replacement was assigned which meant that residents had no access to meaningful activities during the morning and were observed sitting in the day room with little interaction or stimulation.



Inspectors observed that call bells were not answered promptly during the inspection and feedback from a number of residents supported this finding, therefore at these times residents needs were not been met in a timely manner.

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
<b>Capacity and capability</b>	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	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	Not compliant

# Compliance Plan for Aperee Living Conna OSV-0004447

Inspection ID: MON-0043490

Date of inspection: 10/05/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
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: The Registered Provider apologies to the Authority for this oversight and commits to ensuring appropriate notifications will be provided going forward.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: - The chef position has been filled since the inspection. - A plan is now in place to cover the activities person when they go on annual leave.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Since the date of this inspection very significant progress has been made on the Fire Rectification works and a completion date for these works is scheduled for August 31st 2024.</li> </ul>	

- A new Chef has commenced and no vacancies exist currently.
- A plan is now in place for periods when the activity staff are on leave.
- The Centre is funded and a Tax Clearance Certificate is in place.
- A clearly defined Management Structure is now in place with clear lines of responsibility and accountability.
- The Statement of Purpose has been updated to reflect the current Management Structures.
- The Registered Provider is committed to ensuring all notifications are submitted in accordance with Legislation
- Since the inspection, a new Call bell system has been installed. Staff been educated to respond to the call bell in a timely manner. Regular audits are carried out on staff response to the call bell system and actioned as accordingly.
- Regular Fire Evacuations are now conducted and recorded.

Regulation 3: Statement of purpose	Not Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  
 The current conditions of registration are now reflected in the most up to date Statement of Purpose.

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

- The oratory room has been decluttered and re organised into an oratory for residents in line with its registered purpose.
- We have a refurbishment plan to repaint the nursing home. We are currently working with a company to give us the best advice on interior design.
- We have a refurbishment plan for the medication room. We have sourced three sinks for the dirty utility room.
- The magnetic lock on the shared bathroom door was broken and replaced on the same day has been added onto the preventative maintenance checklist when maintenance person checks it weekly basis.
- A comprehensive Refurbishment plan is currently being worked on and will review, painting, flooring, furniture, loose furniture, curtains, ensuite fitouts etc., We expect to have this finalized in next 6 weeks and expect to have the entire plan completed in 18 months.

Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> <li>- New chef has been recruited since the inspection and there is now choice of hot food and evening meals.</li> <li>- A meeting was held with the chef and the residents to explore how best to meet their dietary preferences.</li> <li>- The dining experience has been reviewed. The staff roles &amp; responsibilities with regard to the resident's dining experience has been reviewed and changes have been made to ensure that all residents needs and choices are met &amp; supported in a timely manner.</li> <li>- Most of the residents who were dining in the day room now dine in the dining room. There is one resident who chooses to dine in the day room, and this is reflected in the care plan. There are three more residents who we have trialed dining in the dining room, however this hasn't worked out, so they continue to enjoy their dining experience in the day room.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Page 15 -</p> <ul style="list-style-type: none"> <li>• The external escape routes have been upgraded.</li> <li>• Laundry room fire rating is now complete</li> <li>• Passive fire protection is complete in the 3 bedroom wings, with the central area being completed post builders holidays on August 12th</li> <li>• All doorsets in the home have been either replaced or adjusted as necessary</li> <li>• Regular evacuation simulations are now occurring</li> <li>• Plan is now in place to ensure the bin for cigarettes is regularly emptied</li> </ul> <p>Fire evacuation drills are completed monthly or more often since the inspection. There is a new smoking shed that has been erected and bins for the cigarettes are emptied daily by the household staff and reflected in their newly revised daily duties. Periodic inspections are carried out by DON to check the bins are emptied.</p>	

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> <ul style="list-style-type: none"> <li>- The positive behaviour care plans for relevant residents are being reviewed to ensure they contain sufficient details to guide staff.</li> <li>- All Care Plans are being reviewed to ensure no duplication occurs and nursing staff are clear on all changes.</li> </ul>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>- All staff have been assigned to apply a human rights-based approach in Health and social care on Hsland.</li> <li>- A plan to replace the activities person when they go on annual leave is in place.</li> <li>- Since the inspection, a new Call bell system has been installed. Staff been educated to respond to the call bell in a timely manner. Regular audits are carried out on staff response to the call bell system and actioned as accordingly.</li> <li>- A new chef has been recruited since the inspection and there is now a choice of hot food and evening meals.</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	31/07/2024
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having	Not Compliant	Orange	31/07/2024



	regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
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	31/12/2025
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.	Not Compliant	Orange	31/07/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that	Not Compliant	Orange	31/07/2024

	identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	31/07/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/08/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/08/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/08/2024

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 and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/07/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	31/07/2024
Regulation 5(4)	The person in charge shall 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.	Substantially Compliant	Yellow	31/08/2024
Regulation 9(2)(b)	The registered provider shall provide for residents	Not Compliant	Orange	31/07/2024

	opportunities to participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Not Compliant	Orange	31/07/2024