



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Bantry
Name of provider:	Deerpark Care Home Ltd (Formerly known as Aperee Living Bantry Limited)
Address of centre:	Seafield, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	02 September 2024
Centre ID:	OSV-0004452
Fieldwork ID:	MON-0044713

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 2 September 2024	10:30hrs to 16:50hrs	Ella Ferriter	Lead
Monday 2 September 2024	10:30hrs to 16:50hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This unannounced risk inspection by two inspectors took place over one day. The purpose of this inspection was to monitor the care and welfare of residents living in the centre and to follow up on information of concern, with regards to regarding the financial viability of the company operating the centre. There were 35 residents living in the centre on the day of the inspection and 15 vacant beds.

Aperee Living Bantry is a designated centre for older people, registered to provide care to 50 residents, in the town of Bantry, in West Cork. Bedroom accommodation in the centre consists of 42 single and four twin bedrooms, all with en-suite facilities. The inspectors observed that all four twin bedrooms in the centre continued to function as single bedrooms, similar to the findings of the previous six inspections. These rooms had been reconfigured to comfortably accommodate one resident, with the removal of the second bed. Communal space in the centre comprises of a quiet room, two living rooms and two dining rooms. The inspectors noted that when the total communal area was calculated, it did not provide 50 residents with the recommended amount of communal space, per resident. However, the communal space in the centre was sufficient, when the centre operated with the twin bedrooms as single rooms, as they had been doing for over three years.

The inspectors saw that some flooring in the centre, including the main day room and ten residents' bedrooms had been recently upgraded. However, flooring in the dining room and some bedrooms was observed to be damaged and walls and door frames required repainting. These and other findings in relation to the premises are further detailed under regulation 17.

Inspectors observed that there were external contractors on site. Discussions indicated that work had commenced mid December 2023, to address fire works required in the centre. However, from discussion with the management team there was not a definitive time line for completion of all required fire safety works.

It was evident in the centre that the provision of varied daily activities for residents was a positive focus in residents' lives, and lent structure to their day. An enthusiastic member of staff were seen to lead morning and afternoon activities and it was evident that they knew residents personal preferences and requirements of additional supports well. Residents were familiar with the various activities on the day of inspection, and were seen to engage in discussions on current affairs, newspaper readings, games and quizzes. Some residents were observed knitting and doing art.

The inspectors observed interactions with staff and residents on the day of inspection and saw that staff provided care in a respectful manner. It was evident that staff were aware of residents' likes and dislikes in relation to their appearance and how they liked to spend their day. Residents told inspectors that staff were kind to them and attended them in a timely fashion when they called for assistance.

Residents described person-centred and compassionate care and told inspectors that staff were "exceptionally kind" and "would do anything for them". Those residents who could not communicate their needs appeared comfortable and content.

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

Capacity and capability

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

The previous six inspections, between July 2022 and May 2024 of Aperee Living Bantry identified significant areas of concern relating to the governance and management of the centre and fire safety. As a result the Chief Inspector had issued a notice of proposed decision to cancel the centres registration relating to serious concerns about the registered providers fitness to operate the centre and their failure to complete the fire safety works within the agreed time line.

At the time of this inspection the centre had a restrictive condition on its registration, which had been attached in July 2023. This had been applied to the centres registration, by the Chief Inspector, as per Section 51 of the Health Act. This condition stated that the registered provider shall ensure that no new resident is admitted to the designated centre until the designated centre is brought into compliance with regulation 28- fire precautions and the works to improve fire safety were completed in full. This was applied to the centres registration hold the provider to account, for non-compliance with the Act and regulations.

The person in charge of the centre was aware of the restrictions imposed. From discussion with the person in charge, review of the residents admission dates and review of the directory of residents it was evident that there had been no new admissions to the designated centre since July 2023.

As outlined above there has been significant engagement with the registered provider and the Office of the Chief Inspector. In a meeting with the Office of the Chief Inspector in June 2024, the registered provider gave assurances that there were sufficient financial resources available to complete the fireworks in the centre and to ensure the sustainability of the centre. Subsequent to this meeting, the Office of the Chief Inspector received information, indicating that the registered provider company was in receivership, effective from 31 July 2024. Therefore the powers of the current directors were suspected and the appointed receivers were now responsible for the operational and financial management of the designated centre. These and other findings of concern are outlined under Regulation 23 governance and management.

Within the centre care is directed by a suitably qualified person in charge who had been in this post for over five years. They are supported by an assistant director of nursing and a team of nursing, health care, domestic, activity, maintenance, administration and catering staff. There were adequate staffing levels for the size and layout of the centre to meet the assessed need of residents. Training was being monitored by the centres administrator and mandatory training was up-to-date for staff.

Complaints were discussed with the person in charge on inspection and records were reviewed. It was evident that an effective complaints procedure was in place. The complaints log demonstrated that formal complaints were recorded in line with the regulations. Incidents occurring at the centre were also appropriately recorded by staff and overseen by the person in charge. The annual audit schedule indicated regular audits were taking place in areas such as infection control, medication management and care planning. Issues identified for improvement through the audit process were addressed in a timely manner.

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider did not give the statutory notice of changes to directorship of the company. This is required to be submitted in writing eight weeks prior to any changes as per paragraph 3 of Schedule 1. The provider informed the Chief Inspector of the departure of one director in June 2024 and the appointment of the regional manager as a second director of the company on the same week these changes took effect.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre who had the required experience and qualifications as required by the regulations. The person in charge was visible and accessible to staff and residents.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. The person in charge and the assistant director of nursing supervised care delivery were supernumerary when on duty Monday to Friday. There was a minimum of two registered nurses on duty on every 12 hour shift.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training matrix was made available to the inspectors. It was evident that there was an ongoing comprehensive 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 were supervised in their roles daily by the management team.

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. This was evidenced by the following:

- As found on six previous inspections a number of red (high) fire safety risks in the centre remained. Although fire work to the premises had commenced, the uncompleted structural work to the premises continue to present a risk to residents living in the centre. The provider had not addressed these risks in a timely manner although aware of them since November 2021, yet they were not completed. The provider had failed in its commitments to the Chief Inspector to address these risks following inspections of July 2022, November 2022, May 2023 and September 2023, January 2024 and May 2024. This is

further detailed under regulation 28, fire precautions. Inspectors found while that some of the works had been completed since the May 2024 inspection, there was no time line for when all the required works would be completed. Therefore, there was no assurances as to the level of risks that remained for residents.

- Inspectors remained concerned regarding the financial stability of the service and the registered provider's management of the centre's finances, as the centre was in receivership since 31 July 2024.

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

- The Office of the Chief Inspector was informed that as the provider company was in receivership and that the powers of the directors of the provider company were suspended at the time of inspection. The receiver company had been appointed as the legal entity now responsible for the financial and operational management of the centre.
- There was ambiguity regarding senior management roles within the organisation that were recorded on the statement of purpose provided to inspectors. The statement of purpose outlined that the regional manager reported to the Director of Care Quality and Standards. However, this position had not been filled and the provider and staff working in the centre were unaware of the role the person had in the centre.

The inspectors were not assured that the registered provider had management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored, evidenced by:

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

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

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. These had been updated following the findings of the previous inspection and now contained information with regards fees to be paid the and services that will be provided. This is a requirement of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were discussed with the person in charge on inspection and records were reviewed. It was evident that an effective complaints procedure was in place. Complaints were investigated promptly, the complainants were informed of the outcome and it was recorded if they were satisfied with the response to the complaint.

Judgment: Compliant

Regulation 3: Statement of purpose

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

Judgment: Not compliant

Quality and safety

This inspection found that residents reported they felt content in the centre and interactions between residents and staff were kind and respectful throughout the inspection. Nonetheless, the inspectors found that the quality and safety of care provided to residents was compromised as a result of ineffective systems of governance and management. The registered providers' history of poor governance, financial instability and failure to complete fire safety work to the premises impacted on the quality and safety of care and continued to put residents at risk. Some actions were also required in care planning and the premises which will be outlined under the relevant regulation.

As mentioned earlier in the report the centre was restricted from admitting residents to the centre since July 2023. Inspectors reviewed a sample of residents' medical and nursing records. It was evident that a range of evidence based assessments were completed in relation to residents risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling and continence. Appropriate interventions and treatment plans were implemented and reviewed. However, not all care plans were updated when the needs of residents changed, which is further detailed under regulation 5.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours services available. There was evidence of appropriate referral to and review by health and social care professionals where required. Residents were weighed monthly and any weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Where weight loss was identified, the nursing staff informed the GP and referred the resident to a dietitian and speech and language therapy (SALT). Files reviewed by the inspectors confirmed that their advice was followed. An in house physiotherapy service was available for residents one day a fortnight.

From observation and review of documentation, there were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Training records indicated that the all staff have completed safeguarding training. A review of the resident's records showed that when a resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in a personalised care plan. Residents' needs in relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs. There was an ongoing focus on reducing restrictive practices in use in the centre.

Improvements were noted in the oversight and maintenance of the general environment and cleanliness of the centre since the previous inspection. There were two domestic staff employed on the day of this inspection with responsibility for cleaning. Staff were observed to be adhering to good hand hygiene techniques. However, some issues were also identified which had the potential to impact on the

effectiveness of infection prevention and control within the centre, as actioned under regulation 27.

As mentioned throughout this report, significant action was required by the registered provider in relation to fire precautions as identified in the previous six inspections. Although inspectors acknowledge that work had commenced and had progressed since the previous inspection of the centre in May 2024 there was not a time bound action plan available with a date for completion. There was also no evidence that work completed to date had been signed off by a competent professional to ensure that it was completed to the required standard. Findings pertaining to fire precautions are detailed under regulation 28 of this report.

Inspectors were assured that supportive and caring staff working in the centre promoted and respected residents' rights. Residents' needs were being met through access to health care services and opportunities for social engagement. Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Residents had access to advocacy services and notices were displayed around the centre identifying how to contact advocates.

Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate effectively.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises required to be addressed to conform with Schedule 6 of the regulations:

- flooring in some areas of the centre, such as the kitchen, dining room and bedrooms was damaged
- paint on some bedroom walls, door frames and corridors was chipped and damaged.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. Menus were developed in consideration of residents individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements as detailed in the resident's care plan. A varied menu was available daily, providing a choices to all residents including those on a modified consistency diet.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018), however, further action is required to be fully compliant. For example:

- sinks in the centre required updating to comply with recommended standards for clinical hand wash facilities
- the general purpose room in the centre was found to be overcrowded with excess equipment, therefore, effective cleaning could not be assured. This was also a finding on the previous inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding that work was taking place in the centre the repeated delays in addressing known fire safety risks in the centre, since first identified in the provider's own fire safety risk assessment in November 2021, meant that residents were still not fully protected from the risk of fire in the centre. As per the findings of the previous inspection of May 2024 the following work remained outstanding:

- the rear metal ramp had varied gradients, and required a combination of manoeuvring wheelchairs backwards and forwards; this may lead to delays or injury to staff and residents during evacuation
- fire sealing of outstanding service penetrations was required to be completed
- upgrades of ducting and associated passive fire protection was outstanding
- there was a central vacuum system; assurance was required from the provider that this was adequately sealed to maintain fire containment
- completion of the fire compartment enclosure to the kitchen and laundry was outstanding
- there were no records of the periodic inspection report or the annual certificate evidencing the servicing of emergency lighting.

- the inspectors reviewed records of fire safety drills. The drills contained good detail, however as found in the previous inspection of May 2024 in some simulated drills, the time taken to evacuate residents to the adjoining compartment was excessive and the provider should strive to reduce this time.

Work to the premises pertaining to fire safety had not been signed off by a competent professional with expertise in this area and inspectors found that there was a lack of appropriate oversight of this on the day of the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Some information contained in care plans was not longer applicable to the residents care requirements, therefore, it may be difficult to identify residents care needs evidenced by the followings findings:

- a resident requiring a specific textured diet did not have this appropriately referenced in their care plan
- a resident requiring support with continence care had inaccurate information in their care plan to direct care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of the residents were reviewed and it was evident that they had access to a range of health care services. There was access to a general practitioner (GP) seven days per week and an out of hours service if required at night. There was evidence of regular review by the GP and review of medications by the pharmacy. There was access to physiotherapy services who attended the centre every two weeks.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable regarding residents individual needs in terms of managing and supporting residents with responsive behaviours. A restrictive practice register was maintained in the centre and overseen by the management team. Residents

allocated bedrails had a supporting risk assessment completed, consent forms and monitoring of safety completed. The centre had evidenced a reduction in the number of bedrails and sensor mats in use in the past few months via a review of practices and further education and discussion with staff and residents.

Judgment: Compliant

Regulation 8: Protection

All staff had safeguarding training and those spoken to demonstrated good knowledge in relation to protection of residents and reporting abuse. Allegations of abuse in the past had been appropriately notified to the Chief Inspector and managed in line with safeguarding policies. Systems in place and had been enhanced to protect residents' finances and actions had been taken since the previous inspection. Financial records, including invoices, were maintained and were being overseen by the administrator.

Judgment: Compliant

Regulation 9: Residents' rights

A dedicated activities coordinator implemented a varied and interesting schedule of activities. Residents said that they were kept informed about changes in the centre through resident forum meetings and daily discussions with staff and felt that their feedback was valued and used to improve the quality of the service. This included discussions about the quality of the activities and planned outings.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 3: Statement of purpose	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Bantry OSV-0004452

Inspection ID: MON-0044713

Date of inspection: 03/09/2024

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
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:</p> <ul style="list-style-type: none"> - The appointed receiver is acting as RPR of the Center since the 29th of July 2024 and currently has the responsibility for the operational and financial management of the center. - He is supported in this role by a PPIM and the Director of Nursing of the Centre. - As RPR, the appointed receiver is aware that the chief inspector must be notified in writing of any change in the identity of any person participating in the management of the Centre. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - As RPR, the appointed receiver has overseen the progress of the fireworks with a fire engineer. He is in regular communication with the builder and the fire engineer. These works are now almost complete. - The RPR, the PPIM and the DON discuss the progress weekly and inform HIQA of any progress. - The Statement of Purpose has been updated and reflects that the Director of Care 	

Quality and Standards Person has been discharged.
 - The PPIM, the DON and the RPR have fortnightly formal governance and management meetings.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 3: Statement of purpose	Not Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- he Statement of Purpose has been updated to reflect the current organizational structure. The Director of Care Quality and Standards Person has been removed.

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

- A refurbishment plan for the Centre has been compiled and works have commenced.
 - To date the Kitchen, Dining room and the Beara Corridor floors has been replaced. There is a plan to replace the floors in the Mizen Corridor, and 6 bedrooms once finances allow.
 - Repainting of the residents' rooms has commenced, with 23 bedrooms completed to date.

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

- There is a plan to install 3 clinical handwash sinks once the fireworks have been completed.
 - The General Purpose Room has been reorganized and other storage areas identified. It is now less cluttered.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - Substantial progress has been made on the fireworks: <ul style="list-style-type: none"> • Fabricated steel structures has been manufactured to enhance the safety and the use of the rear metal ramp. The installation of this metal ramp has commenced the week of the 21st October. • Fire sealing completed, except for ESB Room 1. This cannot be completed until all other electrical works are complete. Then the new fuse board will be connected to the Power Supply and the old fuse borad removed. Removing the old fuse borad will result in small repair works to ceiling and walls.This will complete the electrical works. • Upgrades of ducting and associated passive fire protection is almost complete • The central vacuum system has been sealed to maintain fire containment • The fire compartment enclosure to the kitchen and laundry has been completed • The periodic inspection of the servicing of emergency lighting occurred and the annual service inspection and test of the Fire Fire Detection and Alarm system both occurred on the 14th October 2024. • Fire drills continue to be carried out in the centre. The focus of these drills is to ensure staff know how to repond to the fire alarm safely and quickly as possible. There is a emphasis for staff to response in a more timely manner. • Once the fireworks are complete they will be signed off by a Fire Safety Engineer. <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</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"> - There is a schedule in place to audit all care plans. - The two care plans identified in the report have been corrected to ensure they accurately reflect the residents' care needs. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	08/11/2024
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	08/11/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	08/11/2024

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/12/2024
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	08/11/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	08/11/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	15/11/2024

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	08/11/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	08/11/2024
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	04/09/2024
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	30/11/2024