



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

## Issued by the Chief Inspector

Name of designated centre:	Aperee Living Camp
Name of provider:	Aperee Living Camp Ltd
Address of centre:	Knockglassmore, Camp, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	17 January 2024
Centre ID:	OSV-0005406
Fieldwork ID:	MON-0042410

## About the designated centre

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

Aperee Living Camp is set in a very scenic location situated on the outskirts of Camp Village overlooking Tralee Bay. It is a two-storey building that was established as a nursing home in 1992. It has been extended over the years and provides continuing, convalescent and respite care for up to 34 residents. Private accommodation consists of 22 single en suite bedrooms and 6 twin bedrooms; six of which have en- suites. Additional to en-suite facilities there are extra toilets and a large bathroom for residents use. Communal accommodation consists of two dining rooms, a sitting room, an activity room and a large sunroom. There is an attractive and user friendly enclosed outdoor area that is accessible from within the centre and includes seating and a planted garden.

Aperee Living Camp provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	33
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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
Wednesday 17 January 2024	10:45hrs to 17:30hrs	Breeda Desmond	Lead
Wednesday 17 January 2024	11:15hrs to 17:30hrs	Caroline Connelly	Lead

## What residents told us and what inspectors observed

This unannounced inspection of Aperee Living Camp was undertaken 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 fire safety risks were addressed. Inspectors met a number of residents during the inspection and spoke with ten residents in more detail. Residents living in the centre gave positive feedback about the centre and were complimentary about the staff and the care provided, saying that staff were attentive, very kind and caring and named staff saying they were excellent. Relatives were also complimentary about the staff, the care and the accessibility to the person in charge and nursing team. However, on this inspection inspectors continued to have concerns about the governance of the centre particularly in relation to fire safety.

The centre was registered to accommodate 34 residents and there were 33 residents residing there at the time of the inspection. Aperee Living Camp is a two-storey building set on a mature coastal site with panoramic views of Tralee bay. Resident accommodation is confined to the ground floor; offices and staff changing facilities were upstairs and this area was securely maintained. Bedroom accommodation comprised twenty two single and six twin bedrooms. Of the twenty eight bedrooms, twenty six were en suite with shower, toilet and wash hand basin; one was en suite with toilet and wash hand basin; and one twin bedroom had a hand wash sink. Bedrooms were decorated in accordance with residents preferences; some residents had additional furniture such as a CD display unit and other shelving to display their ornaments and mementos, and were seen by the inspectors to be very personalised. There was a variety of communal day spaces available for residents use, including two dining rooms and a conservatory day room which overlooked the sea and very scenic countryside. There was a prayer room for residents' quiet reflection, however, the inspectors saw that this room and the hairdressers room were in use as bedrooms at the time of inspection due to the fire safety renovations in progress, and were therefore not available to the residents. This is discussed further in the report.

Inspectors observed that there was structural work being carried out in the attic and to bedroom doors at the time of the inspection, and that there were external contractors on site undertaking these renovations. The person in charge confirmed that works to improve fire safety had commenced mid December, however, there was no definitive time-line for completion of all required fire works. This will be further detailed under Regulation 28 of this report.

Advisory signage was displayed at junctions throughout the centre directing residents to rooms such as the dining room, day rooms and bedrooms. Upgrading of the premises was continuing with painting, redecorating and as aforementioned, fire safety works were in progress. The inspectors were informed that following completion of the adjustments to walls, ceilings and the attic, bedroom doors would be replaced. The internal secure garden area was accessible along one corridor.

There was garden furniture for residents to sit out and enjoy when the weather improved, as on the day of inspection temperatures were minus 6, and while it was dry the wind and cold dissuaded anyone from going outdoors.

Inspectors observed that there had been improvements to the dining experience since the previous inspection and all dining tables were appropriately set with table cloths and condiments. Menus were available to residents to make an informed choice and pictorial menus had been introduced to assist residents with cognitive impairment to make their choice. Meals were attractively presented at lunch time and residents were complimentary about the choice and food served. Residents requiring assistance were seen to be helped in a respectful manner, and there was sufficient staff in the dining room to provide assistance to all residents.

Inspectors saw and were also informed that there were staff allocated to activities and residents were seen to partake in lively exercise games in the morning and a music session in the afternoon. The inspectors also saw activity staff visiting residents in their bedrooms. Residents spoken with said they were happy with the variety and quantity of activities available and that they particularly enjoyed the music sessions with the external musicians.

Inspectors observed staff interactions with residents to be social and friendly and it was obvious from their interactions that staff knew residents and their needs well; residents were very complimentary about the staff and about the activities co-ordinator. An external advocate was on site during the inspection and explained that they were providing assistance to two residents currently, in accordance with their request.

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

This was a risk inspection to monitor the care and welfare of residents, as the centre was currently in escalation. The previous four inspections of Aperee Living Camp undertaken on 04 July 2022, 20 June 2023, 01 August 2023 and 28 September 2023, identified significant areas of concern relating to the governance and management of the centre, fire safety and the protection of residents' finances. Following the registered provider's failure to address serious fire risks identified in their fire own external fire safety risk assessment of October 2021 and issues identified during the July 2022 inspection, a restrictive condition was attached to the registration of the centre requiring the registered provider to have the fire safety works completed by February 2023 to ensure the safety of the residents. Despite assurances from the provider that these works would be completed, a follow-up inspection in August 2023 found that the required fire safety works had not yet commenced and further fire safety concerns were identified during that inspection.

As a result, the Chief Inspector issued a notice of proposed decision to cancel the centre's registration on 25 October 2023 due to serious concerns about the registered providers fitness to operate the centre and their lack of action in addressing fire safety risks and the protection of residents finances.

Following receipt of this notice to cancel the registration of the centre, the provider submitted representation to the Chief Inspector on 23 November 2023, outlining actions the company was taking to address the serious regulatory non compliance identified and requesting that the Chief Inspector reconsider the decision. The representation submitted outlined a revised organisational structure and detail of the action being taken to bring the centre into compliance with fire precautions and the safeguarding of residents' finances. On this inspection inspectors inspected against this representation and found that as the representation outlined, three new directors were appointed to Aperee Living Camp Ltd, and the previous person nominated to represent the provider was no longer a director of the company. The inspectors were informed that remedial works relating to the fire safety did commence in December 2023 and saw they were ongoing at the time of inspection. A separate bank account for residents' finances to separate residents' monies from that of the registered provider and day-to-day finances of the centre was in place and this became active on 16th January 2024.

Inspectors found during the inspection that the organisational structure did not reflect that outlined in the representation submitted and staff in the centre were not made aware of the proposed changes. For example, at the time of the inspection a number of the posts outlined in the representation had not been filled including that of a regional manager, a director of clinical care and a human resource lead, nor were there definitive dates for these roles to commence. The provider also committed in their representation to providing the Chief Inspector with weekly updates (on a Friday) of the progress of the fire works and these update had not been received at the time of the inspection.

Inspectors continued to be concerned about the registered provider's ability to safely operate and sustain the business of the centre. The provider had committed in their representation to the completion of the fire works, however, the provider failed to plan and prepare for these fireworks. Poor governance and oversight of the fire safety works was evident in the provider's failure to stop admissions to the nursing home in advance of the fire safety works with admissions still underway on the day of the inspection. As a result inspectors found that, contrary to the conditions of registration, a prayer room and a hairdressers' room were being inappropriately used as resident bedroom accommodation. An immediate action was issued to the provider on inspection following which the director who attended the feedback meeting gave assurances that the use of unregistered rooms as bedrooms would cease as soon as possible. The provider also confirmed that all admissions to the designated centre would cease until such time as remedial fire safety works were completed. While inspectors acknowledge that some actions had been taken to commence essential fire works, red rated fire work remained incomplete and continued to pose a risk to residents.

Aperee Living Camp is operated by Aperee Living Camp 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 had been notified of changes to the company directors in November. At that time, a new chief executive officer has been appointed, who represented the provider in communications with the Chief Inspector. Within the centre, care is directed by a suitably qualified person in charge who had been in this post for a number of years. They are supported by an assistant director of nursing and a team of nursing, healthcare, domestic, activity, maintenance, administration and catering staff. However, the inspectors found that the provider's governance structure remained weak and did not reflect the commitments given to strengthen it, as identified in the legal representation. In particular there was not as of yet a director of care quality and a regional manager to provide additional oversight. Notwithstanding this, the person in charge reported that they had access to a director of the company, that is the registered provider informally. In addition all of the directors had been on site, and formal governance meetings had commenced and were scheduled on a monthly basis.

Incidents occurring in the centre were being recorded electronically and there was good oversight and monitoring of incidents by the person in charge. All incidents had been reported to the Chief Inspector, as per regulatory requirements. The complaints procedure had been updated in response to the changes in legislation in March 2023, however, some further amendments were required to ensure that the policy clearly outlined the procedure to be followed, in response to a complaint. Risk was being monitored within the centre via a risk register which reflected the fire safety issues and work to the premises and its effect on residents.

Staff had access to training in accordance with their role and responsibility. Records showed that this training would be facilitated on-site in the weeks following the inspection to ensure regulatory compliance.

#### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had not applied to vary the conditions of registration to ensure regulatory compliance regarding the temporary use of communal rooms as bedrooms, while fire safety remedial works were in progress.

Judgment: Not compliant

#### Regulation 14: Persons in charge

The person in charge was full-time in post. She had the necessary qualifications and experience as specified in the regulations.



Judgment: Compliant

### Regulation 15: Staffing

As identified on the previous inspection, there was adequate staff rostered for the assessed needs of residents for day time rosters and the night duty roster showed that there was one nurse and two healthcare assistants (HCAs) on duty from 20:00 – 08:00. The last inspection highlighted the change in staff rota to include a 9am – 9pm HCA to enable supervision and assistance during twilight hours, and this staff roster remained in place to maximise the safety and comfort of residents. There is also a porter rostered at night to mitigate some of fire safety risks in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The registered provider had fulfilled their obligation to provide appropriate training for staff, however, due to staff illness it was necessary to re-schedule some training; records and staff rosters showed that this training would be facilitated on-site in the weeks following the inspection to enable and ensure staff training remained current.

Judgment: Compliant

### Regulation 21: Records

A sample of staff files were examined and they had the requirements as specified in Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Significant concerns remained with regards the governance and management of the service and the registered providers ability to ensure that the service provided was safe. This was evidenced by the following:

- the provider had arranged for an external consultant to conduct a fire safety risk assessment of the premises in October 2021. This assessment identified

eight red (high) and 18 orange (medium) fire safety risks in the centre and as found on four previous inspections a number of red and orange fire safety risks in the centre remained, which posed a risk to residents' safety. Although work to the premises had commenced in December 2023 to address the fire risks, the structural deficits of the building still presented a risk to residents living in the centre. The provider had failed to address these risks in a timely manner as they had been identified for over two years and had yet to be completed. These is further detailed under regulation 28, fire precautions,

- the provider failed to plan and prepare for these fireworks to take place in the centre. This concern was heightened on inspection with the decision by the provider to use the prayer room and hairdressers' room as resident bedroom accommodation. This was compounded by the lack of the decision to stop admissions to the centre to allow for fire safety works to be completed without the need to move residents' into unregistered bedrooms spaces. A resident had been admitted to the centre on the day of the inspection. An immediate action was issued to the provider on inspection following which the director who attended the feedback meeting gave assurance that the use of unregistered rooms as bedrooms would cease,
- the registered provider, as a consequence of the above, was operating the designated centre in breach of their conditions of registration
- the management structure of the provider was not clearly defined to identify the lines of authority and accountability and to specify roles and detail responsibilities for all areas of care provision. Senior management roles within the organisation remained vacant such as the regional manager and director of quality. The provider had committed to strengthening the management structure as part of the representation submitted to the notice of proposed decision to cancel the registration of the centre, However, this had not been actioned to date and staff in the centre had not been informed of the new governance arrangements at the time of the inspection,
- the provider had failed to submit the correct documentation for a proposed person to partake in the management of the centre
- the provider had committed in their representation to submit weekly updates to the chief inspector in relation to the progress of the fire works; these reports had not been received at the time of the inspection.

Judgment: Not compliant

### Regulation 31: Notification of incidents

Notifications of incidents were submitted in line with the regulatory requirements including three day notifications and quarterly returns.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Action was required to ensure Schedule 5 policies and procedures were reviewed and updated to reflect legislation, for example:

- the policy in place for the management of residents personal possessions and finances required updating to reflect the requirement to return monies to the resident's estate when they passed away, in addition to the time-lines for return of money and property to residents' estates
- the complaints policy required updating to reflect the change in legislation relating to Regulation 34: Complaints Procedures.

Judgment: Substantially compliant

## Quality and safety

Overall the inspectors were assured that residents were supported and encouraged to have a good quality of life in Aperee Living Camp. There was evidence of residents' needs were being met through good access to healthcare services and opportunities for social engagement. However, the provider's history of poor governance and failure to implement effective fire management systems, impacted the quality and safety of care, and continued to put residents at risk.

The person in charge and staff knew all their residents well, chatted informally with them on a daily basis and formally as part of residents' meetings. There was a good programme of activity in place and residents confirmed that there was plenty of social interests and activities which were resident-led, and this was observed on inspection.

Residents had good access to GP services and medical notes showed regular reviews by their GPs, including quarterly reviews of medications to ensure best outcomes for residents. Timely referrals were requested to specialist services such as psychiatry of old age, palliative care and tissue viability nurse specialist, and residents had good access to allied health professionals. Residents had access to the HSE integrated care programme for older people (ICPOP) programme, which the person in charge said was invaluable to residents. The person in charge facilitated residents to access advocacy services; on the day of inspection, the advocate was on site to support two residents in accordance with their wishes.

Fire safety works had commenced and were seen to be in progress during the inspection. However as previously identified works could only take place in empty bedrooms, and as the centre had only one vacancy, these works would take an extended period of time to complete. Regarding staff training, the person in charge had ensured that staff had up-to-date training relating to fire; and regular fire drills

and evacuations were completed. Records showed that drills were timed and the number of staff and residents involved in the evacuation detailed, evacuation aids required and used, analysis and actions taken following simulations to enable learning for all staff. Weekly fire alarm testing was comprehensively completed as was the daily fire safety checks. Quarterly fire certificates for the fire alarm, maintenance of fire equipment, emergency lighting and electrical appliances service certificates were all available and in date. However, all of red and orange rated risks identified in the risk assessment remained until all fire safety works were completed as outlined under Regulation 28.

Upgrading of the premises had commenced on this inspection with painting, sanding and varnishing handrails, replacing floor coverings and general upgrading. As rooms were completed regarding the fire safety remedial works, they were plastered and painted accordingly. Nonetheless, as limited bedrooms were being completed on a weekly basis, the length of time for all fire safety works and other works required to comply with Regulation 17 to be completed was unknown.

Residents generally had a good quality of life and were able to express their wishes, however, at the time of the inspection their right to a prayer room and hairdressing room was removed on a temporary basis as outlined under Regulation 9: Resident Rights.

### Regulation 10: Communication difficulties

Observation on inspection demonstrated that staff had good insight into residents' communication needs and supported residents to be independent. Residents communication requirements were outlined in their care plans.

Judgment: Compliant

### Regulation 17: Premises

Upgrading of the premises had commenced on this inspection with rooms being decorated following upgrading of fire works. Nonetheless, as only a minimal number of bedrooms were being completed on a weekly basis, it would take time a long time for the complete works to be finalised. Issues identified as requiring action included:

- internal paint work to walls, architraves and doors in bedrooms and corridors which were worn and required decoration
- some floor covering on corridors and in bedrooms were torn and required replacement.

Judgment: Substantially compliant

### Regulation 27: Infection control

Due to the ongoing remedial fire safety works, additional staff were rostered on duty to facilitate cleaning following rooms being upgraded. Overall, the premises was visibly clean and inspectors observed staff helping residents de-clutter their rooms and store their belongings in accordance with their wishes.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider conducted a fire safety risk assessment of the premises in October 2021 which identified 8 red and 18 orange rated fire safety risk. Following the inspection in October 2022, the provider did not provide adequate assurance to the Chief Inspector that all reasonable measures were being taken to address the fire safety concerns resulting in a restrictive condition being applied to the registration of the centre. This required the registered provider to have addressed the fire safety concerns by February 2023. However, although it was confirmed on this inspection that works had commenced to address the issues identified in the external fire assessment, they were not completed, and there was no clear timeline for completion of red or orange rated fire safety risks.

Red rated fire safety risks identified included:

- provision of compartment walls including within attic spaces to coincide with compartment doors at ground level
- upgrading of ceilings within the building to fire rated
- servicing or replacing inadequate fire doorsets
- upgrading of fire rated enclosures to areas of special risk - laundry/kitchen/plant room.

Orange rated fire safety risks included upgrading of the premises regarding ceiling lining and coverings, provision of external emergency lighting, replacing keys of external doors, servicing and testing of gas and electrical equipment.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Staff spoken with demonstrated excellent knowledge regarding medication management and the electronic system in place. Where shortfalls were identified with the system, they alerted the IT supplier to enable remedial action to ensure the system was more safe and robust. Some residents had paper-based records as some GPs preferred to use this system. In order to safeguard against poor internet coverage, paper-based records were available for all residents should the need arise.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A sample of care documentation was examined; validated tools were in place for assessment of residents' needs and these were seen to be comprehensively updated to inform care planning and individualised care. In general, residents' medical histories informed the assessment and care planning process. Residents' support needs were clearly documented in their personal emergency evacuations plans which were updated regularly. The sample of care notes demonstrated that staff actively engaged with residents to discuss their end-of-life care wishes including their decisions relating to resuscitation and transfer to the acute care should the need arise.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to medical care. Routine reviews by GPs included a review of their medication and assessment of residents responses to changes in prescriptions to enable best outcomes for residents. Residents had access to the tissue viability nurse specialist to support their wound care when required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Good oversight was maintained regarding restrictive practices in the centre. A restraint-free environment was promoted and there was on-going discussions with residents and their next-of-kin when required, regarding implementation of restraint such as bed rails. Care plans were in place to support residents and staff to ensure appropriate supports were in place. The CNM provided staff training regarding

challenging behaviour and restrictive practice.

Judgment: Compliant

### Regulation 8: Protection

Following from the findings of the last inspections, the registered provider had set up a separate resident/client account. The registered provider was not currently a pension agent for any resident and all monies owed to residents estates had now returned to their estate. Relevant staff were aware of their legal obligations regarding return of monies to estate of any deceased residents, and every effort was made to liaise with the relevant authorities to enable monies to be returned in a timely manner.

In addition, a robust system was implemented regarding the management of monies and valuables held in safe keeping for residents, to protect residents and staff. Items handed in for safekeeping were securely maintained in individual containers with security tags applied with each transaction, along with individual comprehensive logs maintained of the items handed in and each transaction. In general, double signatures were in place for all transactions.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were not fully protected in the centre as:

The residents did not have access to the hairdressing room and reflection prayer room at the time of the inspection as the rooms were converted to bedrooms to facilitate fire works in the centre. There was no evidence of consultation with the residents in relation to the removal of additional communal and quiet space from their use. The hairdresser continued to visit but residents had their hair done in their bedroom and therefore did not have the hair saloon 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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
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 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	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	Substantially compliant



# Compliance Plan for Aperee Living Camp OSV-0005406

Inspection ID: MON-0042410

Date of inspection: 17/01/2024

## 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 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>As was committed to in the response to the Authority, The rooms were no longer used as temporary bedrooms (to facilitate the Fire Rectification works) from January 24th 2024. No admissions have been accepted since, until the Home is fully compliant with Fire Regulations and the Authority has removed the relevant condition from Registration.</p>	
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><b><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></b></p> <ul style="list-style-type: none"> <li>• The authority is aware that a contractor commenced on site pre Christmas 2023 and is working through the various matters. These works remain in progress and we expect completion within the next 8 weeks. A detailed schedule of works completed to date to include Red and Orange risk ratings and timelines of work remaining will be with the</li> </ul>	

authority by Friday 26th April. Weekly detailed updates will be provided to the Authority commencing immediately. We apologise for this oversight.

- The Inspector was made aware of the unique circumstances for the one admission that occurred. We fully accept this shouldn't have occurred. No admissions are being accepted until the Home is fully compliant
- The governance structure of the Registered Provider is as per the Statement of Purpose. A new Regional Clinical manager was appointed on January 17th and commenced in post on February 1st to whom the Director of Nursing reports to. A new experienced Head of Clinical Care & Quality has been appointed and commenced in post on April 22nd. These new structures have been communicated to the relevant personnel in the Registered Provider. The Director/RPR responsible for the Registered Provider is committed to attending the Home on a weekly basis and formal management meetings will be held on a fortnightly basis.
- Completed documentation for the 2 new PPIMs has been uploaded to the Portal.
- Our recruitment process for a Clinical Lead remains ongoing, however it is important to note that our 2 Regional managers are very experienced and are liaising and collaborating very closely on all Clinical matters and are ensuring consistency of approach across the group with regard to Policies and Procedures.

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Schedule 5 policy CL31 was updated by the Director of Nursing on 26th January 2024 to reflect that all monies is returned to the resident's estate within 3 months ensuring that the resident's estate is safeguarded when a resident passes away.

Schedule 5 policy CL08 Management of Complaints was updated by the Director of Nursing on 26th January 2024 to reflect the new nominated review officer.

Further updates have been completed by the southern clinical regional manager on 21st March 2024

The changes made to this policy are of reflection of the changes in the S.I. no. 415 of 2023 – Health Act 2007.

The updated policy now includes both an internal review person, to ensure the initial complaint is managed according to the policy.

The updated policy also includes reference to the external review person who deals with a complainant when the complainant is not satisfied with the initial response.

The changes in response timings (20 working days ) of the external review person is also specified.

Additional information in relation to the Independent Advocacy service is provided.

New Verbal Feedback form launched to assist and capture more data on all the minor complaints that are resolved easily following feedback from a resident / family / staff member that may not require a more formal approach in dealing with a complaint using the Epic – Risk Management system.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
As identified in the report, these works are ongoing and will be completed.

Floor covering on corridors and bedrooms will be replaced once the other works are fully completed.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

***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.***

As identified in the report, a contractor is currently on site and all necessary rectification works are being completed. We anticipate that the building works to facilitate full compliance will be completed within the next 8 weeks.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The RPR accepted fully the feedback provided and has apologised for the using the non designated bedrooms areas of the hairdressing room and Prayer room in the home as temporary bedrooms to facilitate the Fire Rectification works.

This was done to expediate the fire works however the RPR fully accepts this was an incorrect decision.

Following inspection on 17th January, the prayer room and hair dressing room was put back into their specified use as per the statement of purpose with immediate effect from the 24th January.

## 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 7 (1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	24/01/2024
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	31/07/2024
Regulation 23(a)	The registered provider shall ensure that the	Not Compliant	Orange	27/03/2024

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	27/03/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	27/03/2024
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	30/06/2024
Regulation	The registered	Not Compliant		30/06/2024

28(1)(b)	provider shall provide adequate means of escape, including emergency lighting.		Orange	
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	30/06/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/06/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/06/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/03/2024



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.	Substantially Compliant	Yellow	31/03/2024
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