Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Tralee
Name of provider:	Aperee Living Tralee Limited
Address of centre:	Skahanagh, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	07 October 2020
Centre ID:	OSV-0000219
Fieldwork ID:	MON-0030652

About the designated centre

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58

How we inspect

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 7 October 2020	09:00hrs to 16:15hrs	Ella Ferriter	Lead
Wednesday 7 October 2020	09:00hrs to 16:15hrs	Helen Lindsey	Lead

What residents told us and what inspectors observed

There were 58 residents living in Aperee Living Tralee on the day of inspection. Inspectors acknowledge that COVID-19 precautions remained in place on the day of this inspection, and visiting was suspended as per national guidelines. Notwithstanding the restrictions in place, residents were observed to be relaxed and comfortable in the centre and in the company of staff. Residents spoken with told the inspectors they were happy living there, and were complementary regarding the kindness of staff. The centre was bright, warm and homely. A resident was celebrating a 60th birthday, and the staff had arranged a socially distanced party with live Irish music to celebrate this event. The inspectors observed interactions of staff and residents, and saw that residents were treated with kindness and respect. Staff knew residents' preferences and routines and these were facilitated in a caring manner. Resident were observed mobilising independently around the centre, and exercising choice in relation to where and how they spent their day.

On entering the centre it was observed that the centre had infection prevention and control processes in place and staff were observed adhering to good practices in hand hygiene and in the wearing of personal protective equipment throughout the day. The inspectors observed the activities coordinator in the day room assisting residents with hand hygiene and explaining the reason why visiting was currently suspended. Residents were assisted to maintain contact with families via private phone and video calls.

All residents who spoke with inspectors reported that the food was very good and there was always a choice of something they liked on the menu. Inspectors noted that residents who required additional assistance during meals were supported appropriately by staff. However, inspectors observed that while dining and in the communal day rooms, residents were not always social distancing, as per the recommendations of the Health Protection and Surveillance Centre (HPSC).

The activity coordinator was observed leading small group activities in the morning, including a discussion on current affairs, exercises and music. Supervision of residents while using the communal areas was adequate and residents were observed being well attended to by staff at all times. Residents enjoyed live traditional Irish music in the foyer from two o clock, where food and drinks were served and staff engaged well with residents.

Capacity and capability

This was a one day unannounced inspection to monitor compliance with the regulations. The last inspection of this centre had been in March 2019. There had

been a complete change in the centres management structure since the previous inspection. The registered provider of the centre is Aperee Living Tralee Ltd. The registered provider had submitted an application to renew the registration of the centre and this inspection was also conducted to support the decision-making process for that application.

Care provided to residents was to a good standard and there was evidence of commitment to the provision of a quality and person centred service for residents. There was a clearly defined management structure in place, with clear reporting arrangements to support the day to day operations of the centre. While the provider had recently appointed a director of nursing, and submitted a notification to the Chief Inspector to put them forward as the person in charge, they did not meet the requirement of the regulations. A meeting had been held with the provider and a warning notice had been issued requiring the provider to ensure there was a person in charge who met all the requirements of regulation 14, person in charge.

There were adequate numbers and skill mix of staff to meet the personal and care needs of residents. The inspectors observed good communication between staff and residents, and staff were seen to be caring and responsive to residents needs. The centre had appropriate policies on recruitment, training and vetting of new employees. A sample of staff records reviewed indicated that files contained the required information as per the regulations. There was a comprehensive programme of induction for new staff and staff were appropriately supervised. Training records indicated that staff had access to appropriate mandatory training in areas such as manual handling, safeguarding vulnerable adults, responsive behaviors and fire safety. Additional training had been provided to staff in infection control.

The registered provider had ensured there were sufficient resources available to maintain safe care for residents during the COVID-19 pandemic. This included completing preparedness assessments, updating risk assessments, and funding additional staffing resources and additional cleaning hours allocated and the provision of personal protective equipment. Records showed that the registered provider had planned and prepared for a potential COVID-19 outbreak in the designated centre. A COVID-19 contingency plan was available, as well as a COVID-19 resource folder for staff to source current Health Protection and Surveillance Centre information. The director of nursing was the COVID-19 lead in the centre, with delegation detailed to ensure appropriate management cover in their absence. The inspectors acknowledge that residents and staff living and working in the centre have been through a challenging time since onset of the pandemic, and the centre have been successful to date in keeping the centre COVID-19 free.

The quality and safety of care delivered to residents was being monitored by the management team. The annual audit schedule indicated that regular audits were taking place, and issues identified for improvement through the audit process were addressed.

A comprehensive annual review for 2019 had been carried out by management team, that identified quality improvement initiatives for the year ahead. An

accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. A record of incidents occurring in the centre was reviewed by inspectors and found to be well maintained and comprehensive. All incidents occurring at the centre were reported to the Chef inspector as required by the regulations.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had submitted a notification in June 2020 for a new person in charge in the centre, however the requirements of the regulation was not fully met in that a person in charge must have not less than three years experience in nursing the older adult in the last six years.

The provider was informed that they must ensure there is a person in charge of this designated centre at all times, who meets the requirements of the regulations.

Judgment: Not compliant

Regulation 15: Staffing

The inspectors reviewed the staff rota and noted that the staff compliment and skill mix were appropriate to meet the needs of the 58 residents, having consideration for the size and layout of the centre. Staff were seen to be supportive of residents communication needs and were observed listening to residents giving them time and space time to express their views. Residents spoke very positively about staff reporting they were kind, caring and respectful. Inspectors observed that interactions were very person centred, and staff, including the management team, know the residents well.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing programme of training. Based on records seen by the inspectors all staff had received up to-date training on manual handling and managing behaviours that challenge. Fire safety training and safeguarding vulnerable adults training had expired for some staff, or was yet to be provided for newly recruited staff. However, this was scheduled within the coming two weeks. Additional training, in response to the COVID-19 pandemic had been provided in infection prevention and control for staff. The induction process was discussed and a robust system was described to ensure that staff had appropriate knowledge regarding care delivery.

Judgment: Compliant

Regulation 21: Records

The centre had appropriate policies on recruitment, training and police vetting. The inspectors reviewed a sample of personnel files and were satisfied that this documentation was in keeping with the requirements of Schedule 2 of the regulations. An Garda Siochana (police vetting) disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff, as required.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management structure had undergone change in the last eight months. The registered provider is Apreee Living Tralee Ltd, and one of the directors of that company is the named registered provider representative. He is actively engaged in the management of the centre and was present on the day of inspection.

At the time of the inspection the provider had not notified the Chief Inspector of a person in charge who met the requirements of the regulations. This requirement remained outstanding following a meeting with the provider and ongoing correspondence.

There was a director of nursing who was supported in the centre by an assistant director of nursing and by two clinical nurse managers. There was also additional clinical support provided to the management team by a director of care, quality and standards. There was effective communication between the management team and

they were involved in providing oversight and support to staff in the centre.

There were a range of oversight systems in place to monitor the services being provided. This included a range of audits and regular meetings between management. An Infection Prevention and Control Committee had been established to offer support in relation to arrangements in the centre to manage COVID-19 risks. There was a clear risk management process that included escalation to the provider when necessary.

Audits were seen to cover a range of topics, and their format provided an action plan in relation to implementing and improvements required. The inspectors acknowledge that an new electronic care planning system had been introduced, five weeks prior to the inspection and staff were receiving ongoing support in its use. This system would be monitored monthly to identify areas of practice that required improvement.

Where the provider identified additional expertise was required to support the management team, they made arrangements to get the appropriate guidance. For example a infection prevention control specialist had been commissioned to do a comprehensive review of the arrangements in the centre. There was an action plan in place setting out improvements that were required. Action had been taken to address urgent actions, and the provider confirmed resources were in place to address lower risk items, for example review of the laundry arrangements.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that included the facilities and services provided in the centre. Some amendments were required to ensure it met all the requirements of Schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were timely submitted and these correlated with the incident and accident log reviewed. Notifications were discussed and additional information was requested to be included in the notifications to give a comprehensive account of the incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations.There was evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

Current written policies and procedures on matters set out in Schedule 5 were available to staff, and were reviewed and updated in accordance with best practice and were centre-specific. Policies had been updated and reviewed in response to the COVID-19 pandemic.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a good quality of life in Aperee Living Tralee, which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and a premises that met their needs. Improvements were required in relation to the individual assessment and care planning of residents and in supporting residents to maintain physical distancing.

Residents records evidenced that residents had timely access to medical care such as GP services and psychiatry of old age as well as access to allied health professionals such as physiotherapy, occupational therapy, dietetics and speech and language therapy. There was evidence of regular medical reviews and referral to specialist services as required. Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities. Assessments were completed using a range of validated tools in areas such as risk of malnutrition, skin integrity and risk of falls which were updated appropriately. However, significant improvements were required in the care planning process for residents, as inspectors found that care plans could not easily direct or inform care provision. The centre had a comprehensive policies on individual assessment, care planning, and

specific health care needs, however, these were not followed in practice in all instances.

The registered provider had systems in place to minimise the risk of the introduction of COVID-19 to the centre. Residents were monitored for signs and symptoms of COVID-19. The movement of staff was minimised between sections of the centre and staff temperatures were being recorded, twice per shift. On the day of inspection, visiting the the centre had been suspended, in line with national guidelines. There was evidence that visiting, when allowed to the centre, had been controlled and risk assessed. Infection control practices were being monitored by the director of nursing. There had been a recent investment by the registered provider in additional equipment to support effective hand sanitation and personal protective equipment for staff. While there were measures in place for residents to maintain physical distance in accordance with HPSC guidance, these were not always followed, particularly at mealtimes when residents were observed sitting side by side at the dining tables, in the centres main dining room. The provider had set up two additional dining tables in a communal sitting room, in response to the COVID-19 pandemic, which accommodated seven residents living in the centre.

There was a range of activities available to residents facilitated by an activities coordinator. Due to the COVID-19 pandemic, large group activities were prohibited, however, activities were facilitated in small groups and also through one-to-one time. Residents were consulted about how the centre was planned and run predominantly through residents meetings every two months.

Regulation 11: Visits

In line with national recommendations visiting had been temporarily suspended in the centre. Prior to this infection control precautions were in place for visitors, including the provision of PPE and recording of visitor's temperature. Information pertaining COVID-19 visiting restrictions and precautions were displayed at the entrance to the centre. There was evidence that residents and relatives had been communicated with, in relation to the visiting arrangements. End of life visiting was accommodated in the centre.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had employed an infection prevention and control specialist to review the current premises and procedures in place, in response to the COVID-19 pandemic. The had produced a thorough risk assessment of the premises and infection control procedures. As a result of this improvements had been made

including the installation of additional hand sensitizers, storage for personal protective equipment and an enhanced cleaning schedule. The provider had an action plan in place to address lower risk issues identified linking to the location of some sinks, and the overall layout of the laundry.

There was a comprehensive infection control policy in place which was seen to be followed in practice. Cleaning arrangements were in place with staff rostered in sufficient numbers for the size and layout of the building. Cleaning staff who spoke with inspectors were knowledgeable of the increased cleaning required and had the appropriate equipment and solutions. The hand sanitising dispensing units were located at the front entrance and throughout the building.

There was effective monitoring of staff and residents, their temperatures were being monitored twice daily as recommended., All staff had received training on infection control procedures, and on the transmission of COVID-19, and practice for use of PPE was seen to be in line with national guidelines. Staff were also aware of the signs and symptoms of COVID-19 and there were procedures to follow if any residents of staff had a change in their presentation.

Two areas that required review were:

- Ensuring residents were facilitated to social distance while dining and in the communal day rooms
- The layout of the laundry room required review to ensure appropriate segregation of clean and dirty linen.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors were informed that centre had recently transitioned to an electronic care planning system from a paper system. Significant improvements were required in individual assessment and care planning to ensure that the health and social requirements of residents could be supported, for example for the following healthcare needs:

- epilepsy- example seen with no care plan for management of epilepsy. This was contrary to the centres policy on management of epilepsy, which stated that each resident with a diagnosis of epilepsy will have a seizure management plan in place. Reference was made in the residents notes to a history of seizures, however, there were no details pertaining to the cause of seizures, frequency of seizures, type of seizures and treatment for seizures, which should be recorded as per the centres policy.
- catheter- example seen did not have an elimination care plan. A review of the daily notes indicated that this resident required a record of fluid balance to be maintained, irrigation and specific infection control practices.

- Residents that were immobile or needed supports with mobilisation did not have mobility care plans.
- dysphasia (difficulty swallowing) example seen where there was no clear instructions regarding level of supervision required when eating or dietary preferences.

Judgment: Not compliant

Regulation 6: Health care

Records showed that residents continued to have access to appropriate treatment and expertise in line with their assessed needs. This included access to a consultant in gerontology and psychiatry of later life as required. Access to out of hour's medical cover was also available. Residents were supported to access other health and social care professionals as required, such as dietetics, speech and language therapy and occupational therapy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to the daily and weekly newspapers and residents were observed enjoying the papers. Residents had access to radio and television. Systems for consultation with residents were in place. The inspectors evidenced minutes of residents' meetings which depicted how residents were consulted on the centre was run. These meetings were held every two months, and issues such as activities, installation of new furniture, mealtimes, visiting restrictions and new staff were discussed. There were opportunities to participate in activities such as quizzes, morning yoga, bingo, art, garden walks and Sonas. Residents were facilitated to practice their religion.

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 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Tralee OSV-0000219

Inspection ID: MON-0030652

Date of inspection: 07/10/2020

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The inspectors stated that this Regulation was not inspected. ***The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.***	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A monthly audit of each Residents care plan and documentation is in place and was shown to the inspectors. This is a full review of the Residents assessments, care plans and documentation – these audits commenced on 01.10.20. All care plans are reviewed and evaluated at least once every month. The inspectors were shown the Annual Audit Schedule which demonstrated a monthly audit of care plans and documentation. As the electronic care planning system commenced fully on 01.09.20 and the inspection occurred on 07.10.20 (5 weeks later), 12 care plans had been audited on the date of inspection. An external audit of care plans by the Clinical team will commence in February 2021.	

Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been amended.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Social distancing and Resident PODs are established in the centre. However, Residents that are fully mobile often move their seating to be nearer to other Residents at dining and in communal areas. We will reinforce the requirement for social distancing to Residents at each Residents meeting and also on a daily basis. An additional dining area was established in September 2020 to enable social distancing and space for residents. This was in place on the day of inspection and has been further extended in November 2020.	
Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: An electronic care planning system was implemented on 01.09.20 five weeks prior to inspection. The Centre was transitioning from a paper based system of care plans to an electronic system at the time of inspection. All residents care plans on paper format remained available to all staff at the point of care as a reference at the time of inspection. Not all information from the paper based care plans had been transferred to the electronic system during this time of which was completed in November 2020. Each Resident has a pre-admission assessment of needs and an additional 15 mandatory assessments completed on admission, as well as a full assessment of their Activities of Daily Living. Additional assessments are also used for any Resident specific requirement which is prompted by their clinical and social needs.	

A mobility care plan is in place for all Residents as a part of this assessment process. All mobility care plans will be reviewed to ensure content is representative of Residents needs.

All Residents with a Dysphagia had a documented assessment by a Speech and Language Therapist, this is documented in the Health Needs section of the care planning system in accordance with IDDSI; and a S&LT swallow plan of care is provided by the Speech and Language Therapist which is included in the Residents Care plan. The inspectors requested that emergency procedures for dysphagia be included in each Residents care plans – this will be considered at each Residents care plan evaluation. All Nursing staff are trained in basic life support and emergency procedures in the event of choking for ALL Residents including those with Dysphagia.

A fluid balance chart was not a clinical requirement for any Resident on the day of inspection. However, where an intake and output recording is identified, this will be included in the Residents care plan. A urinary catheter does not automatically denote the need for a fluid balance to be recorded.

A seizure care plan was immediately put in place for the specific Resident during the inspection.

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 14(3)	Where the registered provider is not the person in charge, the person in charge shall be a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years.	Not Compliant	Orange	
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.	Substantially Compliant	Yellow	31/01/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	07/10/2020

	healthcare associated infections published by the Authority are implemented by staff.			
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.	Substantially Compliant	Yellow	07/10/2020
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/12/2020