



**Health
Information
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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:	08 February 2022
Centre ID:	OSV-0000219
Fieldwork ID:	MON-0035898

About the designated centre

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

Aperee Living Tralee is a designated centre located on the outskirts of Tralee town. It is registered to accommodate a maximum of 68 residents. It is a single storey building set on a large landscaped site. The centre is set out in four wings, namely, Beech, Oak, Torc and Dunloe; Mangerton is a unit with three single en suite bedrooms located by the main foyer. In total, bedroom accommodation comprises 50 single bedrooms and nine twin bedrooms; all with full en suite facilities of shower, toilet and wash-hand basin. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise the large foyer with comfortable seating, sitting rooms, Rose dining room, art room and oratory, and quiet visitors' room. Aperee Living Tralee provides 24-hour nursing care to both male and female adult residents whose dependency range from low to maximum care needs; active elderly residents including those residents who have a diagnosis of dementia and cognitive decline, frailty, physical and intellectual disability, psychiatry of old age, and residents with palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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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
Tuesday 8 February 2022	09:50hrs to 18:30hrs	Breeda Desmond	Lead
Tuesday 8 February 2022	09:50hrs to 18:30hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspectors met many residents on the day of the inspection and spoke to seven residents in more detail. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided.

There were 60 residents residing in Aperee Living Tralee at the time of inspection. On arrival for this unannounced inspection, inspectors were guided through the infection control assessment and procedures by the administrator, which included a signing in process, electronic temperature check, hand hygiene and face covering.

An opening meeting was held with the person in charge which was followed by a walk-about the centre with the person in charge. Aperee Living Tralee was a single-storey building with an attic conversion; it was on a large mature site with an avenue entrance onto landscaped gardens to the front of the building. The ground floor accommodated all residential facilities while the upstairs was used for storage. The main entrance was wheelchair accessible and led into a reception porch with ample room for infection control paraphernalia. Double doors led into the expansive foyer with large free-standing stone fireplace, reception desk, comfortable seating, visitors room, toilet facilities, the 'Rose' dining room and the 'Oak Bistro' day room. The main fire alarm system, registration certification, suggestion box and complaints procedure were also located here. Information available to residents and their families included the statement of purpose, inspection reports, advocacy and the complaints policy; these were all displayed at main reception along with other health-related information.

The centre was set out in four main wings namely Beech, Oak, Torc and Dunloe, each with 16 residents; the smaller wing of Mangerton comprised one twin and two single bedrooms, all of which had full en-suite facilities of shower, toilet and wash-hand basin. In total, bedroom accommodation comprised 50 single bedrooms and nine twin bedrooms, with additional specialist bath, shower and toilet facilities located throughout the centre. Communal facilities included the Rose dining room, Oak Bistro day room, newly renovated sitting rooms, visitors' room, art room, oratory and hairdressers room. Orientation signage was displayed throughout the building to guide residents to the dining room and reception for example to allay confusion and disorientation.

The foyer was an open plan area where some residents sat during the day. Residents said they liked it here as they meet up with their friends to chat; they said they were able to see the comings and goings of the centre from here and they said they enjoyed this. Residents said they were close to the dining room and day room which made it very easy to get around. Residents sitting here showed the inspector photographs displayed when the pet farm visited and the fun they had holding the animals and said they were looking forward to this again in the summer; they also

highlighted residents' art work displayed on corridors.

The new sitting room was completed and beautifully decorated; while it was one large room it was laid out as two separate spaces; one was a smaller area with a focal wall with fireplace and shelving on either side and comfortable seating. The person in charge explained that she had consulted residents regarding the purpose and function of the larger area of this room and the gentlemen requested a room to watch matches so that was to be planned and arranged.

The inspector saw that jugs of fresh drinking water were delivered to bedrooms in the morning. Residents' bedrooms were personalised and decorated in accordance with their wishes. Residents were encouraged to bring in their personal furniture, pictures and memorabilia, and a number of residents had personal items such as photographs, ornaments and books in their rooms. Flat-screen TVs were wall-mounted in bedrooms. Exercise pedals were seen in one resident's bedroom to help with their mobility. Residents' bedroom doors had a lovely montage of photographs which included pictures of their hobbies and interests such as their favourite TV programme, teams they supported and music they liked. Residents in single bedrooms had good access to personal storage space of double wardrobes, bedside locker with lockable storage, and some had chest of drawers. Residents in twin bedroom had a single wardrobe and bedside locker. Many bedroom doors were not lockable, should residents wish to secure their bedroom when they were not about.

There were two smoking areas to the rear of the building which were accessible via the activities room. One of the smoking shelters was behind a line of trees and was not visible from the building; the second was a sheltered area outside the door of the activities room with seating and a fire blanket, however no call bells were available for residents who smoke. The internal secure garden area was accessible through the oratory/activities room; there was no garden furniture for residents to sit out and enjoy the fresh air and sunshine.

Throughout the day, inspectors saw that the person in charge was well known to residents and she was very familiar with their care needs. Earlier in the day the person in charge interpreted the sign language of a resident who was conveying to the inspectors that the priest was coming to the centre to say mass. Mass was held in the day room during the morning and residents said they were so delighted to have the priest coming back into the centre. They said they really enjoyed this priest as he always had good stories and chatted with them about his home in Africa. After mass, a member of staff went around the centre giving communion to residents in their bedrooms and a resident accompanied the staff and rang the bell to alert people of this.

The inspector spoke with several residents in the dining room at lunch time. They all knew the choice of the day and most of the residents spoken with said they opted for bacon and cabbage as 'you can't beat it'. Portion sizes were seen to be adult servings, pleasantly presented and served in a friendly and social manner. Residents requiring assistance were seen to be helped in a respectful manner. There were sufficient staff available in the dining room to assist residents with their meals.

Residents made scones in the afternoon which they enjoyed with their cup of tea and this was followed by a game of bingo. Residents were conversant regarding their meetings and issues discussed. They reported that the chef attended these meetings and took on board their feedback and answered queries regarding their menu. One resident reported that she led the rosary in the evening times and this was observed to be well attended.

Visitors were in and out of the centre all afternoon and the inspector observed that they were warmly welcomed and staff knew visitors and greeted them by name. Visiting was facilitated in line with current public health guidelines (February 2022), with controls in place to minimise the risk of inadvertent introduction of COVID-19 by visitors.

Rooms such as sluice rooms and clinical rooms were securely maintained. Some of the premises had been re-painted since the last inspection and other parts of the premises remained in need of full redecoration both internally and external, for example, the protective coating on hand-rails, skirting boards and architraves were worn and some radiators were rusted.

Hand hygiene gel dispensers were available throughout the centre with advisory signage demonstrating hand hygiene. New house-keeping trolleys were seen and these had lockable storage, and storage compartments for clothes and mop-heads. Cloths were colour-coded and housekeeping staff were knowledgeable regarding their appropriate use.

The laundry now had two doors, one entry and one exit to facilitate better work-flows. The laundry had a new partial room divider to separate the clean and dirty side. There was one industrial washing machine and two domestic washers, one designated for delicate clothing and the second for floor mop head; there were two industrial dryers. Some of the gas cut-off valves were inaccessible due to the positioning of containers in the laundry room.

Housekeeping rooms were seen; hand-wash sinks here did not have hand-free mechanisms. There were bedpan washers available in sluice rooms. Hand-wash sinks in these rooms were part of a draining board which drained into a 'Belfast' sink and did not have hands-free taps.

There were contractors on site throughout the day carrying out upgrade works to fire doors. Fire doors to bedrooms were fitted with devices which afforded residents the choice to have their bedroom door open and the door closers on these doors were not an impediment to their manoeuvrability through the building. Once the fire alarm activates, the doors would close. The person in charge confirmed to inspectors that all beds in the centre were fitted with evacuation sheets, which allowed residents to be evacuated on their mattress if required. Each residents' evacuation plan was displayed in their room along with a schematic drawing showing escape routes; these would benefit from including 'you are here' annotation.

There was a stairs from the front entrance lobby leading to two attics. They were observed to be used for the storage of supplies, such as personal protective

equipment (PPE) and personal sanitary products. One of the attics was seen to have a considerable amount of this storage on shelved units.

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

Overall, this was a good service where a person-centred approach to care was promoted. Inspectors reviewed the actions from the previous inspection and found that actions were taken in relation to the appointment of a person in charge, staffing levels, medication management, food and nutrition, aspects of infection control such as the layout of the laundry and the procurement of cleaning trolleys; refurbishment of the premises had begun. Further attention was necessary regarding regulations relating to personal possession and residents' access to appropriate storage space for their personal belonging in twin occupancy bedrooms. An urgent compliance plan was issued on inspection regarding fire safety precautions.

The registered provider had submitted applications to remove one condition of registration and vary another condition of registration. Both applications were progressed as a new person in charge was appointed, and the purpose and function of four rooms was changed from sitting rooms to single occupancy en suite bedrooms.

Aperee Living Tralee was operated by Aperee Living Tralee Limited, the registered provider. It was part of the Aperee Living group, which owned and operated a number of other nursing homes throughout the country. The governance structure comprised the chief executive officer (CEO), chief operations officer (COO) and Aperee Living senior management team. On site the management team comprised the person in charge, assistant person in charge, clinical nurse manager and care team.

The provider had effective systems to monitor the quality and safety of the service through auditing and weekly collection of key performance indicators (KPIs) such as falls, restraints, infection, weights, pressure ulcers and complaints. Where deficits were identified, action plans were developed, with progress recorded. This information fed into the monthly clinical governance meetings, where issues such as human resources, incidents, audits, and key performance indicators were discussed and monitored. The CEO and COO attended the centre on a monthly basis to facilitate management meetings to support the new governance structure with oversight of quality indicators within the care setting; minutes of these meetings showed that responsibility was assigned for required actions, with the status reported on each area with monthly updates. This ensured a continuous monitoring of the service.

On a daily basis, care was directed by the recently appointed person in charge, who provided leadership to the team and was well-known to residents. The person in charge communicated with staff regularly, during daily hand-over and safety pause meetings, as well as formal meetings, and ensured staff were appropriately supervised in their work.

The staffing levels and skill-mix of staff were reviewed since the last inspection and staffing levels had increased. There were now two housekeeping staff on duty over seven days of the week. Activities staff had increased and activities were provided over six days a week. Staffing levels were discussed with the person in charge who provided assurances that staffing levels were under continuous review in line with the changing needs of residents and the increase number of residents. The person in charge had identified gaps in staff training and training was seen to be scheduled for those staff whose training was outstanding.

The residents' guide was updated on inspection to reflect the current governance structure. The statement of purpose was updated at the time of inspection to ensure compliance with the requirements listed in Schedule 1 of the regulations.

There was a comprehensive record of all accidents and incidents that took place in the centre, and all had been notified to the Chief Inspector as required by the regulations. Complaints were recorded and the person in charge was well-versed regarding complaints made, actions taken, consulting with the complainant and following up when required. The complaints' policy was available as part of resident information displayed at reception, however, the complaints procedure was not up to date with the current officers responsible for complaints; this was updated on inspection.

Overall, this was a good service, with effective systems in place to ensure that residents received safe and appropriate care, with a rights-based approach to care delivery promoted.

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

The provider had applied to remove one condition of registration and vary another condition of registration to ensure compliance with registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required qualifications specified in the regulations. She demonstrated good knowledge regarding her regulatory responsibilities and commitment to promoting a rights-based approach to

care. She was actively engaged in the governance and day-to-day operational management and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels had improved since the previous inspection with the addition of housekeeping staff over weekends to two staff. Activities staff had increased and activities were now provided over six days per week.

Judgment: Compliant

Regulation 16: Training and staff development

Notwithstanding that training was scheduled for staff, the training matrix demonstrated some gaps in training and a number of staff required refresher training:

- five staff outstanding manual handling and lifting
- eight staff outstanding fire safety training
- 15 staff outstanding safeguarding vulnerable adults
- 21 staff outstanding responsive behaviour and dementia.

Judgment: Substantially compliant

Regulation 23: Governance and management

Notwithstanding the improvements noted throughout the report, an urgent compliance plan was issued to the provider regarding fire safety precautions which was discussed in detail under regulation 28 Fire precautions. The management system for the oversight of fire safety required action.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was updated at the time of inspection in line with the

requirements listed in Schedule 1, to reflect the:

- current governance structure
- current floor plan layout of the centre
- number of residents that can be accommodated in the centre
- fees to be charged
- whole-time equivalent numbers of staff.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, inspectors were satisfied that notifications were submitted as required by the regulations. An analysis of incidents was undertaken to mitigate recurrences and care plans were updated following incidents such as falls. There was also evidence of learning from incidents to improve the quality of care and safeguard residents and staff.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints' policy was available as part of resident information displayed at reception; this was updated on inspection to reflect the new arrangements with the recent appointment of the person in charge and independent person to monitor complaints.

Complaints were comprehensively recorded in line with regulatory requirements; they were addressed in a timely manner and issues were followed up by the person in charge with the complainant to ensure their satisfaction to the outcome of the issue raised.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Aperee Living Tralee. The rights and independence were promoted and residents

were consulted about the service.

A sample of care documentation was examined which showed that residents' care needs were appropriately assessed using validated tools and individualised care plans were put in place and implemented, in consultation with the resident. Residents' nutrition and hydration needs were comprehensively assessed. Where appropriate, records evidenced that families were also consulted regarding care. Care plans including COVID-19 plans had details of medical histories, and signs and symptoms relating to the virus recorded. Good personalised detail was seen in residents' activity assessment and care plan as part of their promotion of a social model of care. 'A Key to Me' had extensive information to inform individualised care. When relevant, a smoking assessment and care plan was in place. Residents' support needs were clearly documented in their personal emergency evacuations plans which were updated regularly.

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care for example. Quarterly reviews were facilitated by the GPs whereby the person in charge, ADON and CNM went through residents' care plans to discuss their changing care needs and responses to treatments, and end-of-life care decisions when appropriate. Residents' notes included transfer information following a resident's transfer into and out of the service, to ensure the relevant information was communicated when a resident was transferred.

Previously it was acknowledged that there was good oversight of residents with complex needs and this continued to be evidenced. Following review of residents' documentation and ongoing monitoring of relevant notifications, residents were actively managed and all avenues were explored to ensure best outcomes for residents. This included access to specialist services such as psychiatry expertise.

A medication round was observed and the nurse administering medications was knowledgeable and comprehensively reported on the medication system in place. A list was maintained for residents on antibiotic therapy and the nursing staff explained that this informed the weekly key performance indicators. Controlled drug records and storage was examined and these were maintained in line with professional guidelines.

An audit of activities was completed and the person in charge outlined that a 'mens shed' was being looked into; prior to COVID-19 they had liaised with the 'mens shed' in Tralee to get ideas and a further meeting was envisaged to get up-to-date information into setting this up. They had virtual correspondence with some of the local schools during the COVID-19 lock-down but were scheduling on-site visits to schools in the near future to promote the nursing home to create a better understanding of what happens in them and encourage students to visit as part of their transition year projects for example.

Some of the bedrooms were refurbished since the last inspection and there was a

schedule of works to complete the refurbishment project. Builders were on site on the day of inspection clearing and preparing for refurbishment which was due to start 14th February. This included external as well as internal works.

The provider was pro-active and had commissioned a fire risk assessment by a fire safety engineering company, the report for which was issued four days before this inspection. Work had already commenced on the recommendations in that report. Nonetheless, following examination of fire safety precautions, concerns relating to aspects of fire safety in the centre were identified. Specifics of which were detailed under regulation 28. An urgent action was identified and issued following the inspection.

The layout of the centre afforded residents and staff with alternative escape routes and sufficient exits. There was an L1 type fire detection and alarm system, and it's fire alarm panel was noted to be free of fault. There was also emergency lighting and fire fighting equipment such as fire extinguishers and fire blankets. The fire safety register was not in the centre on the day of inspection and was not reviewed by inspectors. Inspectors were advised that it was being used by maintenance staff as part of off-site fire precautions training that day. It was confirmed to the inspectors that a new fire safety register template was being implemented.

Staff in the kitchen showed inspectors the location of emergency shut-off points and confirmed that the extract duct work over the cooker was professionally cleaned annually and this was verified by appropriate documentation. There was a fire safety management policy in place. This was at an organisational level and would benefit from more detail on the specific fire safety measures in Aperee Living Tralee.

Information relating to advocacy services was displayed in the dining room. Residents said they were consulted about the care and services that they received. Resident meetings were held and where suggestions were made these were followed up and used to inform continuous quality improvements. There was a clear emphasis on improving the quality of life for residents.

Overall, this inspection found that management and staff strove to ensure residents received a safe and quality service.

Regulation 10: Communication difficulties

Observation on inspection showed that staff had excellent knowledge of residents and their communication needs. Staff actively engaged with residents to promote their independence and enable them to be involved in the life and activity in the centre.

Judgment: Compliant

Regulation 11: Visits

Visiting had opened up in line with current HPSC guidance of February 2022, (COVID-19 guidance on visits to long term residential care facilities, Health Protection and Surveillance Centre). Visitors were observed throughout the day; they were welcomed to the centre and staff completed the appropriate COVID-19 safety precautions with visitors upon entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

In a number of twin rooms residents were sharing a double wardrobe which did not provide adequate space for residents clothing in a residential care setting, this was a repeat finding.

Judgment: Substantially compliant

Regulation 17: Premises

While refurbishment had commenced, many areas remained in need of upgrading:

- internal and external paint work
- flooring in some areas was bubbling and worn and required replacement
- there was very limited garden furniture available for residents to sit out and enjoy the gardens
- many bedroom doors were not lockable by residents should they wish to secure their bedroom when they were not about
- internal and external storage space was limited as inappropriate storage was seen in rooms such as the boiler house.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician and speech and

language therapist.

Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was updated on inspection to reflect the current governance structure and complaints officers.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Copies of information provided when a resident was transferred in or out of the service were available, to ensure that relevant information was provided so the resident could receive appropriate care.

Judgment: Compliant

Regulation 27: Infection control

The following infection control concerns were identified:

- there were no hand wash sinks in sluice rooms, this was a repeat finding
- there were inadequate storage racks for urinals and slip bedpans in sluice rooms
- protective coating on architraves, skirting boards and hand-rails was worn so effective cleaning could not be ensured.

Judgment: Not compliant

Regulation 28: Fire precautions

Significant improvements were required to ensure adequate precautions against the

risk of fire. An urgent compliance plan was issued to the provider. The walls and doors leading to the attic spaces did not have a sufficient fire rating to prevent the spread of fire. In addition there were large volumes of combustible items stored which further increased the risk of fire. Practices were observed such as fire doors being kept open by means other than appropriate hold open devices and high risk rooms such as the boiler room and electrical rooms had inappropriate combustible storage within. A satisfactory response was received with a plan to address the deficits found on inspection.

Improvements were required to ensure an adequate means of escape was provided.

Inspectors found that further emergency exit signage was required and fastenings on some doors on escape routes was not adequate .

There was a short corridor from the central reception area leading to three bedrooms in the Mangerton wing. Two of the bedrooms had an exit directly to the outside, one required escape through the corridor. This bedroom corridor was open to the central reception area, as two fire doors on this corridor had been removed from their frame. The rationale for this was not clear or known and further review was required to ensure this corridor provided adequate means of escape.

In addition, records were not available to demonstrate that adequate arrangements were in place for the maintenance of the emergency lighting system. There were no quarterly reports available to inspectors, however the emergency lighting system was being upgraded at the time of inspection.

The inspectors noted improvements were required in some areas to ensure adequate containment of fire. Service penetrations were noted through fire resisting construction which required sealing up. Notwithstanding the programme of work for the upgrade and replacement of fire doors, inspectors found more could be done in the interim period to ensure the fire doors were effective to contain fire. For example, the closing device to the kitchen door required adjustment to ensure it would shut. The door to the new day room was not fitted with a device to close the door in the event of a fire.

Inspectors found that improvement was required to ensure adequate arrangements were in place for evacuating residents, where necessary in the event of a fire. The fire safety risk assessment identified that the four wings in the centre, each formed a separate fire compartment, however drill practices were being completed as though each was sub-divided into two sub-compartments. This meant that during an evacuation, residents may be moved into an area which may not be protected from the fire they were being evacuated from. The provider committed to conducting a drill to reflect the evacuation of a full compartment.

The displayed procedures to be followed in the event of a fire contained generic information and did not reflect the phased evacuation strategy described to inspectors.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Improvement was seen in medication management. Medications were labelled and stored appropriately. Medications requiring to be crushed were individually prescribed and nurses administered medication from valid prescriptions. Controlled drugs were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The sample of care plans examined showed that assessments and care planning was completed in line with the regulations. Care plans were person centred, and contained a good level of detail to enable individualised care to be delivered. Validated assessment tools were in place to inform the care planning process.

Judgment: Compliant

Regulation 6: Health care

A head-to-toe skin assessment was completed when a resident was admitted to the centre and again on re-admission following discharge an from acute care setting. Wound care documentation supported effective wound management.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Ongoing monitoring of the service including monitoring of notifications showed that the service was pro-active in their assessment, review and referral of residents requiring specific care relating to their complex needs.

Judgment: Compliant

Regulation 9: Residents' rights

Additional staff were appointed to the activities programme to ensure residents had access to meaningful activation over six days a week. There was a varied activation programme and the person in charge outlined that this was continuously under review to improve the variety. For example, the 'mens shed' programme as described in the report; a nail bar was envisaged for the recently refurbished hairdressers' room along with murals for the walls to give it a more 'salon' feel. The new day room had a lovely quiet space for residents to relax.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not 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 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Tralee OSV-0000219

Inspection ID: MON-0035898

Date of inspection: 08/02/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training has necessarily been negatively affected by Covid infection prevention and control requirements in addition to two outbreaks in the home this year.</p> <p>Notwithstanding, inhouse training was facilitated on 23.02.2022 and again on 02.03.2022 for outstanding staff trainings highlighted in the inspection report.</p> <p>Further training is scheduled for 05.04.2022 and it is anticipated that all staff will be up to date with mandatory training by 05.04.2022.</p> <p>New online training platform Strategic Thinking launched with Aperee in March 2022 Schedule in place for remainder of 2022 for inhouse training</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The matters referred to by the inspector in this section are addressed under the relevant regulations below – Regulation 28: Fire Precautions</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Additional wardrobe space in twin bedrooms is currently under review with an external contractor</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A maintenance schedule is in place in the home of which areas highlighted in this report will be addressed, and will be overseen by the DON weekly.</p> <p>The sourcing of suitable garden furniture is currently under consideration.</p> <p>Works is currently ongoing in relation to resident bedroom doors and all will have lockable ability.</p> <p>The boiler and electrical room have been cleared and will kept free from storage.</p> <p>All internal storage has been decluttered.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Handwash sinks have been ordered for two sluice rooms. Additional storage racks for urinals and bedpans has been ordered.</p> <p>A maintenance schedule is in place to address protective coating on architraves, skirting boards and hand rails, and will be overseen weekly by the DON.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The store room at attic level is protected fully by a floor of concrete structure hollow core slabs with concrete screed over and all penetrations are protected by appropriate fire stopping above ceilings.</p> <p>Practices have been reviewed to ensure all fire doors will only be held open using appropriate hold open devices.</p> <p>The boiler and electrical room have been cleared and will kept free from storage.</p> <p>All fire doors (including fastenings) are currently being serviced.</p> <p>Additional Emergency Exit signage has been provided and installed.</p> <p>As part of current upgrade works, the fire door from the Main Corridor to the corridor in the Mangerton Wing are being replaced. As part of our emergency evacuation plan, one fire door in this area provides adequate means of escape.</p> <p>Interim adjustment measures have been undertaken to the closing devise in the kitchen, pending arrival of replacement new door.</p> <p>A closer has been fitted to the new Day Room door.</p> <p>A drill record was demonstrated immediately after the inspection, demonstrating a safe evacuation of our largest compartment with nighttime staffing levels. Increased frequency of fire drills will take place on a regular basis.</p>	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/09/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	05/04/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Substantially Compliant	Yellow	30/11/2022

	which conform to the matters set out in Schedule 6.			
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	31/05/2022
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.	Not Compliant	Orange	31/05/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	31/05/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency	Substantially Compliant	Yellow	18/03/2022

	lighting.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/05/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	23/02/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where	Not Compliant	Red	10/02/2022

	necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	28/03/2022