



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

## Issued by the Chief Inspector

Name of designated centre:	Aperee Living Conna
Name of provider:	Aperee Living Conna Ltd
Address of centre:	Conna, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	26 April 2023
Centre ID:	OSV-0004447
Fieldwork ID:	MON-0037022

## About the designated centre

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

Aperee Living Conna was established in 2003. It is currently managed by the Aperee Living Group. It is a 50-bedded home situated on the edge of Conna and all accommodation is on one level. The home comprises 42 single rooms with en-suite toilet and shower some of which are shared between two single bedrooms. There are two single rooms (not en-suite), three double bedrooms en-suite, large sitting room, conservatory, dining room, oratory, library, hairdressing salon, assisted bathroom, assisted shower room and enclosed garden with seating provided. All rooms have access to a call bell system and residents are encouraged to personalise their rooms. The centre offers long-term and respite care as well as caring for residents with dementia. There is 24-hour nursing care available. There is medical and allied health services available and all dietary needs are catered for.

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

Number of residents on the date of inspection:	46
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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 26 April 2023	09:10hrs to 18:00hrs	Siobhan Bourke	Lead
Wednesday 26 April 2023	09:20hrs to 18:00hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

Inspectors met with many of the 46 residents living in the centre during the inspection and spoke to ten residents in more detail. The inspectors also met a number of relatives, in visiting residents. Overall, the inspectors found that residents living in the centre gave positive feedback about the centre and were complimentary about the staff and the care provided. However, inspectors were not satisfied that the overall governance and management of the centre was sufficiently robust and that effective management systems had been implemented to protect residents, particularly in relation to the protection of residents' finances.

On arrival to the centre, the inspectors met with the assistant director of nursing who was on duty, who participated in an opening meeting. Following the meeting, the inspectors were guided on a tour of the premises by the person in charge where inspectors met with residents and staff. The centre was a hive of activity with a number of residents up and ready for the day's activities, with other residents enjoying breakfast in the dining room.

Aperee Living Conna is a large single-storey building located in the scenic rural setting near Conna village, and is registered to accommodate 50 residents. The centre had 44 single bedrooms and three twin bedrooms arranged in three main wings called Aghern, Douglas and Castle. The twin rooms were occupied by only one resident on the day of inspection. The inspectors saw that a number of renovations to the centre had been carried out since the last inspection and the corridors had been freshly painted. The inspectors saw some improvements to fire precautions in the centre, with door-closing devices fitted where required, a smoke alarm had been fitted in one of the store rooms, and signage added to cross fire doors to guide staff. However, a number of fire risks had yet to be addressed as discussed further in this report. The inspectors observed that there was plenty of communal spaces for residents' use with a large dining room, day room, activities room, sun room and oratory. These rooms were homely, nicely decorated and had plenty of comfortable seating for residents' use.

During the walkaround, the inspectors saw that worn flooring had yet to be replaced and grab rails needed painting. The person in charge told the inspectors that a rolling programme of maintenance was in progress for the centre. The inspectors also saw that storage areas and the dirty utility rooms in the centre were not clean, and the flooring in one of the storage rooms was cluttered with stock and could not be cleaned. These findings are outlined further under Regulation 27 infection control.

The inspectors observed that residents' bedrooms appeared clean and were personalised with residents' family photographs, memorabilia and in some rooms, furniture from residents' own homes. All bedrooms had double wardrobes, lockers and storage space. The centre had an internal secure garden area that was furnished with seating and tables and plenty of flowering plants and shrubs. This

garden area was easily accessible to residents living in the centre. The inspectors observed that two residents were also using this space as a smoking area and saw that appropriate fire precaution measures such as a fire blanket, call bell and fire aprons were available in this area for residents' protection and use.

Inspectors reviewed the arrangements the provider had in place for the management of residents' finances, which included the pension agent arrangements for residents, if the provider acted as a pension agent. The inspectors found that the systems in place were not sufficiently robust to protect residents. Inspectors saw that residents did not have access to statements informing them of the amount of money they had in the centre. Residents finances will be discussed further throughout the report.

The inspectors identified that the overall governance and management of the centre and oversight of the service required action, as outlined under Regulation 23 of this report.

During the inspection, inspectors saw that residents were offered a choice of drinks mid-morning including tea, coffee, fruit juices and milk and snacks such as fruit or biscuits were offered at this time. Residents confirmed that this was a welcomed daily occurrence. The inspectors observed the lunch time meal and saw that residents were offered a choice of main course. Residents who spoke with the inspector were satisfied with the food offered, both in variety and quantity. The inspectors observed that there were sufficient staff to assist residents who required it with their meals and this assistance was provided in a respectful and dignified manner. Residents were full of praise for staff working in the centre and that they attended to their needs in a timely manner. The inspectors saw that staff were person-centred in their approach when interacting with residents. Numerous visitors were visiting the centre on the day of inspection and met with residents either in the communal rooms or in their bedrooms. Residents and staff alike told inspectors that they were glad that they were no longer wearing face masks and were glad to see people's faces.

Residents' views on the running of the centre was sought through residents' meetings, which were well attended by residents. Activities in the centre had improved since the previous inspection and were now scheduled over seven days. On the morning of the inspection, a lively exercise session called "smovey" took place with the activity co-ordinator, while some other residents enjoyed arts and crafts. One of the residents told the inspector how they loved the bingo sessions in the centre and that they were great fun. In the afternoon, a number of female residents attended the ladies club, where they socialised together in the activity room and enjoyed a selection of sandwiches and beverages together. Residents told the inspectors they enjoyed this time to sit and chat with the other ladies without too much distraction. Inspectors were informed that a men's club was also held on Wednesdays. A number of external musicians also attended the centre and provided live music for residents. Overall, residents who spoke with the inspectors were happy with the variety and availability of activities in the centre.

The next two sections of this report will present findings in relation to governance

and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

Inspectors were concerned about the governance and management of the centre, especially in areas of residents' finances, and the areas of continued non-compliance which had not been addressed by the provider. Inspectors continued to be very concerned about the registered provider's ability to safely sustain the business of the centre. This concern was heightened due to poor safeguarding practices by the provider in relation to residents own money held by the registered provider.

This was an unannounced inspection carried out over one day by two inspectors of social services following information of concern about the management of residents' finances and ensuring recruitment practices safeguarded residents. Inspectors reviewed the procedures in place to ensure residents' funds were safeguarded. The provider had been a pension agent for a number of residents in the past and also held residents' finances in a company account. The inspectors were very concerned about the manner in which residents' funds were being managed. An immediate action was issued to the provider under the quality and safety section of this report. Record management also required action, as outlined under Regulation 21.

Furthermore, actions were required by the registered provider to address the governance and management of the centre, particularly in relation to oversight of fire safety. Following the previous inspection of this centre in September 2022, the provider submitted a compliance plan indicating that the required remedial fire safety works to address the fire risks in the centre would be completed by 30 March 2023. Inspectors found that while some action had been undertaken, significant outstanding works remained to be addressed, as outlined under Regulations 23 and 28.

Aeree Living Conna is operated by Aperee Living Conna Limited, the registered provider. However, the registered provider supports the centre through two other companies not connected with the registration of this centre. The Chief Inspector is concerned about the registered provider's ability to sustain a safe quality service. There had been ongoing regulatory engagement with the provider including provider meetings, cautionary meetings and warning meetings in relation to governance and management and fire safety. As part of the provider's commitment to improve the governance of the centre, the provider had appointed a new Chief Executive Officer in January 2023 but the inspectors were informed prior to the inspection that this person was no longer in the employ of the provider. The current governance structure which as outlined above is supported by a company external to the registered provider comprised two newly appointed regional managers, a newly appointed Human Resource (HR) manager, HR and finance team and a chief operations officer. On site, the management team was comprised of the person in

charge, assistant director of nursing (ADON), clinical nurse manager, care team, and administration staff. The inspectors were informed that the regional manager attended the centre on a weekly basis, and the chief operations officer was available to the service. Inspectors were concerned that, in the absence of strong governance, there was an over-reliance on the person in charge and the clinical management team to provide the governance and leadership for this service.

The duty roster was examined and showed that the person in charge and ADON worked full time in the centre. The clinical nurse manager worked on alternate weekends opposite a senior nurse providing managerial support. The person in charge and ADON operated an on-call rota to provide support to the service on weekends. There were two nurses on duty 24 hours a day in the centre. Inspectors were informed that there was ongoing recruitment to ensure appropriate nursing staffing levels. The use of agency was monitored by the person in charge and recent recruitment had reduced the requirement for same. There was continuity of care with some staff having worked in the centre for a long time. However, the housekeeping supervisor, and a member of the housekeeping staff had recently resigned from the centre reducing the availability of cleaning resources in the centre. While there was ongoing recruitment to replace these positions, this impacted on the cleaning schedules in the centre where rosters indicated there was only one staff member available to clean all three wings of the centre resulting in not every bedroom being cleaned every day.

Staff had access to training appropriate to their role. From a review of training records, the inspectors saw that a number of staff were due to have update training in manual handling, and fire safety. This is outlined under Regulation 16; Training and staff development.

Inspectors reviewed a sample of staff files and found that oversight of vetting processes required action as a newly recruited staff member had commenced working in the centre without receipt of the required vetting, and other findings in relation to schedule 2 of the regulations are outlined under Regulation 21; Records.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience and qualifications, as specified in the regulations. They were full-time in the post and they were actively involved in the governance and management of the centre. They positively engaged with the regulator, and was knowledgeable regarding the care and welfare of residents.

Judgment: Compliant

#### Regulation 15: Staffing



The inspectors saw that due to recent staff resignations there were insufficient cleaning staff rostered each day to ensure each bedroom was cleaned every day and to ensure that deep cleaning of rooms could be achieved. On three weekdays, there was only one member of housekeeping staff assigned to cleaning from 09.00hrs to 14.00hrs. This meant that not all bedrooms could be cleaned each day.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

A review of training records indicated that five staff were due mandatory update fire safety training and manual handling training. The person in charge assured the inspectors that this training was scheduled in the coming weeks.

Judgment: Substantially compliant

### Regulation 21: Records

Inspectors reviewed a sample of staff files and found that they did not meet the requirements of Schedule 2 of the regulations. .

- a newly recruited staff member had commenced working in the centre without receipt of the required vetting.  
there was no photo identification for another staff member
- there were no references on file for one staff member, and unexplained employment gaps were also seen in this staff member's file.

Judgment: Not compliant

### Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place in the centre were not stable and not clearly defined. The senior management team had seen a number of changes in the previous months, with further changes advised during the inspection. The provider, Aperee Living Conna Limited, comprised of only one director. The availability and access to the director was limited and the current lines of authority and accountability were not clearly defined. Issues of serious regulatory concern had not been fully addressed, and additional issues were identified during this inspection, which further evidenced that the management structure in place was not sufficient to provide a safe service.

The systems in place for the management of residents finances and pension agent arrangements required immediate action to ensure the service provided is safe, appropriate, consistent and effectively monitored. The current systems in place were wholly inadequate and did not ensure residents were safeguarded from financial abuse.

Oversight arrangements of finances in the centre did not ensure policies and procedures were in line with national guidance, as evidenced by;

- resident pension arrangements put in place by the provider were not in line with national guidance and did not meet their legal requirements
- there was not a robust system in place to return monies and property to the estates of residents who had passed away
- there was no separation between monies for the operation of the designated centre and residents personal monies held by the provider
- the provider had not identified safeguarding concerns relating to the use of the resident monies in the provider account.

There were significant concerns about the availability of sufficient resources to ensure the effective delivery of care, in line with the statement of purpose

- resources were not sufficient to ensure the safety of residents in the centre in relation to fire risks in the centre. The provider had arranged for an external consultant to conduct a fire safety risk assessment of the premises in January 2022. This assessment identified a number of red (high) and orange (medium) fire safety risks in the centre. The inspector found that a number of these risks had yet to be addressed on the day of inspection and many of the issues remained outstanding. These were further discussed under Regulation 28, Fire precautions.
- a review of the banking records showed residents' monies were used on a number of occasions to pay the ongoing costs of running the centre. Whilst this money was returned to the account, this was not appropriate or correct use of residents' monies.

Some management systems required action to ensure the service provided was safe.

- The management of fire safety, and the systems, associated with fire safety management were not sufficiently robust to ensure the service was safe.
- The system in place for recruitment of staff was not sufficiently robust, as a staff member had been recruited and commenced work without satisfactory Garda vetting for the centre in place and another staff member was employed without securing references.

Judgment: Not compliant

#### Regulation 24: Contract for the provision of services

The inspectors viewed a sample of contracts of care which contained details of the service to be provided and any additional fees to be paid.

The rooms that residents occupied were also clearly detailed.

Judgment: Compliant

#### Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in accordance with the requirements of legislation in a timely manner. Incidents were reviewed during the inspection which were all managed appropriately.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The policy for management of personal property, personal finances and possessions was not reviewed and updated in accordance with best practice.

While there was a updated policy in place in relation to residents' possessions, which made reference to safeguarding residents' finances, it did not include the process for managing pension arrangements in the centre, nor did it reference the requirement for a resident-specific account.

Judgment: Substantially compliant

## Quality and safety

The inspectors found that residents living in Aperee Living Conna were supported to have a good quality of life and were provided with a good standard of care from kind and dedicated staff. Residents' choices in how they spent their day was supported. However, the inspectors found that action was required in the management of residents' finances and fire safety to ensure residents safety and residents' rights were protected at all times.

The inspectors were assured that residents' health care needs were met to a good standard. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy and physiotherapy. Inspectors saw that residents' nursing care needs were assessed using validated assessment tools and care plans maintained on the centre's electronic system were updated as required by the regulations. Care plans were sufficiently detailed to guide staff in the provision of person-centred care.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. The person in charge had implemented a system where residents could choose to eat their breakfast in the dining room or in their bedrooms to improve residents' choices.

The person in charge ensured that staff were up-to-date with training in the management of responsive behaviours. The regional manager for the centre had provided staff with face-to-face training on management of responsive behaviours in the weeks before the inspection. Where residents were predisposed to episodes of responsive behaviours, they were responded to in an appropriate manner by staff, and care plans were comprehensive and person-centred.

Inspectors were concerned that residents were not protected through poor financial management practices of their finances. The registered provider had been a pension agent for residents in the recent past and also held money belonging to residents in a company bank account. At a meeting with the Chief Inspector on 18 November 2022, the registered provider assured the Chief Inspector, that process were in place to safeguard residents' finances. Inspectors found that the provider did not have robust financial systems in place to ensure that residents' finances were separate to the company accounts and were not used for any other purpose than by the individual residents. In addition, the provider had not ensured that in the event of a resident passing away, the money held by the company on behalf of the resident was returned to the estate of the resident.

Residents' bedrooms and communal areas appeared visibly clean on the day of the

inspection. The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, colour coding of clothes and mops to reduce the chance of cross infection, infection control guidance, and audits of equipment and environmental cleanliness. Waste and used laundry was segregated in line with best practice guidelines. Records of residents who had been identified as being colonised with multi-drug resistant organisms (MDROs) while in hospital, had appropriate care plans in place. However, some aspects of infection control required action such as ensuring adequate cleaning staff resources and compliance with transmission-based precautions, as outlined under Regulation 27; Infection control.

Fire Safety equipment was serviced on an annual basis and quarterly servicing was undertaken on emergency lighting and the fire alarm. Fire safety training had been provided to staff and simulations of evacuations of compartments with night time staffing levels were carried out. Two porters were employed in the centre to monitor fire safety risks at night and were rostered seven nights a week. The provider had a fire safety risk assessment undertaken in January 2022 and on inspection in September 2022, the inspector found the majority of issues that had been assessed as high risks to residents had not been actioned. During this inspection, the inspectors saw that some risks had been actioned such as the plant room had been de-cluttered, the oil tank had been moved, the fire panel had been upgraded, door closures fitted and protections put in place for residents who smoked. However, a number of actions remained outstanding as outlined under Regulation 28 Fire precautions.

The inspectors found that the activity programme had improved since the last inspection and was now scheduled over seven days. Dedicated activity staff implemented a varied programme of appropriate activities. The inspectors saw a number of different activities taking place throughout the day. There was evidence of consultation with residents and relatives through resident meetings, that were noted to be well attended. The inspectors noted that issues raised by residents were brought to the attention of the person in charge and appropriate action was taken in response. Residents views were sought on the running of the centre through surveys and residents meetings and surveys where relevant issues such as menu and activities were discussed. Management and staff promoted and respected the rights and choices of residents in the centre.

## Regulation 11: Visits

The inspectors saw numerous visitors coming and going during the day to the centre. The inspectors met with seven visitors during the inspection and they all spoke positively about the care and attention their relatives received.

Judgment: Compliant

## Regulation 17: Premises

While it was evident to inspectors that a significant amount of painting and decorating had occurred in the centre since the last inspection, the following required action in relation to premises as outlined on the previous inspection;

- the grabrails remained worn and required painting
- replacement and or repair of flooring in the dining room and a number of bedrooms remained outstanding.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents had a choice of meals at lunch and tea time and residents told the inspector that they were happy with the choices and quality of food provided and menus were clearly displayed. Residents had nutritional plans in place that were regularly reviewed. Residents who required it were assessed by a dietitian and speech and language therapists. The inspectors saw there were adequate staff on duty to provide assistance to residents who required it. The inspector saw that there were drinks and snacks provided to residents regularly throughout the day. In the afternoon the inspectors observed that nicely presented sandwiches and tea or coffee were served to the residents attending the ladies club which was enjoyed by the residents.

Judgment: Compliant

## Regulation 27: Infection control

While it was evident that the provider had addressed many of the findings of the previous inspection, the inspectors found that the registered provider had not ensured that some procedures were consistent with the National Standards for infection prevention and control in community services (2018). The following findings required action

- Residents wash basins were washed in the bedpan washer. This practice increases the risk of cross contamination as bedpan washers are only validated for the reprocessing of human waste receptacles.
- There was no clinical waste bin available for the safe disposal of PPE outside a resident's bedroom with suspected COVID-19. This was addressed on the day of inspection.
- Sluice room surfaces were worn and therefore could not be effectively

cleaned.

- A commode was observed to be rusted and therefore could not be effectively cleaned.
- A store room floor was cluttered with stock and was not clean.
- A hand wash sink located on one corridor was not working.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had failed to take adequate precautions against the risk of fire. This was evidenced by the incomplete action taken by the provider to address the risks identified in the Fire safety risk assessment completed in January 2022. Action required to address the risks included;

- Upgrade of the ceilings to fire rated ceilings.
- Upgrade to the external escape routes in the rear of the building.
- Replacement or repair of fire door sets and internal screens.
- Treatment of timber linings to increase fire rating.
- Upgrade to the ventilation system to provide passive fire protection.
- Completion of general fire stopping.

in addition the inspectors found that weekly fire checks were not consistently recorded and there were gaps in these records.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans and daily nursing notes were recorded via an electronic record system. Each resident had comprehensive assessment to identify their care and support needs on admission to the centre. Residents' care plans were developed within 48 hours of admission, as per regulatory requirements. It was evident that care plans were developed and were underpinned by validated assessment tools to identify potential risks to residents such as the risk of falls, impaired skin integrity, malnutrition and to establish the resident's dependency needs. Reviews were carried out at intervals not exceeding four months or when there was a change in residents' assessed care and support needs.

Judgment: Compliant

## Regulation 6: Health care

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

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Inspectors found that staff were provided with both face-to-face training and online training in management of responsive behaviours. From the observations of the inspectors and from review of care plans, it was evident that residents who presented with responsive behaviours were responded to in a person-centred and respectful way. Staff and management promoted the principles of a restraint free environment and were working to implement alternatives to restraint measures such as low low beds and crash mats for residents. There were seven residents using bed rails on the day of inspection and this was closely monitored by the person in charge.

Judgment: Compliant

## Regulation 8: Protection

The provider did not take all reasonable measures to protect residents finances and the management of residents finances in the centre were not in line with residents rights and protection as evidenced by the following findings:

- Contrary to good practices and assurances given to the Chief Inspector by the provider in November 2022, Aperee Living Conna does not have a separate resident client account, therefore residents' monies are paid into the centre's current account and residents' monies remain in this current account.
- A review of information pertaining to the Aperee Living Conna Ltd current account given to the inspectors on the 26 April 2023 showed that it contained a large sum of money belonging to twenty one residents. Only one of these residents currently reside in the centre while twenty have passed away and their funds have yet to revert to their estates.



- A review of the bank statements for the last eight months showed that the current account regularly dropped below the amount that is the property of these residents and which should have been protected. This review of available records suggested that at times, residents or their estates, would not have been able to access their monies should they wish to do so and that their money was used to support the day to day operations of the centre.
- Inspectors also noted that persons who were not employees of Aperee Living Conna Limited had requested transfers of money out of the current account in Aperee Living Conna to other accounts not connected with this registered centre and many of these transfers were seen to include residents' monies.

Judgment: Not compliant

### Regulation 9: Residents' rights

Inspectors identified that residents rights were not being protected in the centre as follows:

Residents who had monies in the centre's account did not receive statements as to how much money was in their account. Therefore these residents could not exercise their rights in relation to their finances.

Residents were not given a choice in how their monies were used and they or their estates were not made aware that their monies were being used at times to fund the centres day to day running of the centre and their permission was not sought in relation to this practice.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Aperee Living Conna OSV-0004447

Inspection ID: MON-0037022

Date of inspection: 26/04/2023

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Subsequent to the Inspection, the home has successfully recruited additional cleaning staff and the Housekeeping daily roster is sufficiently covered. The Director of Nursing shall regularly review the homes resources to ensure it meets the homes requirements.</p> <p>A deep cleaning schedule is in place to include all bedrooms.</p> <p>The Director of Nursing and Management Team will carefully monitor standards of hygiene and cleanliness in the home and will provide frequent oversight to housekeeping staff to ensure consistent excellent standards are maintained. Regular audits shall be undertaken to determine compliance to Aperee Living Conna policy and procedure.</p>	
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: Fire safety training and manual handling training was conducted for outstanding staff members on 25/5/23 and 2/6/23 by our approved external facilitator.</p> <p>Ongoing training will be provided for new members of staff and refresher training for existing staff members. In addition to this, regular fire safety huddles are provided by our maintenance man who has completed Fire Warden training, and also conducts in-house fire safety induction for new members of staff whilst fire training is being scheduled.</p>	

During the induction period, new staff are also assessed for competency in manual handling whilst official manual handling training is scheduled.

Regulation 21: Records

Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:  
Subsequent to inspection appropriate vetting, photo id and references are now in place for the 3 staff members.

An Audit of all staff files has commenced to ensure that all regulatory documents are included, up to and including qualifying all gaps in employment.

The center had a Night Porter in position who worked for and was vetted by an external company. On March 30th, he became directly employed by Aperee and a second vetting with Aperee was applied for. This was to ensure that we continued to honor our commitment to the Night Porter support. His second Garda Vetting is now in place with Aperee.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Current Governance and management systems in place is undergoing change/ review to include addition of further Director/s. Management restructure will include a process to provide robust review arrangements and oversight of the service provided in Aperee Living Conna.

The lines of accountability and authority will be clearly defined at individual, team and service level, all staff will be informed of the management structure and facilitated to communicate regularly with management.

Procedures for escalation of concerns/issues to the RPR will be clearly defined.

The organizational structure will be outlined in the Statement of Purpose.

The policy for management of personal property, personal finances and possessions has been updated to include the process for managing pension arrangements in the centre and the requirement for a resident specific account.

Future Resident pension and deceased funds arrangements in Aperee Living Conna are being updated in line with National Guidance by the Provider. The process of setting up a resident client account has commenced. On opening of same, any deceased resident monies will be transferred immediately to this designated client account.

In the interim/ timeframe of the opening of this new Resident Client account all deceased residents monies are protected, and balances monitored internally by the Accounts Department. Residents' funds will not be used for any other purpose than the resident's own use.

The management of fire safety, and the systems associated with Fire Safety will be enhanced to ensure the service provided is safe. The Registered Provider is committed to ensure all outstanding risks identified in the homes fire safety risk assessment shall be addressed.

As the required works are implemented, The RPR in conjunction with the Director of Nursing shall take steps to mitigate the issues and implement any controls or improvements identified.

Prior to any new staff commencing employment in Aperee Living Conna, the management team will ensure all documents required (as per Schedule 2) will be available. Regular audits shall be undertaken to determine continued compliance.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  
 The policy for management of personal property, personal finances and possessions has been updated to include the process for managing pension arrangements in the centre and the requirement for a resident specific account.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 Ongoing repair and/or periodic maintenance is included in the building's maintenance programme.

Painting and upgrade of handrails has commenced and this program of works is

expected to be completed by the end of June 2023.

The flooring in the dining room and bedrooms is under review as part of a capital works program.

Regulation 27: Infection control

Substantially Compliant

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

All staff are receiving repeat education and awareness of infection and control guidelines, including the process for the cleaning of resident wash bowls.

Sluice room surfaces shall be repaired/replaced to ensure effective cleaning.

Rusted commode has been discarded.

The storerooms have been de-cluttered, and frequent monitoring to ensure compliance will be maintained by the Director of Nursing and Management Team.

The handwash sink located on Castle corridor checked by the HIQA inspector on the day of inspection was rechecked and is working well. This sink has been checked daily since inspection and no fault has been found.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The Registered Provider commits and undertakes to complete all outstanding risks identified in the Fire safety risk assessment.

Weekly fire safety checks will be maintained, and records documented in the Fire Risk Register Folder. Frequent monitoring to ensure compliance will be completed by the Director of Nursing.

Regulation 8: Protection

Not Compliant

<p>Outline how you are going to come into compliance with Regulation 8: Protection: Aperee Living Conna does not act as a pension agent for any of the home's current residents.</p> <p>Future Resident pension and deceased funds arrangements in Aperee Living Conna are being updated in line with National Guidance by the Provider. The process of setting up a resident client account has commenced. On opening of same, any deceased resident monies will be transferred immediately to this designated client account.</p> <p>In the interim/ timeframe of the opening of this new Resident Client account all deceased residents monies are protected, and balances monitored internally by the Accounts Department. Residents' funds will not be used for any other purpose than the resident's own use.</p> <p>Subsequent to inspection, 72% of resident's monies held in the home's account has been returned to resident's representatives and/or their estates. The home is actively working on returning the remaining 28% to the relevant estates by communicating with NOK's and solicitor firms with a view to returning resident's monies.</p> <p>No authority will be granted to resident's funds to people who are not employed by the Registered Provider. All Pension/residents deceased funds will be managed internally by the Director of Nursing and or Accounts Department.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: One Resident who lodges additional extra funds in addition to her normal weekly contribution into Aperee Living Conna's main account, now receives a statement monthly, if cognitively impaired and unable to interpret a copy will be sent to their nominated representative.</p> <p>Resident has been informed that the company is updating its policy and all additional funds currently being held in the company main account will be transferred to a separate Resident Client account immediately on the opening of same. Records will be maintained and available.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	20/06/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	02/06/2023
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	31/07/2023
Regulation 21(1)	The registered	Not Compliant	Orange	01/05/2023

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/08/2023
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	31/08/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/07/2023
Regulation 27	The registered	Substantially	Yellow	31/07/2023

	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.	Compliant		
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	30/09/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	01/05/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Red	31/07/2023
Regulation 9(3)(e)	A registered	Not Compliant	Orange	01/05/2023

	provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.			
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