



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Galway
Name of provider:	Aperee Living Galway Limited
Address of centre:	Ballinfoyle, Headford Road, Galway
Type of inspection:	Unannounced
Date of inspection:	08 June 2022
Centre ID:	OSV-0000331
Fieldwork ID:	MON-0037046

About the designated centre

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

Aperee Living Galway is a purpose built facility located on the Headford Road, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on three levels. There are four double bedrooms and 52 single bedrooms. There is adequate sitting and dining space to accommodate all residents in comfort. The second floor is dedicated to accommodate residents of high dependency. The provider employs a staff team consisting of registered nurses, care assistants, administration, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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 8 June 2022	09:15hrs to 18:30hrs	Oliver O'Halloran	Lead
Wednesday 8 June 2022	09:15hrs to 18:30hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

Overall, residents living in this centre were happy with the service received. Residents felt that the activities held in the centre were insufficient. Residents were happy with the quality of the food and the daily choice offered.

This centre is spread out across three floors. On a tour of the premises, inspectors observed that the premises was clean. The communal sitting and dining rooms were observed to be clean and free of clutter. Residents voiced satisfaction with the laundry service provided. Inspectors observed that the system in place ensured that no items of clothing were lost or misplaced. In addition, inspectors observed that the clothes that were hanging and ready for return to resident bedrooms were laundered to a high standard.

Inspectors spent time throughout the day chatting with residents who reported that they felt the care and support they had received was of good quality. Residents told the inspectors that they had felt safe through the COVID-19 outbreak that had occurred in the centre. Residents felt that the outbreak had been well managed, and reported that they were supported to maintain personal relationships with family and friends.

The morning time was observed to be busy, with staff attending to the needs of the residents. Inspectors observed that the bells were answered in a timely manner. The evening observations were a cause of concern. Along one corridor, inspectors observed a small number of residents waving out, in an attempt to gain attention. The staff were observed to be extremely busy and rushed in an attempt to meet the needs of the residents. Inspectors observed that these residents did not have access to their call bells. These residents had no option but to call out for help. Staff confirmed that these residents had the ability to use a bell. An additional two residents were observed to be very distressed and shouting out. A resident was heard requesting to get up stating "I don't like being on my own". The resident was told by the staff that it was evening time and so for this reason, the request was denied.

On the ground floor, inspectors spent time chatting with a small group of residents. Residents had high praise for individual staff but told inspectors that they felt that there was not enough staff. At this time, there was one health care assistant attending to the care needs of ten residents. The health care assistant confirmed that if assistance was required, they could contact a staff member from another floor.

Inspectors observed staff serving drinks to residents in one communal room. Inspectors observed that in this communal room, the television was on in the background on a loud volume and so impacted negatively on any conversation had in the room. Inspectors observed that staff did not avail of the opportunity to engage with residents in a meaningful way, while in the communal room with the

residents.

On the day of inspection, there was one staff member allocated to provide activities for 55 residents. There was an activity schedule in place. Mass took place in the centre chapel in the morning time, which was available via live stream to residents bedroom televisions. The Centre management team explained that bingo and jigsaw puzzles was an activity facilitated by health care assistants in the afternoon. Dog petting therapy took place in the centre in the afternoon.

While resident feedback in relation to the delivery of care was positive, the feedback on how residents spend the day was mainly negative. The inspectors observed residents spending long periods of time with no social interaction.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to ensure that residents received a good standard of care that met their assessed needs. The governance and management systems in the centre were well organised. On the day of inspection, information requested was readily available and presented in a clear, easy to understand format. However, the monitoring and supervision of the staffing resources in the centre did not ensure that a person-centred service was consistently in place to meet resident's assessed needs. Furthermore, the activities programme in place on the day of inspection provided limited opportunities for residents to participate in activities that were in accordance with their interests or capacities

This was an unannounced risk inspection, by inspectors of social services, to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and to follow up on unsolicited information received by the office of the Chief Inspector which included issues relating to resident care and staffing. This information was found to be partially substantiated on the day of inspection.

Aperee Living Galway Limited was the registered provider of the centre. The provider had a clear governance structure in place with lines of authority and accountability clearly defined. A regional manager supported the person in charge and was on site once a week. Within the centre, the person in charge was supported by an assistant director of nursing and a clinical nurse manager, and a team of nursing, care and support staff. A review of the staffing, rostered to care for residents on the day of inspection, found that staffing levels and skill-mix was adequate to meet the needs of the residents.

The provider had systems in place to ensure that the service provided was safe and

effectively monitored. A schedule of audits was in place. A number of audits had been completed in 2022 including clinical and environmental audits. Inspectors found that audit findings were analysed and informed quality improvement in the centre.

The centre had experienced two COVID-19 outbreaks. A comprehensive post-outbreak review report had been completed following the first outbreak. This identified learning and informed the development of a quality improvement plan for the management of future outbreaks.

There was evidence of good communication and dissemination of information in place, with weekly clinical meetings taking place in the centre. There was evidence that information was communicated to staff, to ensure quality improvement in the centre.

An annual review had taken place, with an action plan developed for 2022, which included the centre's audit schedule. The action plan included areas for development, some of which were identified from analysis of resident feedback.

Inspectors found that staffing levels appeared adequate. However, in the evening time, the supervision and appropriate allocation of staff was poor and resulted in residents waiting for their care needs to be attended to in a timely manner. Inspectors found that staff were not supported and supervised to carry out their duties to protect and promote the care and welfare of the residents. Furthermore, care staff were not appropriately allocated to ensure all aspects of resident care could be attended to in a timely manner.

A review of the training records of staff found that training was appropriately scheduled to meet the assessed learning needs of staff. Mandatory training was provided at appropriate intervals. The provision of training in such areas as dysphagia, end of life care, safeguarding and wound care helped staff to develop further insight into these areas of resident need. Staff who spoke with inspectors demonstrated appropriate knowledge, commensurate to their role. An induction checklist and probationary process was in place for all staff.

A review of a sample of staff files found that they contained all necessary documentation, as per Schedule 2 of the regulations.

The person in charge had ensured that the Chief Inspector was informed of all notifiable incidents, in line with regulatory requirements.

There was a complaints policy in place in the centre. The procedure was on display and set out clearly the process for making a complaint in the centre, and the process for how a complaint would be dealt with. Complaints records reviewed contained sufficient detail of the nature of the complaint, and the investigation carried out. The records also evidenced communication with the complainant and the complainants satisfaction with the outcome was well documented.

Regulation 15: Staffing

There were 55 residents living in the centre on the day of inspection. Inspectors found that there was adequate staff available to meet the assessed care needs of the residents and for the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that staff were not appropriately supervised. This was evidenced by;

- poor allocation of health care assistant duties, particularly in the evening time, resulting in resident distress. For example, inspectors observed residents calling for assistance whilst health care assistant staff were attending to other residents.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors reviewed staff files which contained all the required information as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had adequate resources in place to ensure a high standard of care. There were governance systems in place to ensure that the service was safe and effectively monitored. An annual review had taken place in 2021, with identified service improvement initiatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the office of the Chief Inspector, as set out in Schedule 4 of the regulations

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were managed in line with the requirements under regulation 34.

Judgment: Compliant

Quality and safety

Overall, Inspectors found that residents living in this centre, notwithstanding the issues identified with the supervision and allocation of staff, were in receipt of an appropriate standard of care.

Residents had a comprehensive nursing assessment completed on admission and a care plan was developed for each resident. However, Inspectors found that some action was required to ensure that the care plans were in line with the requirements of the regulations. Inspectors found that some resident care plans were not developed using appropriate assessment, while others had not been updated to reflect a resident's changing needs.

Residents had access to a general practitioner (GP) and health and social care professionals. There was weekly access to physiotherapy and monthly access to occupational therapy. Where residents required further allied health and specialist expertise, this was facilitated through a system of referral. For example, residents with known responsive behaviours as a result of an underlying dementia diagnosis were reviewed by psychiatry or later life services. Notwithstanding the areas of good practice, action was required to ensure the documentation of a resident's end of life, or advanced care needs were in line with best practice guidelines, as per regulation requirements.

Inspectors observed that the centre was clean. Inspectors observed that staff adhered to guidance in relation to hand hygiene and in wearing personal protective equipment (PPE) in line with the national guidelines. Staff reported that the training they had received had been of a good standard and they were able to implement it in practice. However, the findings of this inspection were that some action was

required in relation to infection prevention and control procedures to ensure compliance with the national standards.

Inspectors found that there was a positive culture in the centre towards promoting a restraint-free environment. Overall, inspectors found that the person in charge was clear in their understanding of the risks of restrictive practices and their potential impact on residents. Visits from families and friends were found to be facilitated without restriction.

While resident's rights were found to be generally upheld, action was required to ensure that each resident had appropriate access to activities that suited their individual interests.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

Regulation 27: Infection control

Some action was required to ensure compliance with the national standards for infection prevention and control in community services as published by the authority. These were:

- The bed pan washer had not been serviced since 2020 and required servicing. Therefore inspectors could not be assured that the bed pan washer was effective in disinfecting, which would result in a risk of cross infection occurring.
- There was care equipment in a sluice room ready for use which was visibly stained
- Inspectors were advised that each resident who required a hoist transfer, had a sling for individual use. Inspectors observed multiple slings stored across hoists on corridor areas, which were not labelled.
- There was no bin at some of the identified hand wash sinks to dispose of paper towels

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of resident records and found that the care plans were not always person-centred and did not always contain the information required to guide care. For example, residents with pain did not have any pain assessments completed. The care plans for residents who were experiencing pain did not identify the location of pain or the interventions in place to address the pain.

In addition, inspectors found that some care plans were not reviewed in line with regulatory requirements. For example;

- Some residents who had bed rails in place did not have a bed rail risk assessment completed
- Nutritional care plans had not been reviewed and updated in line with changes in resident's care needs

Judgment: Substantially compliant

Regulation 6: Health care

Nursing documentation in relation to the advanced care plans for residents were not documented in line with best practice guidelines. Inspectors found that there was no documented consultation with allied health professionals, in relation to significant care decisions made on behalf of residents. It was therefore unclear how advanced care decisions, made on behalf of residents, were decided.

Judgment: Substantially compliant

Regulation 8: Protection

There was a system in place to support the identification, reporting and investigation of alleged or suspected abuse. Staff spoken with and a review of training records confirmed that staff had received ongoing education in safeguarding. Files of recently recruited staff members reviewed included Garda Síochána vetting disclosures. The person in charge confirmed that Garda vetting was in place for all staff.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed residents spending long periods of time sitting in the communal

rooms without social engagement. The activities programme in place on the day of inspection provided limited opportunities for residents to participate in activities that were in accordance with their interests or capacities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aperee Living Galway OSV-0000331

Inspection ID: MON-0037046

Date of inspection: 08/06/2022

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>Recruitment of senior staff nurse and additional senior health care assistant currently in process with the aim for increased guidance and supervision of resident care delivery.</p> <p>Additional 4pm – 10pm HCA shift added to the second floor daily.</p> <p>Regular management rounding on the floors continues.</p> <p>Regular staff meetings held to discuss expected standards of care, and any identified concerns or issues raised and discussed with plan to rectify same.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Bed pan washer has been serviced post inspection, and is included in the homes list of equipment requiring regular serviceing organised by the administration team and overseen by the DON</p> <p>These were not in use however it is accepted that they appeared to be available for use and so were disposed of immediately.</p> <p>All resident hoist slings have been reviewed and labeled. Staff will ensure that hoist slings are returned to the residents bedroom for storage immediately after use for</p>	

transferring the resident.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Aperee Living Galway have recently transitioned to a new electronic medical records system which includes all residents' assessments and care plans. Staff are now more familiar with the system and are continuously improving their documentation on same.

Pain assessments are completed for all residents who voice they have pain or are observed to be in pain.

Residents with chronic pain have a specific care plan in place to include the location of their pain and interventions in place to address the pain.

Any resident with a bed rail in place has a bed rail risk assessment completed and reviewed at a minimum frequency of 4 monthly and will have a care plan to reflect same.

Each nurse is accountable for ensuring that care plans are updated in accordance with the resident's changing needs that arise during the nurses shift or post completion of an assessment associated to a specific care plan to include nutritional care plans.

Named nurse program established which gives each nurse accountability and responsibility of ensuring residents assessments and care plans are accurate and up to date.

Monthly Care Plan audits are in place to ensure compliance.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Residents advanced care decisions such as their end-of-life wishes, will be clearly documented in their End-of-Life care plans.

For residents who have difficulties with decision making capacity, there will be documented consultation with allied health professionals in relation to significant care decisions made on the residents' behalf.

All resident's resuscitation status is clearly documented on the residents file on front page for easy access for all staff.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Activity co-ordinators are meeting with residents monthly to discuss what they would like in the activity programme and every efforts are made to incorporate and facilitate suggestions made.

Activities coordinators are preparing a new program and have sourced some external groups to come in and provide more interesting activities such as yoga and Zumba.

Live music session is now planned for regular sessions again as this was stopped during COVID and is now routinely booked for every fortnight as before.

Visiting pet farm was arranged along with very engaging race week activities following the inspection.

Individual resident activity care plans documented in consultation with the resident and/or their families.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2022
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.	Substantially Compliant	Yellow	30/06/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who	Substantially Compliant	Yellow	30/09/2022

	intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/2022
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Substantially Compliant	Yellow	30/09/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/09/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	30/09/2022

	may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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