



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:	09 August 2022
Centre ID:	OSV-0004447
Fieldwork ID:	MON-0037647

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. Visitors are always welcome. The centre employs over 80 staff and offers long-term and respite care as well as caring for residents with dementia. The management and governance of Conna Nursing Home is directed by a team of staff who continually strive to raise standards of care. There is 24-hour nursing care available. A pre-admission assessment is carried out to clearly identify the needs of the person prior to admission. Conna Nursing Home employs a team of activity staff. Each resident is assessed from an activities perspective and a personalized programme is designed for them. A care plan will be developed with the resident's participation within 48 hours of admission. It will set out personal care needs and will provide guidance to staff members. There is medical and allied health services available and all dietary needs are catered for. Residents are encouraged to be proactive in the development of services and facilities at Conna. We are interested in your feedback to ensure that our service is continually reviewed in line with best practice through surveys and residents' meetings.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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 9 August 2022	08:55hrs to 16:55hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector spoke with six residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents spoken with were also happy with the standard of environmental hygiene. One resident spoken with stated that they found COVID-19 restrictions in the earlier stages of the pandemic had a negative impact on their quality of life, however they accepted and understood the reasons for the restrictions. They said they were glad that the visiting restrictions had been removed and normal life had resumed within the centre.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Call bells were answered in a timely manner and the inspector saw that staff were respectful and courteous towards residents. Many visitors were seen coming and going on the day, with visits taking place both indoors in residents rooms, in the communal areas and outside.

The centre was purpose built and it provided suitable accommodation for residents. The centre had 44 single bedrooms and three double bedrooms arranged in three main wings called Aghern, Douglas and Castle. None of the double rooms were occupied on the day of inspection. There were a number of shared bathrooms between bedrooms in the centre. Signage was on display advising residents/visitors that these were shared with the room next door and to remind them to lock the door or knock before entry. The centre had a large spacious foyer with sofas and armchairs available for residents. A number of residents were sitting in this area throughout the day. There was a sufficient number of toilets, and of wash-basins, and baths and showers available for resident use.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example the décor and flooring in several resident's rooms was showing signs of wear and tear.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. However adequate terminal cleaning of all vacant bedrooms had not been carried out. Several ancillary rooms including the housekeeping and treatment rooms also required decluttering and deep cleaning. Findings in this regard are further discussed under the individual Regulation 27.

Alcohol hand gel dispensers were readily available along corridors and within resident bedrooms for staff use. However barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there was only one hand wash sink on each unit (in the sluice rooms) dedicated for staff use. Findings in this regard are presented under regulation 27.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the provider did not comply with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control monitoring and oversight, assessment and care planning in addition to environmental and equipment management. Details of issues identified are set out under Regulation 27.

The Chief Inspector had been notified that all of the company directors of Aperee Living Conna Limited, which is the registered provider of Aperee Living Conna, had recently departed from the company, and a new sole company director had been appointed. There had been extensive engagement with the new director who was now legally accountable for the care and welfare of the residents living in the centre. This inspection was a risk based inspection specifically to look at infection prevention and control. Findings of this inspection were that governance and management and infection control practices, within the centre required to be addressed by the provider, to ensure the safety of residents.

Aperee Living Conna is operated by Aperee Living Conna Limited, who is the registered provider. It is part of the Aperee Living Group, which own and operate a number of nursing homes throughout the country. The Aperee Living Group's senior management team included a group operations manager, human resources manager, head of quality and standards, clinical support managers and infection prevention and control manager, who supported the management team within the centre.

Within the centre there had been significant changes to the management team in recent weeks with the appointment of a new person in charge and an assistant director of nursing. The person in charge was also supported in her role by a clinical nurse manager, nursing staff, care staff, two activity co-ordinators, catering, domestic, administration and maintenance staff. There was evidence of regular management and staff meetings and of actions taken following same.

Overall, there were some effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and many of the improvements required from the previous inspection, such as the installation of a new janitorial unit in the housekeeping room and new sluice hoppers in the three sluice rooms had been addressed. Efforts had also been made to de-clutter the centre. However systems for the monitoring and oversight of infection prevention and control

required action.

The inspector found that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection within the centre. The director of nursing was assigned to the role of infection prevention and control lead. A clinical nurse manager had been nominated to the role of infection prevention and control link practitioner. Three hand hygiene champions had also been selected to support hand hygiene training and promote effective hand hygiene practice within the centre. A staff member was assigned to the role of COVID-19 champion each day to monitor COVID-19 infection prevention and control practices among colleagues.

Surveillance of infections was undertaken and documented in monthly key performance indicator reports. Antibiotic usage was also monitored. However surveillance of multi-drug resistant organisms (MDROs) was not routinely undertaken. (Note: MDRO's are bacteria that are resistant to multiple classes of antimicrobial agents. Bacteria that are resistant to three or more classes of antibiotics are generally accepted as being an MDRO). Findings in this regard are presented under Regulation 27.

Infection prevention and control audit tools were comprehensive and covered a range of topics including waste and linen management, sharps safety, environmental and equipment hygiene. Local infection prevention and control audits had identified many of the issues identified on the day of the inspection. However audit scores were not tracked and trended to monitor compliance.

The centre had a comprehensive infection prevention and control guideline which covered aspects of standard and transmission based precautions. The majority of staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. However further training and oversight was required on cleaning practices and processes. Findings in this regard are presented under Regulation 27.

Two housekeeping staff employed by the provider were rostered on duty Monday to Friday. Cleaning was done by agency staff at weekends. However the inspector was informed that weekend cover was not consistently available. Improvements in the over-sight of cleaning was also required to ensure the centre was adequately cleaned. The person in charge informed the inspector that they were currently recruiting for a cleaning supervisor and additional cleaning staff and they would rectify this situation. Findings in this regard are presented under Regulation 27.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. It was evident that this centre promoted a human rights-based approach to care, which was respectful and inclusive of the residents' views,

opinions and choices. Visits were encouraged and practical precautions were in place to manage any associated risks. Residents that had tested positive for COVID-19 infection continued to receive visits from their nominated support person in line with national guidance.

Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. COVID-19 antigen testing of all staff working in the centre continued to be undertaken every two weeks.

The centres outbreak management plan was available in the COVID-19 resource folder. This plan was regularly reviewed and defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. An outbreak of COVID-19 was declared in the centre in July 2022. This was the second significant outbreak of COVID-19 experienced by the centre to date. A review of the management of these COVID-19 outbreaks had been completed and included lessons learned to ensure preparedness for future outbreaks.

The early identification and management of the current outbreak had limited the spread of infection to eight residents and seven staff members. Transmission based precautions had been discontinued for the majority residents having completed their required isolation period.

Ample supplies of personal protective equipment (PPE) were available. Staff wore respirator masks when providing care to residents. A range of safety engineered needles were available for staff use.

The provider also had a number of assurance processes in relation to the standard of environmental hygiene. These included the use of colour coded flat mops and cleaning cloths in line with the area of the environment/function for which they were intended. This reduced the chance of cross infection. Cleaning equipment viewed was generally clean. A terminal cleaning checklist had been developed however the inspector observed that terminal cleans of vacant bedrooms were not effectively and consistently carried out. A co-ordinated approach and agreed deep cleaning schedule for vacated rooms was not in place. Findings in this regard are presented under Regulation 27.

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- Surveillance of MDRO colonisation was not routinely undertaken and recorded as recommended in the National Standards. There was some ambiguity

among staff and management regarding which residents were colonised with MDROs.

- A review of lab reports and acute hospital discharge documentation found that a small number of residents had been identified as being colonised with various MDROs. This information was not documented in their assessments or care plans on return/ admission to the centre. This meant that appropriate precautions may not have been in place when caring for these residents.
- Transfer documentation did not include comprehensive healthcare associated infection and colonisation information. This meant that appropriate precautions may not have been in place when the residents were admitted to the acute hospital setting.
- There were no housekeeping staff rostered on duty after 14:45pm on weekdays. Weekend cover was provided by agency staff and inspectors were informed that these shifts were not always covered. The inspector was informed that these staffing issues impacted the deep cleaning schedule.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Surfaces and flooring was worn and poorly maintained within several bedrooms and as such did not facilitate effective cleaning.
- There were a limited number of clinical hand wash sinks available for staff use. The clinical handwash sinks in the sluice rooms did not comply with the recommended specifications for clinical hand wash basins.
- The laundry facility was small and did not support the separation of clean and dirty activities. Clean and dirty workflow was not clearly defined in order to reduce the risk of cross contamination.
- Several vacant rooms had not been effectively deep cleaned. For example the inspector observed a urinal, oxygen concentrator with nasal prongs attached and stocks of incontinence wear in a room that had been signed off as terminally cleaned.
- Some ancillary rooms required a deep clean including the housekeeping room, chemical store and the treatment room.

Equipment was not consistently decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example;

- Equipment and cleaning textiles used to clean an isolation room were not appropriately managed. For example used buckets, cloths and mop heads were rinsed and left beside the hand wash sink in a sluice room. This practice increased the risk of environmental contamination
- General waste bins in the three sluice rooms were not hands free. This increased the risk of cross infection.
- Portable fans were not on a daily cleaning schedule and the blades of four fans in resident's rooms were visibly dusty.

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
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Not compliant

Compliance Plan for Aperee Living Conna OSV-0004447

Inspection ID: MON-0037647

Date of inspection: 09/08/2022

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 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • MDRO colonisation now included in Epic electronic records to include all MDRO’s and resident’s care plans were updated immediately on the day of inspection to reflect this. • 1 resident’s infection status had not been transferred onto Epic when resident transferred back from Hospital. While staff were aware of this resident’s infection status, this was not reflected in the care plan. Same updated on the day of inspection. • Epic electronic system now updated, and all transfer documents now include the full list of MDROs • The deficit in housekeeping was supplemented by agency staff while recruitment processes were on-going. The current shortfall in housekeeping staff has been addressed- new staff member (1 WTE) has been recruited and is currently being processed for the role. This will provide full housekeeping cover over the seven days and to include the cover in the afternoons for housekeeping. <p>The Environment:</p> <ul style="list-style-type: none"> • The flooring that was worn had been previously noted on IP&C internal audit and the Home was awaiting quotes for repair of same at the time of this inspection. A review of all surfaces and flooring will be completed and reviewed by DON. A Maintenance programme has been implemented for painting and maintaining any worn surfaces. • A review of all hand hygiene sinks is currently underway. Where appropriate, replacement of hand hygiene sinks will be considered as part of capital projects request. The residential home provides wall mounted alcohol-based hand hygiene products and these are available in all clinical areas of the service and at the point of care. • A review of the laundry facilities was undertaken and a reconfiguration plan will be implemented to ensure the clean and dirty workflow is maintained. • Due to deficits in staffing, agency staff had been procured by the Home which did not provide an optimum level of cleaning required. This has now been fully addressed. A deep cleaning schedule of all rooms in the centre has been put in place with DON oversight and sign off to ensure rooms are effectively deep cleaned. This has also been addressed with the additional recruitment of a new staff member who will be trained and 	

inducted on effective IP&C cleaning and deep cleaning protocols within the Home.

- Deep cleaning of the ancillary rooms has now been completed and those rooms are included in the deep cleaning schedule in the Home with oversight of same by the DON.

Equipment:

- Agency staff had been sourced due to staffing deficits due to COVID-19 outbreak in the Home. These staff had been inducted and educated prior to this inspection regarding the cleaning protocols on the safe use/disposal/cleaning of equipment in the isolation rooms but did not adhere to same on day of inspection. Agency staff where required will work only in the non-isolated areas to ensure prevention of such incidences again.
- Hands-free pedal bins sourced for the three sluice rooms and are now in place.
- All fans were cleaned immediately following inspection and have now been added to the daily cleaning schedule in the Home.

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 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	30/11/2022