Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Camp
Name of provider:	Aperee Living Camp Ltd
Address of centre:	Knockglassmore, Camp, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	20 June 2023
Centre ID:	OSV-0005406
Fieldwork ID:	MON-0039983

About the designated centre

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

Aperee Living Camp is set in a very scenic location situated on the outskirts of Camp Village overlooking Tralee Bay. It is a two-storey building that was established as a nursing home in 1992. It has been extended over the years and provides continuing, convalescent and respite care for up to 35 residents. Private accommodation consists of 21 single en suite bedrooms and seven twin bedrooms; six of which have en-suites. Additional to en-suite facilities there are extra toilets and a large bathroom for residents use. Communal accommodation consists of two dining rooms, a sitting room, an activity room and a large sunroom. There is an attractive and user friendly enclosed outdoor area that is accessible from within the centre and includes seating and a planted garden. There is also a concrete path around the outside of the building with handrails and allows residents to walk around the building and enjoy the lovely view from the centre.

Aperee Living Camp provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 June 2023	08:45hrs to 17:30hrs	Breeda Desmond	Lead
Tuesday 20 June 2023	10:00hrs to 17:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Inspectors met many residents during the inspection and spoke with 12 residents in more detail. The inspectors also met two visitors during the inspection. 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, saying that staff were 'so attentive', 'answering call bells quickly day or night', and said staff were 'always in good form' and 'full of life'. Nonetheless, residents feedback regarding food served was that it could be better and that the menu choice, in particular, tea-time meals was quite limited. 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 fire precautions and the protection of residents finances.

There were 33 residents residing in Aperee Living Camp at the time of inspection. On arrival for this unannounced inspection, inspectors were guided through the infection control assessment and procedures, which included a signing in process and hand hygiene. An opening meeting was held with the person in charge and deputy person in charge which was followed by a walk-about the centre.

The inspectors saw that there were a number of documents displayed at reception to enable residents have easy access to information such as the residents' guide, statement of purpose, health and safety statement, national standards and recent publications relating to advocacy and complaints. While floor plans were displayed, they were not evacuation escape routes plans.

Some parts of the building had been painted since the previous inspection, nonetheless, most areas in the building were in need of redecorating as, doors, architraves and walls were scuffed and marked. Residents' bedrooms were seen to be personalised and decorated in accordance with their wishes. Many bedrooms had lots of drawings and paintings by residents, along with photographs and other decorative paraphernalia, making bedrooms homely and cosy. Privacy curtains in twin bedrooms had been repositioned following the previous inspection to ensure privacy of both residents. Residents had access to chest of drawers, bedside lockers and wardrobes for their personal storage.

The inspectors saw that there was an internal secure garden area which was accessible along one corridor. This was locked initially and staff reported that when residents requested, the door would be unlocked. The person in charge opened the door to enable residents freely access the garden. There was garden furniture for residents to sit out and enjoy the fresh air and sunshine. A canopy shaded one seating area for residents who wished to be protected from the direct sunlight. The hairdressers' room was decorated lovely and gave a 'salon' vibe which was warm and welcoming for residents.

The prayer room was a lovely comfortable quiet space and residents were observed sitting here at different times during the day. Here, as well as many rooms to the front of the building including the dining room and conservatory day room, residents had panoramic views of the Maherees on one side of the peninsula and Fenit harbour on the other side with several small beaches in-between.

Directional signage was displayed throughout the building to orientate residents to rooms such as the conservatory, front door, dining room and communal toilet facilities. Signage to indicate oxygen storage was displayed on relevant doors. There was storage units available to discretely store equipment such as hoists and wheelchairs.

Residents told inspectors they felt well cared for by the team. Residents were seen to have their breakfast in the dining room during the morning walk-about and the inspector chatted with three residents enjoying breakfast. Staff were familiar with residents' preferences and served them breakfast in accordance with their choice of cereal bread or toast. Following breakfast, tables were set with cutlery, napkins and drinking glasses. There were no condiments such as salt, pepper or mustard for example, placed on tables. Menus were displayed on windowsills and the dresser, and not close-by to residents on their dining tables; menus were difficult to read as the writing was tiny and faded. Meals were pleasantly presented and staff served residents in a friendly and kind manner and lovely rapport was observed between staff and residents, nonetheless, residents sitting together at tables were not served together. In general, residents requiring assistance were seen to be helped in a respectful manner, and there was sufficient staff in the dining room to provide assistance; one staff member was seen to stand over a resident while assisting with their meal. Staff spoke with residents in a normal social manner and discussed current affairs, the proposed schedule of the day, visitors expected in and appointments. There was dreadful flooding in the nearby town of Tralee prior to the inspection and residents were discussing the inclement weather of lightening and thunder showers over the weekend and how frightening it was for the people; some saying how fearful thunder and lightening made them.

There were plenty of activities taking place in the centre and a varied activity schedule was seen by the inspectors. The activities programme was displayed on corridors reminding residents of the activities programme of the day. As it was a really hot summer day, the activities person asked residents would they like the windows opened and residents were delighted with the breeze of fresh air. During the morning, residents received hand massage and chatted about current affairs. One-to-one activation was provided to residents who chose to remain in their bedrooms. Two gentlemen spoken with in their bedroom said they really enjoyed listening to music on their radio. In the afternoon, residents were seen to actively part-take in the exercise programme. Following this, the activities person asked residents whether they would like to go into the garden or go for a walk around the centre. Some residents were seen to independently access the outdoors and walk around the centre themselves. A variety of staff interactions with residents was observed and in general, assistance provided to residents was appropriate and person centred. However, one episode of manual handling while assisting a resident to the bathroom was observed to be incorrect and the assistance provided to the

resident did not ensure their safety.

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

Capacity and capability

Inspectors were concerned about the governance and management of the centre especially in areas of residents' finances and the continued non-compliance relating to fire safety precautions 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 failure of the provider to implement recommended fire safety works on the premises and poor safeguarding practices in relation to residents' own money held by the registered provider.

Following the lack of progress by the provider to address serious fire risks identified in their fire own external fire safety risk assessment undertaken in October 2021 and issues identified during the last inspection of the centre 04 July 2022, a restrictive condition was attached to the registration of the centre requiring the registered provider to have the fire safety works completed by February 2023 to ensure the safety of the residents. However on this inspection, inspectors found that the required fire safety works had not yet commenced.

Other non-compliance from the previous inspection were also reviewed and inspectors found that actions had been taken in relation to the non clinical risk register which was updated to include the fire safety risks with controls. On this inspection implementation of policy was not comprehensive regarding medication management and manual handling practices observed; and aspects of infection control required action.

Following information of concern about residents' finances, inspectors reviewed the procedures in place to ensure residents' funds were safeguarded. The provider was not a pension agent for any of the current residents, however, they did hold residents' finances in a company account. Previously, the provider representative gave assurances to the Chief Inspector that this issue was being addressed, however, to date, a separate residents' account was not in place. The inspectors were very concerned about the manner in which residents' funds were being managed. This was further detailed under the Quality and Safety section of this report.

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, however, the inspectors were informed prior to this inspection that this person was no longer in the employ of the provider. The current governance structure which, as outlined

above, was supported by a company external to the registered provider, and comprised two newly appointed regional managers, a newly appointed human resource manager, a finance team and a chief operations officer. On site, the management team comprised the person in charge, assistant person in charge, clinical nurse manager, care team and accounts manager. The inspectors were informed 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.

Aperee Living Camp was operated by Aperee Living Camp Limited, the registered provider. The Chief Inspector was concerned about the registered provider's ability to sustain a safe quality service. There had been ongoing regulatory engagement with the registered provider including provider meetings, cautionary meetings and warning meetings in relation to governance and management and fire safety. The Chief Executive Officer appointed in January 2023 and Human Resourses (HR) manager were no longer in the employ of the provider. The current governance structure comprised one recently appointed regional manager, HR and finance team and a chief operations officer. The regional manager was on leave prior to the inspection, so the service did not have access to clinical managerial support for the fortnight prior to the inspection. On site, the management team comprised the person in charge, assistant person in charge, care team and administration. Inspectors were concerned that in the absence of strong and effective governance, there was an over-reliance on the person in charge and the on-the-ground clinical management team to provide the governance and leadership for this service.

Key performance indicators such as falls, pressure sores, incidents and complaints were maintained. This information was analysed and trended and action plans developed to mitigate concerns identified such as the incidence of falls. Quality improvement plan (QIP) was informed by key performance indicators and audit results, however, as senior management had not facilitated governance meetings in some time, the action plans could not be progressed as the senior management level was not available regarding decision making on capital expenditure.

Minutes of meetings demonstrated that the person in charge facilitated staff meetings with all grades and services of staff. In addition, she facilitated the pharmacist to meet their obligations to residents and was scheduled to visit the centre following the inspection.

Staff had completed additional training regarding medication management, anti-microbial stewardship, hand hygiene, dysphagia, palliative care, food hygiene, cardio-pulmonary resuscitation, dementia awareness and data protection. While most staff had completed mandatory training, safeguarding and managing behaviours that challenge remained outstanding for 19 and 3 staff respectively. Fire warden training was scheduled on 26 June 23 to train up additional staff as part of their fire safety.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience and qualifications as specified in the regulations. She was full time in post and was actively involved in the governance and management of the centre. She positively engaged with the regulator and was knowledgeable regarding legislation pertaining to running a designated centre.

Judgment: Compliant

Regulation 15: Staffing

While there was adequate staff rostered for the assessed needs of residents for day time rosters, the night duty roster showed that there was one nurse and two healthcare assistants on duty from 20:00 – 08:00. Cognisant that approximately half the residents were either high to maximum dependency requiring two staff to provide personal care and comfort rounds, this would result in no assistance or supervision of residents in the day room during twilight hours. The service was requested to review the entire rostering to maximise the safety and comfort of residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While most staff had completed mandatory training, with additional training scheduled to ensure training remained current, training relating to managing behaviours that challenge remained outstanding for 19 staff. Further safeguarding training was required for three staff. Manual handling techniques observed while assisting a resident to the bathroom was observed to be incorrect and did not protect the resident from possible injury or harm.

Judgment: Substantially compliant

Regulation 21: Records

Files in relation to Schedule 2, Staffing records, were not comprehensively maintained as:

- three of four references were statements of employment rather than references; these had not been followed up to verify the information
- documentary evidence of relevant qualifications were not available in one staff file.

Regarding records related to controlled drug (CDs) medication management the following were identified:

- dual signatures were not always in place following checking and administration of CDs so it could not be assured that CDs were maintained in line with professional guidelines
- the quantity of medications returned to pharmacy was not routinely recorded, to ensure accurate records and protection of relevant nurses
- occasionally, CDs records' were not updated to reflect the drug count and post-its notes were inserted into the records instead; should the post-it note fall out, the count would be incorrect and records inaccurate.

Judgment: Substantially compliant

Regulation 23: Governance and management

The overall governance and management systems in place were not stable and not clearly defined. There were a number of changes in the senior management team in the previous months, with further possible changes advised during the inspection. The provider, Aperee Living Camp Limited, comprised only one director. The availability and access to the director was very limited and the current lines of authority and accountability were not clearly defined. Issues of serious regulatory concern identified on the previous inspection relating to fire safety had not been addressed, and additional concerns were identified during this inspection, which further evidenced that the current company management structure was not sufficient to provide a safe service.

The systems in place for the management of residents finances required immediate action to ensure the service provided was 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 residents finances in the centre did not ensure policies and procedures were in line with national guidance, as evidenced by:

- the system in place to return monies and property to the estates of residents who had deceased was nt robust
- 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 residents monies in the provider account

- 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,
- the systems in place for the management of residents monies and properties handed in for safekeeping required review. The current systems in place did not ensure residents monies and properties were fully safeguarded. This is further detailed under Regulation 8 Protection.

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

- resources were not sufficient to ensure the safety of residents 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 October 2021. This assessment identified eight red (high) and 18 orange (medium) fire safety risks in the centre. The inspectors found that a number of these risks had yet to be addressed on the day of inspection and the majority of the high risk issues remained outstanding. These are further discussed under regulation 28, fire precautions,
- the centre had a significant list of creditors, a number whom had refused to continue services to the centre until payment was received.

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

- the systems associated with fire safety management were not sufficiently robust to ensure the service was safe.

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. They also specified the room to be occupied and whether the room was single or twin occupancy.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to reflect the current

organisational structure.

Judgment: Compliant

Regulation 31: Notification of incidents

Records relating to incidents and accidents were examined and these correlated with notifications submitted to the Chief Inspector.

Judgment: Compliant

Regulation 4: Written policies and procedures

The following issues were identified regarding the content and implementation of policies relating to Schedule 5 Written policies and procedures:

- the policy in place for the management of residents personal possessions and finances was not sufficiently robust and did not guide staff in the correct management of residents' finances
- a local addendum to the Aperee Living policy was required to reflect the local practices relating to the prescribing, ordering, receipt and recording of medications.

Judgment: Substantially compliant

Quality and safety

Inspectors were assured that residents' health care needs were met to a good standard. Residents had good access to GP services and medical notes showed regular reviews by their GPs, including quarterly reviews of medications to ensure best outcomes for residents. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, speech and language therapy, dental, optician, tissue viability and palliative care for example. Transfer letters were maintained on site for occasions when a residents was transferred to another care facility.

A sample of care documentation was examined; validated tools were in place for assessment of residents' needs and these were seen to be comprehensively updated to inform care planning and individualised care. Residents' support needs were

clearly documented in their personal emergency evacuations plans which were updated regularly.

Care documentation showed that there was good oversight of residents and their nutritional needs, with monthly weights and validated assessment completed. Appropriate and timely referrals were facilitated to enable best outcomes for residents. Nonetheless, residents feedback regarding choice at tea-time and quality of meals could be better.

Inspectors were concerned that residents were not protected due to poor financial management practices of their finances. The registered provider was not a pension agent for residents, but a large sum of money remained in the company bank account for deceased residents. At a meeting with the Chief Inspector on 18 November 2022, the registered provider assured the Chief Inspector that processes 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 passed to the estate of the resident.

Daily fire safety checks were comprehensively completed. Weekly fire safety huddles were facilitated by the person in charge to discuss fire safety. Weekly fire alarm testing was completed. Quarterly and annual fire certifications were evidenced. Fire drills and evacuations were completed on a fortnightly basis with comprehensive records maintained.

Notwithstanding the lack of action by the registered provider to address the fire safety issues heretofore reported, the person in charge had ensured that staff had up-to-date training relating to fire; and fortnightly fire drills and evacuations were completed. Records showed that these were timed and the number of staff and residents involved in the evacuation detailed, evacuation aids required and used, analysis and actions taken following simulations to enable learning for all staff. Weekly fire alarm testing was comprehensively completed as was the daily fire safety checks. Quarterly fire certificates for the fire alarm, maintenance of fire equipment, emergency lighting and electrical appliances service certificates were all available and in date.

Regulation 11: Visits

There we no restrictions to visiting in the centre. Staff welcomed visitors and engaged with them in a social and kind manner. Visitors met with their relatives in the day room, prayer room and their bedrooms. Some visitors took their relative out for the afternoon; one went shopping to the nearby town and another went home.

Judgment: Compliant

Regulation 12: Personal possessions

Improvements were seen on this inspection in the provision of space to maintain residents clothing and belongings in twin bedroom with the reconfiguration of the space. There was lockable storage available in each room for those that wish to maintain their valuables themselves.

Judgment: Compliant

Regulation 17: Premises

While some refurbishment had occurred, the general upkeep and upgrading of the premises remained outstanding as:

- internal paint work to walls, architraves and doors in bedrooms and corridors was scuffed, chipped and damaged
- some floor covering required upgrading on corridors and in bedrooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

In general, feedback from residents about their food was that it could be better. They outlined that the choice for their tea-time meal was quite limited and would like more variety.

Other issues seen on inspection that required action to ensure residents had a good dining experience were as follows:

- condiments such as salt, pepper, mustard or mayonnaise for example, were not routinely placed on dining tables so that resident could flavour their food in accordance with their preference
- residents seated together at tables were not always served together in line with a normal dining experience
- menus displayed were not accessible to resident as they were placed on windowsills and dressers, the writing was small and some faded which made them difficult to read.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

When residents were temporarily absent from the centre to another hospital, the person in charge ensured that copies of the transfer letters were maintained on site and these were comprehensively completed to enable the resident to be cared for in accordance with their assessed needs and preferences. The person in charge took all reasonable measures to ensure relevant information was obtained upon the resident's return to the centre.

Judgment: Compliant

Regulation 27: Infection control

Issues relating to infection prevention and control requiring action were as follows:

- aside from the nurses station, there were no clinical hand-wash hubs in the centre to enable staff to wash their hands at points of care as described in current infection control guidance
- the hand-wash sink in the treatment room did not comply with current guidelines.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider conducted a fire safety risk assessment of the premises in October 2021 which identified 8 red and 18 orange rated fire safety risk. However there had been little action taken to address these risks. Following the inspection in October 2022, the provider did not provide adequate assurance to the Chief Inspector that all reasonable measures were being taken to address the fire safety concerns resulting in a restrictive condition being applied to the registration of the centre. This required the registered provider to have addressed the fire safety concerns by February 2023. However, it was confirmed on this inspection that the issues identified in the external fire assessment had not been actioned to date. Inspectors were informed that there were no plans or works scheduled to address the structural risks:

Red rated fire safety risks identified included:-

- provision of compartment walls including within attic spaces to coincide with compartment doors at ground level
- upgrading of ceilings within the building to fire rated
- servicing or replacing inadequate fire doorsets
- upgrading of fire rated enclosures to areas of special risk - laundry/kitchen/plant room.

Orange rated fire safety risks included upgrading of the premises regarding ceiling lining and coverings, provision of external emergency lighting, replacing keys of external doors, servicing and testing of gas and electrical equipment.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of care documentation was examined; validated tools were in place for assessment of residents' needs and these were seen to be comprehensively updated to inform care planning and individualised care. In general, residents' medical histories informed the assessment and care planning process. Residents' support needs were clearly documented in their personal emergency evacuations plans which were updated regularly. The sample of care notes demonstrated that staff actively engaged with residents to discuss their end-of-life care wishes including their decisions relating to resuscitation and transfer to the acute care should the need arise.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care. Routine reviews by GPs included a review of their medication and assessment of residents responses to changes in prescriptions to enable best outcomes for residents. Residents had access to the tissue viability nurse specialist to support their wound care when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While a restrictive practice register was maintained, further action was required to ensure it accurately reflected the restrictive practice in the centre as it could not be

determined from the register whether some single bedrails and bed bumpers were in fact restrictive.

Judgment: Substantially compliant

Regulation 8: Protection

During this inspection inspectors had serious concerns around the overall management of residents' finances to ensure residents' rights and protection. Contrary to good practices and assurances given to the Chief Inspector in November 2022, Aperee Living Camp Ltd does not have a separate resident client account, therefore, residents' monies were paid into the centre's current account and residents' monies remained in this current account. Findings of this inspection included the following:

- a review of information pertaining to the current account of Aperee Living Camp Ltd, seen on this inspection on the 20 June 2023 showed that it contained a sum of money belonging to nine residents who were deceased. On review of the records it was evident that their funds had yet to revert to their estates,
- a review of the bank statements for the eight months, prior to this inspection, evidenced that the current account regularly dropped below the amount that was the property of these residents and at times was overdrawn. 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 avail of them and that their money was used to support the day to day operations of the centre. This residents money should have been protected,
- the centre did not have a separate residents/client account to ensure residents monies were safeguarded from the main current account
- it had also come to the attention of the Chief Inspector that people who were not employees of Aperee Living Camp Ltd had requested transfers of money out of the current account in Aperee Living Camp Ltd to other accounts and many of these transfers were seen to include residents' monies. No such authority was granted to people who were not employed by the registered provider to direct residents' funds or for residents' funds to be used for any other purpose than the residents' own use,
- the system in place for the management of monies and valuables handed in for safe keeping by residents was not sufficiently robust to protect residents. Items handed in for safekeeping were maintained in the safe however a comprehensive log was not maintained of the items handed in for safekeeping. Double signatures were not in place for all transactions.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights were generally promoted in the centre:

- the minutes of residents' meetings were reviewed which showed that residents' meetings took place regularly and residents were fully involved and informed in relation to aspects of the running of the centre particularly in relation to activities and food
- suitable and meaningful activities were provided for residents throughout the day and inspectors saw lively exercise sessions taking place and also more relaxing hand massage happening during the inspection
- residents had access to televisions, radio and newspapers and residents had easy access to the outdoors and to trips out.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	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	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Camp OSV-0005406

Inspection ID: MON-0039983

Date of inspection: 20/06/2023

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

Outline how you are going to come into compliance with Regulation 15: Staffing:
Rostering efficiencies is currently under review in the Centre by the Director of Nursing to maximise the safety and comfort of residents during twilight hours.

Current Day time Staffing is
Care Staff
4 x 12 hour shift (8-8pm)
1 x 9 hour shift (8-17pm)
2 x 12 hour night shifts (20pm-8am)
Nurses
1 x 12 hour shift (8-8pm)
1 x 10 hour shift (8-6pm)
1 x 12 hour night shift
Proposed New Staffing is
Care Staff
4 x 12 hour shift (8-8pm)
1 x 6 hour shift (8-2pm)
1 x 8 hour shift (2-10pm) Introduction of this shift to increase staff presence in key care times in the evening hours. Proposed time of implementation is 21st August 2023
2 x 12 hour night shifts (20pm-8am)
Nurses
1 x 12 hour shift (8-8pm)
1 x 10 hour shift (8-6pm)
1 x 12 hour night shift

Along with this, the night porter will change location of where they are based from 8pm to 23pm and 6am to 8am. There new position will be located in the main cross roads of the home in these peak hours whilst care is being delivered and medication drug round is in place. This will help increase supervision and staff presence and the night porter can alert staff to immediate needs of residents at risk. This has been instructed with immediate effect 27.07.2023

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Safeguarding training – 3 missing training records have now been completed and placed in files.
Responsive behavior training – training will be scheduled.
Don to undertake Train the trainer course – Chris Mee Sept 2023 intake blended learning which will then facilitate DON to deliver sessions going forward.
Target date: August – September 2023

Moving and Handling incident was noted by Inspectors when leaving the home on the day post feedback session. DON was alerted to assist by one of the inspectors. On entering the room DON assisted staff nurse with resident to mobilize them to the bathroom. For clarity this resident has a history of standing up unaided frequently and does not call for help. This is what happened on this occasion and the nurse was passing and found the resident mid movements so was left with no choice only to attend immediately to mitigate risk of the resident falling. This is care planned regarding this resident and staff aware of this risk. Staff member found to be performing unsafe moving and handling practices was compromised at that moment and acted in the best interest of the resident. This is not routine practiced and this resident is a known assistance of two staff to mobilize. Moving and Handling training records are maintained and staff are up to date regarding same.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Schedule 2 staffing records
Staff files have been updated accordingly and training certs replaced.
Aperee written reference request forms are sent to referee recent employer.
On return the reference is verified that the received reference is from the employer via telephone.
Aperee written reference request form has been updated with the following written text.
This has been instructed with immediate effect 27.07.2023.

I hereby confirm that I personally checked this reference with the above person.
To be completed and signed by HR Department

Telephonic Reference taken by:

Reference checked by:

Title:

Date:

Controlled Drugs Recording
DON undertook one to one training with all Staff Nurses to ensure clarity on areas of development noted in the safe and accurate documentation of controlled drugs.
DON to complete monthly audit to review compliance in Controlled drug book register.
Target date : July 31st 2023 and monthly thereafter.

Regulation 23: Governance and management	Not Compliant

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

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

The internal management structure of the home is appropriate to the size and ethos of Aperee Living Camp.

Aperee Living Camp has a competent Director of Nursing with appropriate qualifications and sufficient practice and management experience to manage the nursing home.

Clear governance arrangements and structures have been updated in the homes Statement of Purpose. The lines of accountability and authority is clearly defined at individual, team and service level, all staff will be informed of the management structure and facilitated to communicate regularly with management.

The organizational structure has been outlined in the Statement of Purpose.

PPIM and DON Meetings are taking place monthly, supported with weekly catch-up calls demonstrating immediate oversight of issues in the home if they arise. Development of the meetings have included a standing agenda that includes all aspects of the service. Opportunities for continuous service quality improvement are optimized with consistent analysis and action plans developed to inform improvements that may be required within

the service.

The policy for management of personal property, personal finances and possessions has been updated in line with National Guidance to include the process for managing residents' personal valuables / money arrangements in the centre.

Deceased funds arrangements in Aperee Living Camp 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 current deceased resident monies will be transferred immediately to this designated client account.

Going forward on the passing of any resident in Aperee Living Camp monies will be transferred immediately from the main account to the homes separate designated client account. Instant and active engagement will commence to return the monies funds to the resident's estate.

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 other than the resident's own use.

The Provider shall evaluate its safeguarding practices, its approach to identifying, responding to, managing, and learning from safeguarding concerns and the resulting outcomes.

The system in place for the management of resident's monies and properties handed in for safekeeping has been reviewed and updated in accordance with the centre's policy. Where a resident wants to give money or valuables over to Aperee Living Camp for safe keeping, a safe is available. There will be a complete record of all money/ valuables deposited by the resident for safekeeping; this is a live document and kept up to date as changes occur. The record of all transactions will be signed and dated by an authorised staff members and co -signed by the resident where possible or the person designated by the resident. Where the resident is unable to co- sign the record of transaction, a second staff member will witness and sign the record.

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 risk identified in the homes fire safety risk assessment shall be addressed. As the required works are implemented, the RPR in conjunction with the DON shall take steps to mitigate the issues and implement any controls or improvements required.

A list of outstanding creditors payments is maintained, and accompanied by an Aged Creditor Analysis, which details the outstanding invoices and the length of time that they have been outstanding. Payments are prioritised on a monthly basis to include input and consideration from the Director of Nursing and Accounts Department. All creditor services continue to operate in Aperee Living Camp.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Medication Management
CL 23 MEDICINES MANAGEMENT POLICY (including the Handling and Disposal of out of date and unused medicines) requires an addendum to support Local Standard operating procedure for medication a local addendum to the Aperee Living policy will be developed to reflect prescribing, ordering, receipt and recording of medications. Target date: 28th August 2023

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Director of Nursing in conjunction with the Maintenance Personnel have developed and implemented a programme of routine maintenance and refurbishing of the physical environment of the home, to include findings in most recent inspection and incorporating painting, fixtures, furnishings, and fittings. Progress will be documented and frequently reviewed by the DON.

The home's physical environment shall be audited in respect of capital refurbishment requirements and findings will be used to inform resource and budgeting requirements.

Any refurbishment projects shall be completed in line with relevant legislation and standards and IPC shall form part of the planning process.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
New Tablecloths and Salt and pepper Sillars were purchased for the dining rooms and have been put into place 17th July 2023.

A pictorial menu board is being created and will be designed to illustrate a pictorial visual

display of the daily menu alongside written descriptors. This will then be presented on a magnetic board. Head Chef is currently putting the pictures of the menu together and once achieved the magnetic tiles will be purchased. This will be placed on the wall in the dining room so residents can enjoy this visual menu.

Resident dining satisfaction survey is currently under way utilizing HIQA audit tool and feedback will be collected to provide a subjective account of where residents dining experiences can be improved.

Menu choices will be updated accordingly with Head Chef.

DON met with Head Chef to discuss the feedback related to serving residents dining together in the dining room
Kitchen Staff meeting arrange for 8th August 2023, Carers meeting 4rd August 2023.
Plan DON and Head Chef to provide feedback to the teams at this meeting and agree new ways of working
Target date: 14th August

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
A new clinical hand washing sink will be installed in the clinical room. Plumber attended to discuss spec required.
Target date: 31st July 2023

All Staff undertake Hand Hygiene training and practical assessment yearly and Hand Hygiene eLearning.
Staff educated on Moments of Hand Hygiene
Hand sanitizer dispensers are utilized for regular hand hygiene in line with National guidance of Moments of Hand Hygiene.
Clinical Hand washing sink utilized if hands visible soiled.
The home has 2 nominated Infection Prevention Control link Practitioners (1 Nurse, 1 Senior HCA), who are due to commence the Nursing home link practitioner program in Sept 2023.

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 and current Inspection findings – completion date no later than December 2023.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
A monthly review of Restrictive practice has now been implemented.

A detailed summary of restrictive practice equipment is now detailed within this review.

The review also ensures epic care plans / epic safety checks and consent forms in place.

1. Double bed rails
2. Single bed rails used when bed positioned against the wall and egress blocked
3. Floor alarm matts

Target Date: Implemented 3rd July 2023

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The policy for management of personal property, personal finances and possessions has been updated in line with National Guidance to include the process for managing residents' personal valuables / money arrangements in the centre.

Deceased funds arrangements in Aperee Living Camp 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 current deceased resident monies will be transferred immediately to this designated client account.

Going forward on the passing of any resident in Aperee Living Camp monies will be transferred immediately from the main account to the homes separate designated client account. Instant and active engagement will commence to return the monies funds to the resident's estate.

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 other than the resident's own use.

No authority will be granted to resident's funds to people who are not employed by the Registered Provider. Residents' funds shall not be used for any other purpose than the residents' own use.

The system in place for the management of resident's monies and properties handed in for safekeeping has been reviewed and updated in accordance with the centre's policy. Where a resident wants to give money or valuables over to Aperee Living Camp for safe keeping, a safe is available. There will be a complete record of all money/ valuables deposited by the resident for safekeeping; this is a live document and kept up to date as changes occur. The record of all transactions will be signed and dated by an authorised staff members and co -signed by the resident where possible or the person designated by the resident. Where the resident is unable to co- sign the record of transaction, a second staff member will witness and sign the record.

Of note, on 21st June 2023, DON completed audit of resident's properties / monies in safe keeping and any items / monies found in safe keeping was returned to previous resident families via registered post. DON spoke to each family via telephone and confirmed what was in the safe possession and agreed address to send registered post to. 4 parcels sent back to 4 families.

Admin / DON office to complete monthly audit to ensure this is kept up to date and only current resident properties / monies will be held in safe keeping.

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	21/08/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	21/08/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	30/09/2023

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	14/08/2023
Regulation 21(1)	The registered 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.	Substantially Compliant	Yellow	31/07/2023
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	30/08/2023
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	Not Compliant	Orange	31/07/2023

	details responsibilities for all areas of care provision.			
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	30/12/2023
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	31/07/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/12/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/12/2023
Regulation 04(1)	The registered provider shall prepare in writing,	Substantially Compliant	Yellow	28/08/2023

	adopt and implement policies and procedures on the matters set out in Schedule 5.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	03/07/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/08/2023