



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:	11 March 2021
Centre ID:	OSV-0004447
Fieldwork ID:	MON-0032151

About the designated centre

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

Conna Nursing Home Ltd. 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:	38
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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
Thursday 11 March 2021	10:30hrs to 18:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The inspector spoke or met with most of residents during this unannounced inspection of Conna Nursing Home. Feedback from residents living in this home was generally positive. They were found to be well cared for and they told the inspector that they were happy with their social and medical care including visits from the physiotherapist. They were aware of the COVID-19 virus and they kept up to date with daily newspapers, staff conversation and TV reports. They were delighted to have had their vaccinations and said they felt safer as a result. While residents spoke about how isolating it was to have no visitors during the pandemic they told the inspector that staff supported them throughout and the social programme was very therapeutic. They said while the visitor restrictions were difficult for them the management and staff had been accommodating in allowing visitors in for compassionate reasons. Additionally, they were glad of the socially distant visiting arrangements in the centre which meant that visitors could enter an enclosed visitors' pod and chat without any risk of cross infection. By way of example of how residents' needs were addressed, the inspector saw a complaint from one resident who was very unhappy at the restrictions on visiting and the feeling of isolation: this person had been facilitated to have a compassionate visit with a close relative, which alleviated the sense of sadness for both parties according to staff. Staff and residents were aware of the latest infection control guidelines from the health protection surveillance centre (HPSC). Notices about COVID-19 from the HPSC and the Health Services Executive (HSE) were prominently displayed.

The activity coordinator and one of the activity team were present at the time of inspection. These staff members were seen to organise group and individual social activities throughout the day. Knitting, nail painting, art work, one to one hand massage and outdoor walks were ongoing on the day of inspection. Residents were seen to happily engage with these staff who had developed personal activity programmes based on residents' preferences and any new interests were accommodated. Residents were stylish and warmly dressed in keeping with the seasonal weather. Those who were seen going outdoors were dressed in coats and caps which meant that they did not have to stay indoors on a colder day. The activity staff told the inspector that there was a great demand for video calls and they facilitated up to twelve SKYPE visual phone calls per day. On the day of inspection residents were seen to use the desk phone, their personal phones for video calls and to visit their relatives in the pod. Arrangements had been made to put in a new call-waiting system on the main phone, as relatives had raised concerns about not being able to get through when the line was engaged. Staff explained that this had happened on a number of occasions when staff and residents were using the desk phone and there had been only one line available. A plan was in place to increase the phone lines into the centre.

The inspector observed the centre to be very clean and spoke with a number of the housekeeping staff who were busy cleaning during the inspection. The centre was also generally found to be in a good state of repair and decoration, even though a

number of renovations were still to be completed. A small number of residents attended the spacious dining room for meals and some dined in their bedrooms, as each of the three corridors operated as individual pods while the level five restrictions were in place. This meant that residents accessed the sitting room on different days to facilitate social distance. Nonetheless, as there were a number of other suitable rooms in the centre which were not currently in use, additional opportunities could be availed of, in each corridor, for more residents to come out of their rooms on a daily basis.

A number of residents also sat out in the large well furnished foyer. They were interested in all the activity during the inspection and showed the inspector some of their reading material and discussed their personal photographs. Residents told the inspector that they had adjusted their habits during the pandemic to facilitate social distancing at meal times and for activities.

The inspector observed kind and patient interactions during the day. Residents were unanimous in their praise of the staff. They said they were very grateful to the staff who had worked so hard during the pandemic to keep them well. They said that staff were friendly, courteous and understanding. One resident when asked about the personal protective equipment (PPE), especially mask wearing, said she understood the need for it and was happy to see staff wearing it. She said she was very familiar with staff anyhow and that they were always careful to introduce themselves. Residents said they were satisfied with their accommodation and meals. One resident told inspectors she was delighted to have her own bedroom and particularly an en-suite shower and toilet. Throughout the inspection the inspector saw that a number of residents were in bed. This was discussed further in the report.

Residents expressed confidence in the staff and they felt that their complaints were addressed. Detailed records seen confirmed this. Residents said that they enjoyed the residents' meetings which supported their choices and wishes. Minutes of these were viewed and issues discussed indicated that residents were responded to, as feedback was provided at the next meeting.

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 on the quality and safety of the service being delivered.

Capacity and capability

Conna Nursing Home was registered as a designated centre since 2003. The centre was operated by Aperee Living Conna, the registered provider. At the time of the inspection the overall day to day governance structure for the service was undergoing change in line with the recent change in ownership. There was new person in charge in place who was knowledgeable of residents and the remit of the

role, having worked elsewhere in a similar role. She informed the inspector that a new assistant person in charge had been recruited and was due to commence in the role in the following weeks. Currently she was supported in management by a clinical nurse manager 2 (CNM2) and practice development personnel from the parent company. At the feedback meeting assurances were received that the statement of purpose for the centre would be updated with the new governance and management structure when this was established.

The annual review was available. A number of actions had been completed and an action plan for the remaining items was in place. Due to the pandemic restrictions some items had been delayed. However, a clear plan was envisioned: this included ongoing premises renovations, painting, repairing of walls around the newly installed fire-safety door, a new janitorial room and the provision of additional hand washing sinks. There were also plans to reconfigure three-bedded and two-bedded rooms to reduce occupancy, as some rooms were not sufficiently spacious for residents to maintain social distance and store adequate personal possessions within the rooms.

There was evidence of some quality improvement strategies and monitoring of the service. There was a system of audit in place for example; audits were carried out in relation to care planning, hygiene and falls. Following completion of audits, there was evidence of comprehensive recommendations with action plans assigned to responsible staff for completion. Some of these systems were newly implemented and required further training to include new aspects of care and residents' lived experience, according to the practice development staff.

Resources had been made available for a plentiful supply of PPE, the provision of suitable changing rooms, social distancing and a visitors' pod. These actions were included in the COVID-19 contingency plan to support residents, their families and staff in preventing an outbreak in the future.

The new management company had yet to complete the required fire safety works commenced by the previous owner. The specialist inspector for Fire and Estates from the Health Information and Quality Authority (HIQA) had written to the previous owners for an defined time line by which the works would be completed. As this responsibility had passed to the new owners the inspector requested an updated time line with associated plans for the outstanding works.

Staffing levels were under review and were being assessed in line with residents' changing needs. The staff roster was up to date. Where staff were not available they had been replaced by another staff member to maintain adequate staffing. On this inspection the sample of staff files reviewed were well maintained. They contained most of the documents required under Schedule 2 of the regulations for the sector. Oversight of training needs was supported by the practice development staff from Aperee. Two of these staff were in the centre on the day of inspection to support staff in care planning and audit development. A number of senior staff and health care professionals were qualified to deliver in-house training for example, protection from abuse, manual handling and training in nutritional needs. Other aspects of training were provided by external facilitators such as training in end of life care and manual handling procedures. New staff were undergoing induction and

training and this was supervised by senior managers. These staff had mentors to guide their orientation and workbooks were used to record learning. Performance improvement plans were in place where appropriate. A sample of these documents were detailed and meaningful, Progression and learning was apparent from one meeting to the next. This meant that staff were supervised and offered opportunities to learn and improve where necessary.

It was evident to the inspector that there was a sympathetic and open approach to complaints management in recent records. These records indicated that there was acceptance of complaints to improve the service and that residents were given careful feedback whenever they raised issues of concern. The person in charge expressed a person-centred approach to complaints management which she said was the standard expected of each staff member in the centre. Staff were familiar with the complaints procedure and residents spoken with said they could raise concerns and were satisfied they would be addressed.

There was a record of all accidents and incidents that occurred in the centre and appropriate action was taken for any resident following a fall. Incidents had generally been notified to the Chief Inspector as required by the regulations. Assurance was provided that all staff had the required garda vetting (police) clearance in place prior to commencing work in the centre. Evidence of this was seen in the sample of staff files reviewed.

Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables.

Regulation 14: Persons in charge

The person in charge had been recently appointed. She was very well experienced in older adult care. She demonstrated knowledge of the regulations and standards. She had the required management qualifications and previously worked a person in charge in another centre. She knew all the residents by name and proposed to lead the care team with a person-centred ethos.

Judgment: Compliant

Regulation 15: Staffing

An adequate number of nurses, health care assistants, activity staff, housekeeping staff and administration staff were available in the centre on the day of inspection. The roster seen confirmed the staffing levels as discussed with the person in charge.

- Nonetheless, staffing levels required review to provide optimal care for residents with dementia and to support care needs and choice of bedtimes in

the late evening.

- As there were three corridors in the centre it would be difficult for the two health care assistants, on duty after 21.00, to attend to each resident's needs promptly, while the two nursing staff were administering medicines.
- There were a number of residents with dementia in the centre who required close supervision. The inspector discussed the need for one-to-one care support for a number of these residents, who were observed to have very high care needs and were seen constantly accompanied by staff members. The person in charge said that she was evaluating care needs and confirmed that staffing was reviewed weekly to ensure there were sufficient staff on duty to enable these residents to continue mobilising safely and maintaining their abilities.

Staffing levels required ongoing review and management oversight.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training records were made available to the inspector.

- The training matrix indicated that staff had attended a range of training modules related to infection control processes, hand hygiene procedures, COVID-19 information and the wearing of personal protective equipment (PPE).
- Staff had undertaken mandatory and appropriate training such as, safeguarding training, fire safety and manual handling.

Staff confirmed their attendance at this training.

Judgment: Compliant

Regulation 21: Records

Not all the required regulatory records were maintained in the centre;

For example:

- The curriculum vitae (CV) of one staff member contained gaps without an explanation being included.
- Residents who were confined to bed did not have a complete record maintained of their food and fluid intake. For example, if a resident did not eat a full breakfast the record maintained on the electronic system recorded "minimal intake" without offering further explanation. This was not an

adequate record to enable the inspector to evaluate if the resident had an adequate intake. In addition, in relation to fluid intake while residents' had full jugs of water in their bedroom they were not seen to be facilitated to access these.

The person in charge undertook to set up an accurate system of recording food and fluid intake for those residents who were in bed or in their rooms and to delegate supervision of this practice.

Judgment: Not compliant

Regulation 23: Governance and management

The system of governance and management in place for the centre provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There were clearly defined roles and responsibilities set out for management of the centre and staff were aware of the line management reporting protocol.

A new person in charge was appointed since January 2021. As she had worked in the centre for a period of time prior to her appointment she was knowledgeable of her role, of staffing requirements and of residents' backgrounds and needs. She said that a new assistant person in charge had been selected and was due to commence work in the centre in the following weeks.

A knowledgeable clinical nurse manager (CNM) was also part of the senior management team. She provided continuity and consistency during the change of senior management personnel. This meant that effective, safe and appropriate management systems were maintained.

Weekly management meetings were held to discuss the COVID-19 preparedness plan and relevant issues such as supervision, training, individual medical requirements, visiting and any concerns. Records were reviewed which demonstrated a clear, comprehensive exchange of important information.

Staff supervision processes were comprehensive and there was zero tolerance of unsafe or poor communication. The person in charge indicated that the ethos being fostered was one of respect and transparency.

- Nevertheless, increased supervision and training was required in relation to ensuring an accurate, comprehensive recording system was in place for the food and fluid intake of vulnerable residents,
- In addition, while it was very good practice to facilitate a 'pod' system for residents it was equally important to facilitate small social groups on each corridor to maintain connection and well-being.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Since the previous inspection residents' contracts of care now included the number of the room to be occupied by each resident and stated if it was a shared or single room. This addition was a regulatory requirement.

Judgment: Compliant

Regulation 31: Notification of incidents

A notification of a recent infection was submitted retrospectively.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

- A centre-specific complaints policy was in place.
- The complaints policy identified the nominated complaints officer and also included an independent appeals process, as required by the regulations. The inspector reviewed the complaints log which was maintained electronically. These detailed the complaint, investigation, responses and outcome of any complaints and whether the complainant was satisfied.
- All complaints viewed had been dealt with.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations had been developed and updated on a three yearly basis in line with regulatory requirements.

There was a suite of infection prevention and control policies, a risk register and a relevant COVID-19 contingency plan in place.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. It was evident that residents' health care needs had been well managed during the COVID-19 pandemic with a planned and coordinated approach by management. The needs of residents had been given priority and this continued to be the ethos of care in this centre. Dedicated staff worked tirelessly to maintain safe levels of care to residents and adhere to HPSC guidelines on the wearing of PPE, according to the person in charge. Residents confirmed their satisfaction to the inspector and staff were seen appropriately washing their hands and wearing masks throughout the day. Residents' reported that they had great opportunities for social interaction through the proactive social care programme developed by the experienced team of activity personnel. This service had been maintained throughout the pandemic which residents said they found very supportive.

The local general practitioner (GP) provided medical services to the centre and residents also had the choice to retain the services of their own GP. Specialists' appointments were facilitated. There was evidence of regular reviews of residents' care plans and medical interventions such as blood tests were facilitated. The addition of regular access to the physiotherapist was described as very beneficial to residents and to staff, in relation to correct handling of vulnerable residents as well as providing an appropriate exercise programmes. Residents had access to the dietitian and to the speech and language therapist (SALT) through the nutrition company which supplied nutritional drinks to supplement residents' nutrition. Visits to the dentist, consultants and the chiropodist were facilitated. A sample of care plans reviewed by the inspector was detailed, individualised and relevant. Residents' life stories were recorded and staff were found to be knowledgeable about what was important to each individual person residing in the centre. The life story information formed the basis for a number of care plans.

The catering staff were generally familiar with any specialised diets or the dietary preferences of residents. Food was attractively presented. On the day of inspection staff were seen to assist residents appropriately in the dining room and in their bedrooms. The majority of residents had chosen to have breakfast in their bedroom. Supervision of this practice had increased since that last inspection, according to a number of staff spoken with. Residents' meal intake was seen to be recorded on an electronic system available in each corridor. Nevertheless, issues with the accuracy of the recording system were identified during the inspection and additionally, one resident with anxiety related to food and food consistency required additional supports and choice. A well stocked snacks and drinks trolley was seen in use around the centre during the day.

Residents' choice, dignity and independence were safeguarded through staff training, staff appraisals and the provision of adequate bedroom and toilet facilities. Resident surveys had been undertaken. There was evidence of consultation with

residents and relatives and the annual review for 2020 was seen by the inspector. Residents had unrestricted access to spacious enclosed safe gardens. Residents were also seen to be accompanied out to the front drive and gardens, appropriately dressed for the weather. Positive interactions between staff and residents were observed during the inspection. The inspector found that staff availed of opportunities to socially engage with residents, for example, chatting, reading, walking, beauty therapy, singing and knitting.

The premises layout met residents' needs in relation to privacy and dignity as well as accessibility. The majority of rooms were single occupancy and there were efforts underway to reduce occupancy in the two and three bedded rooms to facilitate social distance and increased privacy. En suite facilities, while shared in some instances, included shower, toilet and wash basin. There were adequate communal toilet and shower facilities available also. The communal rooms included a library, oratory, sitting room, dining room and conservatory. There was a well equipped hairdressing salon available. New furniture had been purchased and assistive equipment was available for residents' needs. The library had been redecorated and was now used for activity provision, as an alternative to the sitting room. The person in charge told inspector that the oratory was reconfigured also to ensure that the storage of chairs did not impact on the safety of residents using this room. In addition, the visitors' hub was incorporated into a corner of this room. The nicely furnished conservatory offered an additional relaxation area.

The provider had put a number of systems in place to manage risks and ensure that the health and safety of residents was promoted. The health and safety statement was seen to have been reviewed. The COVID-19 contingency plan was regularly updated and explained to staff. Minutes of staff meeting confirmed this. Infection prevention and control strategies had been implemented to effectively manage and control COVID-19.

These included but were not limited to:

- Staff and residents' temperature were checked twice daily in line with current guidance.
- Ample supplies of PPE were available. Staff were observed to consistently use PPE in line with national guidelines.
- Increased cleaning and disinfection in the centre.
- The inspector was informed that there were sufficient cleaning resources to meet the needs of the centre.
- Advice from the outbreak control team (OCT) and the centre's infection control (IPC) expert was seen to be followed and improvements were ongoing in line with the very detailed IPC audit seen by the inspector.

An emergency plan had been developed and an appropriate response was in place for emergency situations. Residents had personal emergency evacuation plans (PEEPS) in place, identifying the most appropriate means of evacuation at both day and night time. Fire drills were conducted frequently and there were good records maintained of the scenarios simulated. The person in charge explained that the response time had improved at each fire drill, which addressed a finding from the

previous inspection.

Nonetheless, on this inspection the inspector found that there were a number of fire safety management issues yet to be completed. A programme of works for the centre had been drawn up by the consultant engineer for the previous owner, to address these. The provider was requested to submit a time-bound schedule for the completion of these works following the inspection.

All residents stated that they felt safe in the centre. The inspector found that bed rail use was risk assessed and continuously reviewed. Alternatives to bed rails, such as low-low beds (where assessed as suitable) and chair alarm mats were seen in use and were risk assessed. These were in use for those residents at risk of falls. When these alarms sounded as residents got up, the inspector found that they were assisted to walk if that was their wish, and were not constantly reminded to sit down again. This was a positive use of what could otherwise be construed as restrictive practice. The inspector saw that psychotropic (various sedatives) medicine was kept under review and was reduced when no longer necessary. This best evidence-based practice was seen to be documented and was confirmed by the person in charge.

Regulation 10: Communication difficulties

Residents were facilitated to use mobile phones to talk with family members. Electronic tablets were available to enable video calls. Residents were kept up to date with news from the community by staff and through phone calls with relatives. Residents were updated daily about the virus and were well able to discuss this with the inspector. There was a TV in each bedroom. Residents informed the inspector that they could choose to watch the news or alternatively a favourite programme for distraction and relaxation. Residents' meetings were facilitated and minutes of these were available. The complaints process was on display for residents.

An appropriate care plan was in place to guide staff on supporting the identified communication needs for residents. The person in charge said that psychotropic drug use on a PRN basis (give when required) was kept under review and non-pharmaceutical approaches were favoured for the behaviour and psychological symptoms of dementia (BPSD), where this was appropriate. Care plans seen and staff practices observed during the inspection supported this finding.

Judgment: Compliant

Regulation 11: Visits

Visits were accommodated within the level 5 restrictions set out by the HPSC at this

time of a more transmissible strain of the COVID-19 virus.

This meant that window visits and compassionate visits were the only type of visits allowed. The visitors' pod had made visiting more enjoyable as visitors were protected from the weather. There was evidence seen in care plans and the visitors' book that compassionate visits had been allowed.

Judgment: Compliant

Regulation 17: Premises

Premises required updating as follows::

- The provision of a suitable janitorial room.
- The repair of some sections of wall following the fire safety door installation.
- Painting of a number of rooms, woodwork areas and bedrooms.
- The wall under a number of wall mounted alcohol hand gel dispensers was stained.
- Replacement of rusty shelving in the chemical store.
- The tiling in some toilet areas required renewal as it was no longer capable of being effectively cleaned.

Judgment: Substantially compliant

Regulation 26: Risk management

- The risk register was updated.
- The risk management policy was in line with regulatory requirements.
- Health and safety meetings were held.

Judgment: Compliant

Regulation 27: Infection control

The following issues required attention:

- Facilities for and access to hand wash sinks in the areas inspected were less than optimal. For example here was a limited number of dedicated hand wash sinks in the centre.
- The underside of a number of wall mounted alcohol hand gel dispensers were stained.

- The janatorial room was too small to store all cleaning items
- Urinals were inappropriately stored.

Judgment: Substantially compliant

Regulation 28: Fire precautions

- A detailed fire safety report had been commissioned by the previous owners, which indicated that there were a large number of fire safety measures to be undertaken to bring the centre up to the required fire safety standard.
- These works had commenced but had not been completed within the time-frame which had been agreed in 2019.
- An updated time-bound plan was requested setting out the schedule and completion date for the proposed works.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

- Care plans in general were detailed and updated within the four-monthly time frame.
- Language used within the care plans was person-centred and respectful.
- Care plans were individualised and the information read by the inspector indicated that residents' needs were understood and addressed by staff.
- Care plan training was planned and the practice development staff trainer spoke with the inspector about the role out of this programme.

Judgment: Compliant

Regulation 6: Health care

The dietary instructions for residents were not always appropriately followed:

- This was particularly relevant for one very ill resident who had been provided with a jug of water in the bedroom even though that resident was on 'thickened fluids'. This presented a risk to the resident of being offered the wrong consistency fluid.
- In addition, a resident with anxiety which became acute at meal times was served food of the wrong consistency.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

- Staff had attended training to update their knowledge and skills in this aspect of care.
- The care of residents with behaviour associated with the effects of dementia was evaluated using appropriate records. These records described the Antecedent to the behaviour, the Behaviour and the Consequences of the intervention (ABC charts): this enabled a non-pharmaceutical, best-evidence approach to behaviour escalation.

Judgment: Compliant

Regulation 8: Protection

It was evident during the inspection that the registered provider took all reasonable measures to protect residents from abuse.

- The person in charge reported that all staff had training in relation to the detection and prevention of and responses to abuse. These records were available to the inspector.
- There were adequate arrangements in place to investigate any incident or allegation of abuse.
- A number of residents spoken with were found to be content and they said they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in a wonderful range of activities and recreation facilitated by trained social care staff. Residents had been surveyed and in response to the survey additional items were added to the programme of activities. Individual knitting sessions, walking, developing photo books and outdoor walks were ongoing on during the inspection. Residents confirmed that these were a daily occurrence and these records were maintained.

- Family contact was maintained through telephone, video calling and letters.
- It was evident that residents had been consulted about the public health measures in place.

- Minutes of residents' meetings indicated that staff members were acting on the requests of residents, including improvements on menu planning and activities.
- People in the community were described as being very kind sending in gifts to residents. Local children had sent in letters and drawings to cheer residents. A number of 'thank you' cards were seen which were very complimentary of the staff and the care available to residents.
- Interesting and appropriate conversations were heard by the inspector during the inspection. Residents were heard to contribute information from their experience and personal knowledge.
- Residents said that they felt such a diverse and meaningful activity programme demonstrated to them that their interests were important to staff and that their experiences were valued and celebrated.

Their lives and experiences in the centre were expanded and made more agreeable by their feeling of involvement and collaboration fostered by staff and family input.

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	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	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	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Conna OSV-0004447

Inspection ID: MON-0032151

Date of inspection: 11/03/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels remain under weekly review by the Management team, and particular focus will be on the supervision and Residents requests at evening / night time. We are satisfied that the current staffing levels are appropriate to meet the care needs of the Residents.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The staff members CV has been updated to account for the gaps highlighted at inspection.</p> <p>All Staff will document the amount of food & drinks consumed by each Resident via the electronic system if this is required as a part of their care plan.</p> <p>All Residents are provided with fresh drinking water daily. Altered consistency drinks are provided by staff when the Resident wishes to drink. The Resident on inspection was not able to independently access the water jug; and all staff are familiar with each Residents consistency of fluid requirement; which is also reinforced at handover on each shift of duty.</p> <p>All Residents are also served fresh drinks from the tea trolley, from the kitchen and at their request from the jugs in their rooms throughout the day, at the required consistency and at a time of their choice.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Resident pod system remains in place where social groups and interactions occur and will be further extended to enable greater social interactions in line with HPSC National Guidance.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>A single case of inactive illness was notified during the inspection at the request of the inspector. However, the requirements for NF02 notification of 2 or more cases was not evident.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All minor capital works are scheduled for completion in line with the findings of this inspection.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All urinals when not in use will be stored appropriately in the sluice room.</p> <p>Hand washing sinks will be reviewed as a part of capital investment.</p>	

All wall mounted hand dispensers had been newly installed in December 2020. All have been checked and cleaned where appropriate.

The janitorial room will be reviewed as a part of the capital investment plan.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Fire safety works were temporarily suspended due to the Covid Pandemic restrictions.

These works have now recommenced in accordance with the revised Fire Plans submitted to the inspector.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The Resident was served the incorrect meal on the day of inspection, which was immediately rectified, and an apology provided.

All altered consistency meals are reviewed weekly with the Catering Staff (and also immediately when there is a change required) by the DON and Clinical Management team.

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	18/03/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant		31/12/2021
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	Not Compliant	Orange	18/03/2021

	and are available for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	12/03/2021
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	31/12/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	21/06/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Not Compliant		21/06/2021

	fire equipment, means of escape, building fabric and building services.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	21/06/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	12/03/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	12/03/2021
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a	Substantially Compliant		11/03/2021

	resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
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