



# 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:	13 September 2021
Centre ID:	OSV-0004447
Fieldwork ID:	MON-0033921

## About the designated centre

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

Aperee Living Conna was established in 2003. It is currently managed by the Aperee Living Group. It is a 50-bedded home situated on the edge of Conna and all accommodation is on one level. The home comprises 42 single rooms with en-suite toilet and shower some of which are shared between two single bedrooms. There are two single rooms (not en-suite), three double bedrooms en-suite, large sitting room, conservatory, dining room, oratory, library, hairdressing salon, assisted bathroom, assisted shower room and enclosed garden with seating provided. All rooms have access to a call bell system and residents are encouraged to personalise their rooms. Visitors are always welcome. The centre employs over 80 staff and offers long-term and respite care as well as caring for residents with dementia. The management and governance of Conna Nursing Home is directed by a team of staff who continually strive to raise standards of care. There is 24-hour nursing care available. A pre-admission assessment is carried out to clearly identify the needs of the person prior to admission. Conna Nursing Home employs a team of activity staff. Each resident is assessed from an activities perspective and a personalized programme is designed for them. A care plan will be developed with the resident's participation within 48 hours of admission. It will set out personal care needs and will provide guidance to staff members. There is medical and allied health services available and all dietary needs are catered for. Residents are encouraged to be proactive in the development of services and facilities at Conna. We are interested in your feedback to ensure that our service is continually reviewed in line with best practice through surveys and residents' meetings.

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

Number of residents on the date of inspection:	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
Monday 13 September 2021	08:30hrs to 17:45hrs	Caroline Connelly	Lead
Monday 13 September 2021	08:30hrs to 17:45hrs	Siobhan Bourke	Support

## What residents told us and what inspectors observed

From the observations of inspectors and from speaking with residents, it was evident that, in general, residents had a good quality of life in the centre. The inspectors met with the majority of the 38 residents living in the centre on the day of inspection and spoke with 10 residents at length to gain insight into their lived experience. The inspectors met with five visitors during the inspection. Residents told inspectors that they were happy living in the centre and they were supported by kind and caring staff, who respected their opinions and choices. Relatives spoken with were complimentary about the care provided to their family member. Inspectors observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with the regulations. On arrival to the centre, inspectors were guided through the infection prevention and control procedures by a member of staff. An opening meeting was held with the assistant director of nursing (ADON) who also accompanied inspectors on a walkaround of the centre.

The centre was surrounded by mature landscaped gardens and pathways that were available for residents' use. The centre also had an internal secure garden area that was furnished with well-maintained brightly coloured seating and tables and plenty of flowering plants and shrubs. This garden area was easily accessible to residents living in the centre. Inspectors saw the centre's resident cat "Felix" roamed freely around the centre. A number of residents told inspectors that they enjoyed the time they spent with the cat and that he gave the centre a homely feel. One resident had pictures in their room of their own cats which had come to visit the resident the previous weekend and were very welcomed visitors.

The centre was a large single storey building located in the scenic rural setting near Conna village and could accommodate 50 residents. There was plenty communal spaces for residents' use with a large dining room, day room, activities room, sunroom and oratory. These rooms were homely, nicely decorated and had plenty of comfortable seating for residents' use. The centre had a well-equipped hair salon where a hairdresser attended the centre once a week. The centre had a large spacious foyer with sofas and armchairs available for residents. A number of residents were sitting in this area throughout the day. Inspectors were informed that a pod system for social distancing was still in place since the last inspection to reduce the risk of COVID-19 at the centre. As found on the last inspection, better use of the available communal spaces could be made to ensure that residents could remain socially distant yet spend more time out of their rooms.

The centre had 44 single bedrooms and three double bedrooms arranged in three main wings called Aghern, Douglas and Castle. Only one of the double rooms was occupied on the day of inspection. Inspectors saw that personal protective

equipment (PPE), patient equipment and supplies were stored in some of the unoccupied bedrooms in the centre. The person in charge told inspectors that plans to address this were underway with new shelving of current storage rooms underway and that extra external storage areas had been arranged by the provider. During the walkaround, it was evident that a number of the bedrooms had been freshly painted and redecorated in the centre. Inspectors saw that residents' bedrooms were homely and personalised with family pictures, ornaments and in some rooms, furniture from residents' own homes. Large portrait photographs of residents were displayed outside their bedrooms to help with wayfinding.

Inspectors saw that the communal rooms and bedrooms were generally clean and there was plenty wall mounted hand sanitiser dispensers available throughout the centre. Staff were observed to be adhering to hand hygiene practices and wearing personal protective equipment (PPE) in line with guidance during the inspection.

Two of the double rooms and 24 of the single rooms had shared bathrooms between two rooms. Inspectors were not assured that the arrangements in place to ensure residents' dignity and privacy were respected in a number of these bathrooms as there was no signage advising people that they were shared bathrooms. Furthermore, the magnetic interlocking system did not appear to be working in a number of the bathrooms seen by inspectors.

On the morning of the inspection, inspectors observed that the majority of residents were having breakfast in their bedrooms and the large dining room was empty. During the lunch time meal, inspectors observed that while some residents were eating their meals in the dining room and dayroom, a number of residents were eating their dinners alone on tables and trollies in the foyer. Residents' meals were served on trays which did not appear to provide a social dining experience.

Residents appeared to be well-cared for, neatly dressed and groomed according to their preferences. Inspectors observed staff interact with residents in a kind and respectful manner and it was evident that the staff knew the residents well. Inspectors heard a carer and resident singing beautifully together in the foyer. The inspectors spoke with a number of visitors who had a lot of praise for the staff working in the centre and the care provided to their relative. a number stating "the staff are great and look after our family member well.", "I couldn't say anything but good things about the care here." One visitor went on to describe the great improvement in their relative's condition since coming into the centre.

Visitors were made welcome in the centre and the inspectors saw a number of visitors meeting with residents in their bedrooms or in the foyer. Staff told the inspectors how much the residents had missed their visitors during the recent COVID-19 pandemic restrictions and how they had used window visits and mobile phones and face time to help residents stay in touch with their families. Families told the inspectors that the centre had kept them informed about what was happening throughout the pandemic and would ring them now if any change to the residents condition. It was evident that the service was valued and supported by the local community and that community links were well established. A local four piece orchestra performed for the residents the week before and they had local musicians

also providing a service to the centre. The centre had also developed links with the local schools and children wrote to the residents and residents wrote back aided by the staff. One resident writes regular articles for a local paper.

On the day of the inspection there were two activity staff on duty and a therapeutic session took place in the morning and a lively game of bingo took place in the afternoon. The inspectors noted that this took place in the activity room and there was limited numbers of residents involved. It was evident that the residents were enjoying the session and at the residents meetings further bingo sessions are requested each week. The inspectors felt that whilst this activity took place in the activity room, the residents in the foyer and day room were excluded from the fun of the session and if it had taken place in the day room it would have enabled greater participation and stimulation for all. One resident told the inspectors that they had been on a recent day trip out to the seaside and the inspectors were shown a video of the great fun day out set to music which was sent to families with residents' permission. Residents were seen to be reading the daily papers and had access to television and radio in their bedrooms.

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

Overall, there were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and many of the improvements required from the previous inspection such as the required fire safety works were completed and comprehensive recording of fluid and food intake was in place. From this inspection further action was required in relation to fire drills to simulate evacuation of the largest fire compartments, increased cleaning resources at weekends and improving the dining experience for residents.

Aperee Living Conna is operated by Aperee Living Conna Limited, who is the registered provider. It is part of the Aperee Living Group, which own and operate a number of nursing homes throughout the country. There was a clearly defined management structure in place with identified lines of accountability and responsibility. The Aperee Living Group's senior management team included a group operations manager, human resources manager, head of quality and standards, clinical support managers and infection prevention and control manager, who supported the management team within the centre. On the day of inspection, one of the clinical support managers was onsite to assist staff with implementation of the care planning systems.

Within the centre there had been significant changes to the management team in 2021 with the appointment of a new person in charge and an assistant director of

nursing. The assistant director of nursing was available to deputise for the person in charge when required. The person in charge was also supported in her role by a clinical nurse manager, nursing staff care staff, two activity co-ordinators, catering, domestic, administration and maintenance staff.

The provider had effective management systems in place to monitor the quality and safety of the service through auditing and weekly reporting of key performance indicators such as falls, incidents, infections, weights and pressure ulcers. This information was discussed by the management team in the centre each week and was reported to the clinical governance meetings that were held each month. Other issues such as fire safety, audit findings, incidents, complaints, infection prevention and control, care planning and training were also reviewed at clinical governance meetings. Where issues were identified, action plans were developed within a specific time frame.

A comprehensive annual review of the quality and safety of care provided to residents in 2020 had been prepared in consultation with residents and included an improvement plan for the centre for 2021.

The person in charge and assistant director of nursing communicated with staff daily to inform them of any changes to residents' needs and held regular staff meetings to communicate any practice changes.

Inspectors discussed the staffing levels and skill-mix of staff with the person in charge who provided assurances that the staffing levels were under continuous review and were increased in line with the increased occupancy of the centre and the changing needs of residents. Inspectors were informed that recruitment was ongoing for healthcare assistants and cleaning staff at the centre. Inspectors saw examples of performance improvement plans that were put in place for staff where aspects of practice required improvement. Inspectors were given assurances that vetting disclosures were in place for staff. A sample of four staff files were reviewed by inspectors and found that they contained the documents and information required in Schedule 2 of the regulations.

Training records and staff spoken with confirmed a good level of ongoing training was provided and encouraged in the centre.

There was a comprehensive record of incidents and accidents that took place in the centre and all had been notified to the Chief Inspector as required by the regulations. Complaints were recorded and the person in charge was well-informed regarding complaints made, actions taken and consulting with the complainant to resolve the issues raised.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires were completed to help inform ongoing improvements and required changes in the centre.

This unannounced inspection was carried out over one day to monitor the centre's ongoing compliance with regulations and standards. Inspectors acknowledged that



residents and staff living and working in centre has been through a challenging time during the COVID-19 pandemic. Inspectors saw that the centre had a comprehensive contingency plan in place should the centre experience an outbreak.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation were submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was a registered nurse who had the required qualifications, management experience and experience of nursing older persons specified in the regulation. She demonstrated good knowledge regarding her regulatory responsibilities and was seen to be engaged in the effective governance and operational management of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

Based on the assessed needs of the 38 residents living in the centre and the size and layout of the centre, inspectors were assured that there was a sufficient level of nursing, healthcare assistants, activity staff and administration staff available in the centre on the day of inspection. Inspectors were informed that the centre was actively recruiting for healthcare assistants and inspectors saw that any gaps in the roster for healthcare staff were filled by nursing staff working in the centre. Inspectors found that as there was only one cleaner working in the centre on weekend days, adequate terminal cleaning of rooms was not achieved in the centre. This will be discussed and actioned under Regulation 27.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. Training was also provided for nursing and care staff in end of life care at the centre. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles by the person in charge, assistant director of nursing and clinical nurse manager.

Judgment: Compliant

### Regulation 19: Directory of residents

Information required to be maintained in the directory of residents was available for inspectors to view in the centre. This directory contained the information required in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Requested records were made available to inspectors and all records viewed were well maintained. A sample of four staff files were reviewed and found to contain all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

A current compliant certificate of insurance was in place at the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. There were good management systems in place to ensure the service was safe, appropriate and

effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and audits demonstrated ongoing improvements in the quality and safety of care.

There was evidence of regular management meetings and of actions taken following same. Resources were available to ensure the effective delivery of care in accordance with the centre's statement of purpose.

Judgment: Compliant

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

Residents had contracts of care with the room and occupancy included, and additional fees to be charged where relevant.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was updated on the day of inspection to include the size and description of the external storage units in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Inspectors reviewed the centre's incident and accident log and found that all required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector. Incidents such as falls were regularly analysed and reviewed to identify any trends and minimise the risk of recurrence at the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents who spoke with inspectors were aware how to raise a concern or make a complaint at the centre. The centre's complaints policy was displayed in the foyer and included the nominated complaints officer. An inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy and to the satisfaction of the complainant.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations that were reviewed and up-to-date. The most recent Health Protection and Surveillance (HPSC) guidance, *Interim Public Health, Infection Prevention and Control Guidelines on the prevention and Management of COVID-19 cases and Outbreaks in Residential Care Facilities* was also available to staff working in the centre.

Judgment: Compliant

#### Quality and safety

The inspectors found the care and support provided to the residents of this centre to be of a good standard. Residents generally enjoyed a good quality of life in which their rights were upheld and their independence promoted. A number of residents told inspectors that they felt safe living in the centre. However improvements were required in the overall dining experience, some infection control practices and as previously identified an immediate action plan was issued in relation to safe resident evacuation from the centre.

Inspectors observed that residents received a comprehensive assessment of their health, personal and social care needs on admission to the centre. Inspectors were assured that resident's medical and health care needs were being met. The local GP provided a comprehensive service to the centre and visited weekly and more frequently as required. Residents were provided with access to health care professionals in line with their needs. Residents had good access to health care services including occupational therapy, dietetics, speech and language therapy and dental services. Wound care was seen to be evidenced based and there was easy access to the tissue viability expertise as required.

Staff were seen to be respectful and courteous with the residents. Staff who spoke with the inspector showed they had the necessary knowledge and competencies required to care for residents with a variety of needs and abilities. Residents were

complimentary about staff and their care and inspectors saw a number of thank you letters and cards from residents and their families thanking staff for the care received. Staff knew the residents well and this was evident in their communication and respect shown to the residents.

Residents and staff in the centre had been through a very challenging time during the COVID-19 pandemic, and had been successful in preventing an outbreak in the centre. The centre had a COVID-19 resource folder, and a comprehensive COVID-19 contingency plan. However, some improvements were required in infection control practices, which are outlined under regulation 27. The system in the laundry was comprehensive to ensure laundry was segregated appropriately, with separate entrance and exit for clean and soiled linen to reduce the risk of cross contamination. Plans were underway to install a handwash sink in the laundry.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The centre maintained a register of controlled drugs, which was checked and signed twice daily by two nurses.

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections in place. The reporting system in place was clear, and ensured any disclosures or suspicions were escalated and investigated without delay. Where residents were predisposed to significant episodes of responsive behaviours, they were responded to in an appropriate manner by staff, and care plans were comprehensive and person centred. Restraint was being effectively monitored by the management team and low levels of bedrail usage was evident. Staff who communicated with the inspectors, were aware of how to identify and respond to alleged, suspected or actual incidents of abuse. The provider did not act as a pension-agent for residents at the time of this inspection however extra measures were required in the documentation of residents' monies and items handed in for safekeeping.

Actions from the previous inspection in relation to fire had been completed including extensive building works. These were signed off by a competent fire safety expert. Fire fighting equipment was available throughout the building. Emergency exits were clearly displayed and free of obstruction. Daily and weekly fire safety equipment checking procedures were completed. There was a preventive maintenance schedule of fire safety equipment, the fire alarm and emergency lighting, in accordance with the recommended frequency. However as outlined under Regulation: 28 simulated fire drill evacuations of the centres largest compartments had not taken place and urgent actions were required to rectify this and provide assurance around safe evacuation from the centre.

Residents had the opportunity to meet at regular resident's meetings and discuss their concerns and a comprehensive programme of activities was available with two activity staff available to provide activities seven days per week.

The inspectors found that there were opportunities to improve the overall dining experience for residents living in the centre.

## Regulation 11: Visits

Visits were seen to take place in line with updated visiting guidelines, and there were robust procedures in place on entering the centre. Many visitors were seen coming and going on the day, with visits taking place both indoors in residents rooms, and in the communal areas. There was sufficient space and time allowed for residents receive their visitors in private. Visitors confirmed that they were communicated with by management, in relation to any changes to the visiting procedures.

Judgment: Compliant

## Regulation 17: Premises

The premises was seen to be bright clean and very airy. It was decorated in a homely manner to a high standard with ongoing maintenance.

The centre provided mainly single bedroom accommodation and bedrooms were generally much personalised with photos, throws and items from home. The communal space was plentiful with a large central dining room, day-room, activities room and oratory. The design and layout of the centre was suitable for the number and needs of the residents accommodated there. However, at the time of the inspection there appeared to be a lack of suitable storage with equipment stored in empty bedrooms and in the oratory. The person in charge assured the inspectors the storage was all in hand with new shelving being installed and storage containers outside of the centre to be used.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents were complimentary about the food and choices available at meal times. Residents' nutrition and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Care plans were in place to support people with their nutrition needs and weights were completed in line with best practice. Issues identified with the dining experience are outlined under regulation 9 residents rights.

Judgment: Compliant

### Regulation 26: Risk management

There was good oversight of risk in the centre. The registered provider had a risk management policy that met the requirements of the regulation. A COVID-19 contingency plan was in place to prevent and manage an out break should it occur.

Judgment: Compliant

### Regulation 27: Infection control

Although there was good practices in relation to infection seen, the following areas required improvement;

- There was only one member of cleaning staff on at the weekends to clean this large centre for up to 50 residents with large areas of communal space. The person in charge assured the inspectors that they were currently recruiting for cleaning staff and they would rectify this situation.
- There was no routine deep cleaning schedule available for bedrooms, bathrooms and other areas of the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

While fire drills were undertaken routinely, evacuation of the largest compartments had not occurred with simulated night time staffing levels. This was required to be assured that this complete compartment evacuation could be completed in a timely and safe manner by all staff. An urgent compliance plan was issued on inspection requiring the provider to organise simulated evacuations of the largest compartment mindful of night duty staffing levels. The provider was requested to complete these simulations with all staff until such time as they were assured that all staff were competent in evacuation procedures.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Overall many areas of good practice was seen with medication management. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The centre maintained a register of controlled drugs, which was checked and signed twice daily by two nurses. However, there was an instruction on the top of some residents drug kardex's to crush medications. While the centre had a system in place to review crush medications and the pharmacist reviewed any newly prescribed medications, this could be further enhanced by ensuring all medications required to be crushed were individually prescribed.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Resident's needs were assessed using a wide variety of validated assessment tool's which were kept under review. Residents care plans were updated regularly as required by legislation and thereafter to reflect residents changing needs. There was evidence that the care plans had been discussed with residents or relatives if appropriate. The inspectors saw that from each resident' care plan reviewed, residents were comprehensively assessed within 48 hours of admission with relevant care plans to support resident's needs. A sample of care plans showed that residents were risk assessed for clinical risk such as malnutrition, falls, continence and pressure ulcer formation.

Judgment: Compliant

### Regulation 6: Health care

The general practitioner routinely attended the centre and was available to residents Monday to Friday and regular medical reviews were evidenced in care plans. There was evidence of ongoing referral and review by allied health professionals as appropriate. The provider employed a physiotherapist, who attended the centre ever second week. There were good standards of evidence-based wound care and health care provided in this centre.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging



From discussion with the person in charge and staff and observations of the inspectors there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans. Staff spoken with outlined person centred interventions including utilising the use of music, walks around the centre and in the garden and other distraction techniques.

Staff promoted the principles of a restraint free environment and the person in charge said that they try not to use any restraint measures except when alternatives and other interventions had failed. There were low levels of restraint seen and four residents had bedrails at night to prevent falls or because residents expressed that they feel safer with them. The person in charge said she is keeping this under review and aims to reduce this number further where possible.

Judgment: Compliant

### Regulation 8: Protection

Whilst Residents' finances were generally well managed, the inspectors saw that more robust measures were required for money and items handed in for safe keeping. These were stored securely in a safe, however, monies and items handed in and out as required were just documented on the envelope which was then disposed of when no longer in use. This did not leave a written record of the transactions which did not provide protection for the resident or staff member dealing with the monies and property. There was also no audit of property or monies handed in to offer further protection.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The inspectors observed a number of areas where residents rights were compromised during the inspection;

- There were a number of shared bathrooms between bedrooms in the centre. The inspectors observed the lack of signage advising residents/visitors that these were shared with the room next door and to remind them to lock the door or knock before entry. This lack of signage could compromise the resident's right to privacy and dignity.
- The dining experience required review to ensure all residents were facilitated to have a sociable dining experience taking into account social distancing

guidelines. Inspectors saw that many residents sat in the foyer having their meals at a table on their own in the same seat where they spent the day. The dining room was very large and could accommodate a greater number of tables even taking into account social distancing.

- Meals were served to each resident on a tray, the tray was not removed giving the impression of a fast food restaurant rather than a homely social dining experience.
- Residents dining experience was not protected as the medication round occurred during this time with medications administered while residents engaged in the social activity of dining.
- Staff with meal and drink trollies were seen and heard going in and out of the dining room and up and down corridors. These were observed to be particularly noisy and residents found it difficult to converse during this time.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Aperee Living Conna OSV-0004447

Inspection ID: MON-0033921

Date of inspection: 13/09/2021

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>There is a recruitment process in place to recruit additional cleaning staff which will address the deficit at the weekends</p> <p>When appointed the additional cleaning staff will manage the deep cleaning process within the Home. All bedrooms and bathrooms are cleaned on a daily basis with current staffing arrangements.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Complete compartmental evacuation of the largest compartment (8 bedded) was undertaken within recommended timeframes on 16/09/21 with simulated night duty staffing levels.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Resident's personal items and money for safekeeping are now recorded on a log book and records are maintained of same to ensure protection of both the resident and staff</p>	

member.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Signage is now in place on the shared bathrooms to alert both residents and visitors that they should lock the door or knock before entry to ensure privacy and dignity.
- Due to COVID-19 guidelines residents were maintained in pods to ensure social distancing during restrictions, especially in the communal areas. The dining room experience has been reviewed by the DON and ADON and additional tables are now arranged 2 metres apart with new tablecloths and trays now removed to enhance the dining experience for our residents. Some residents continue to enjoy sitting in the Foyer and have requested to remain there during mealtimes which is their preference. These residents will also be encouraged to use the Dining Room if they so wish.
- Medication rounds have been reviewed to ensure that medications are administered outside of protected mealtimes.
- Meal and drink trolleys reviewed and wheels have been oiled to reduce the noise levels for residents. These are required to provide nutrition and hydration to our residents who request to stay in their rooms.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	16/09/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents	Substantially Compliant	Yellow	17/09/2021

	from abuse.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	27/09/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	27/09/2021