



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Callan
Name of provider:	Aperee Living Callan Ltd
Address of centre:	Friary Walk, Callan, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	06 July 2022
Centre ID:	OSV-0004449
Fieldwork ID:	MON-0037364

About the designated centre

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

Aperee Living Callan is located within the urban setting of Callan, Co. Kilkenny. It is registered to provide care to 60 residents. It is a two-storey facility with lifts and stairs access on either side of the centre to enable easy access. All bedroom accommodation comprises single rooms with en-suite facilities of assisted shower, toilet and handwash sink. There are day rooms, dining rooms and activity rooms on both floors as well as seating areas throughout. Residents have access to a secure mature garden with walkways, garden furniture and raised flower beds. Strathmore Lodge Nursing Home provides 24-hour nursing care to both male and female residents. It can accommodate older people with a range of diagnoses and younger people whose assessed needs can be met by the centre. Long-term care, convalescence care, respite and palliative care is provided and low to maximum dependency residents can be cared for in Strathmore Lodge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 July 2022	09:15hrs to 16:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

Based on the observations of the inspector and discussions with residents, this was a nice place to live. Residents appeared to enjoy a good quality of life with the support of kind and dedicated staff. Overall, the inspector observed a calm and content atmosphere in the centre throughout the day.

The inspector arrived unannounced to the centre in the morning and was met by a member of staff who guided the inspector through the centre's infection control procedures before entering the building.

Following an opening meeting with the director of nursing, the inspector accompanied on a tour of the premises. Aperee Living Callan is two storey facility with resident' accommodation on both floors. Access to the first floor is through stairs and a lift. The centre is registered to accommodate 60 residents in single bedrooms, all of which are en suite shower toilet and wash hand basin. There is bedroom accommodation for 25 residents on the ground floor and 35 residents on the first floor. There were 53 residents living in the centre on the day of the inspection. In addition to bedroom accommodation, there are communal rooms on both floors.

During the walkabout of the centre staff were observed to be in the process of assisting residents to get up and dressed for the day. A number of residents were noted to favour sitting in chairs in close proximity to the nurses station, while others were seen to spend their day in the various communal rooms.

While the centre was noted to be generally clean internally, significant improvements were required in relation to the general environment. Carpets on corridors were worn and stained. The paintwork on walls, door surrounds and skirting boards had scuff marks. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Call bells were available in both the bedroom and en-suite for residents' safety.

From the observations of the inspector and from speaking to residents, it was evident that residents enjoyed a good quality of life in the centre. Residents were seen to be well dressed and it was apparent that staff generally paid attention to residents dress and appearance. Residents were complimentary about staff and said that they were approachable and responsive to their needs. The inspector observed resident and staff interactions throughout the inspection and noted kind and caring interactions.

Residents had unrestricted access to an enclosed garden from the ground floor. This garden area was seen to be used by residents with tables and chairs under a newly-constructed pergola. The centre had a pet cat, two chickens and a duck and one of the residents was responsible for looking after the pets. One of the residents also

had a significant input into maintaining plant and shrub beds in the garden. Paths in the garden required attention as there were weeds starting to grow through the paving stones.

One of the communal rooms on the first floor was unavailable to residents as it was being used to store a variety of equipment and personal protective equipment (PPE). The person in charge informed the inspector that a new storage shed had been ordered and was due for delivery in the week following this inspection.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that generally, residents were supported and facilitated to have a good quality of life. The majority of the required improvements from the previous inspection had been implemented. However, some further improvements were required to achieve regulatory compliance in relation to fire safety and the general environment. These are discussed under the quality and safety section of this report.

Aperee Living Callan Limited is the provider for Aperee Living Callan nursing home. This centre is part of the Aperee Living Group, which owns and operates a number of nursing homes throughout the country. The Chief Inspector had been notified, via statutory notifications, that all of the company directors of Aperee Living Callan Ltd. had departed from the company, and as such it was unclear who was legally accountable for the care and welfare of the residents. These serious concerns in relation to the governance and management structure triggered an immediate risk-based inspection of the centre

Locally, the organisational structure and the lines of authority and accountability within this centre were clearly outlined. The person in charge is supported in her role by an assistant director of nursing (ADON) and two clinical nurse managers. The quality and safety of care is monitored through a programme of audits with associated action plans to address any deficits identified through the audit process. Key performance indicators are also used to support the monitoring process. There are a number of forums at which the quality and safety of care is discussed and also provide senior management with oversight of the centre. In addition to regular meetings between clinical staff working in the centre, there are monthly meetings held at which the PIC, regional clinical manager, human resources staff and the operations manager attend. Previously two of the company directors visited the centre on a monthly basis but this has not happened since February 2022.

On the day of the inspection the centre was adequately resourced from a staffing perspective to ensure the effective delivery of care in accordance with the statement

of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. There was an ongoing recruitment process to ensure that the centre had sufficient staff. While there were adequate staffing resources, the centre was in need of redecoration. The inspector was informed that an interior decorator had visited the centre to advise on redecoration, however, definitive plans were not available to identify when or if this work would be done.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time, due to restrictions imposed by COVID-19. The service had recently come out of an outbreak of COVID-19. Staff were observed to be following best practice with infection control procedures and hand hygiene.

Registration Regulation 6: Changes to information supplied for registration purposes

There had been changes to the directorship of the registered provider in that two directors had resigned their posts. The appropriate notice period of eight weeks was not given to the Chief Inspector as set out in the (Registration of Designated Centres for Older People) regulations 2015.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse, works full-time in the centre and had the required qualifications, experience and knowledge to fulfill the requirements of the role. The person in charge was knowledgeable of individual residents needs and it was evident from the walkaround that residents were familiar with the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Based on the size and layout of the centre, and having regard for the assessed needs of the residents, the inspector was assured that there was a sufficient level of staffing with an appropriate skill-mix across all departments. While there were adequate staff to meet the needs of residents on the day of the inspection, the recruitment process was ongoing to ensure adequate staff as the occupancy level increased.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated and supported to attend training relevant to their role. There was a high level of compliance with attendance at training, with only recently recruited staff due to attend mandatory training. These staff had completed online training as part of their induction process.

There was an induction process for new staff and a further period of supervision once the induction process was complete to support staff adapt to the new environment.

Judgment: Compliant

Regulation 23: Governance and management

Some improvements were required in relation to governance and management. These included:

- the management structure was not clearly defined as there were no named directors of the company and therefore, it was unclear who was legally accountable for the care and welfare of the residents living in the centre
- issues identified at the last inspection in relation to the general wear and tear and upkeep of the premises had not been addressed
- significant fire safety work, including structural works, had been undertaken following a fire safety risk assessment conducted in September 2021. However, management in the centre were unclear as to the status of the works completed and what, if any, works remained to be done

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that it detailed the services and facilities available in the centre. The contract outlined the fees to be charged, including fees for additional services.

Judgment: Compliant

Quality and safety

The inspector observed that residents had a good quality of life and were supported to maximise their level of independence. Improvements were required in relation to the premises, infection control, and fire safety.

Aperee Living Callan is a two storey facility located on the outskirts of Callan town in county Kilkenny. The design and layout of the centre is suitable for its stated purpose and meets the needs of residents. There is adequate communal space, however, one of the communal rooms was being used to store equipment of the day of the inspection. The person in charge informed the inspector that further storage space would be available in the week following this inspection that would allow this room to be returned to its original function. There was good access to outdoor space. The centre was found to be generally clean throughout, however, it was in need of redecoration. Carpets on corridors required replacement due to general wear and tear and a significant amount of staining. Walls, skirting boards and door frames all required painting.

Staff were observed to be kind and respectful in their interactions with residents and always sought the resident's permission before they commenced a care intervention. The inspector observed residents making choices about how they spent their day, including what meals and drinks they would have. Residents were aware of their rights and were supported to exercise choice in their lives.

Following the last inspection in August 2021, the provider had undertaken a fire safety risk assessment of the management of fire safety in the centre. Following the assessment a significant amount of work had been done that included the installation of a second fire alarm panel on the first floor, the installation of additional fire doors, the provision of ramps on some external exits and upgrade to smoke detectors and break glass units. Based on discussions with staff, other fire safety works were also completed, however, an action plan was not available to ascertain what work was done and what was yet to be done. A review of fire safety records indicated that fire safety equipment had preventive maintenance conducted at the appropriate intervals. All staff had attended fire safety training and fire drills were conducted frequently. Some bedrooms doors and doors leading from the lifts had battery operated door closure devices that are designed to close the doors when the alarm is activated. These door closure devices required review as a number of them were not functioning appropriately.

Based on the observations of the inspector there were generally good procedures in place in relation to infection prevention and control. Staff were observed to adhere to good practice in relation to hand hygiene and the use of PPE. A review was required of hand hygiene facilities to ensure that clinical hand wash basins comply with relevant guidance.

Regulation 17: Premises

Improvements required in relation to the premises included;

- areas of the premises required redecorating as the paintwork on walls, door frames and skirting boards was scuffed and stained
- carpets on corridors required replacement as it was worn and had a significant amount of staining
- an activities room was currently being used to store a variety of equipment and supplies and was therefore not available to residents

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy and associated risk register that outlined the risks in the centre and measures in place to mitigate the risks identified. Issues identified on the last inspection in relation to risk had been substantially addressed. There was now a suitable area external to the premises for the storage of oxygen. An area outside of the building had been designated for smoking and a fire blanket, fire extinguisher and smoking area were placed near to this area should they be required.

Judgment: Compliant

Regulation 27: Infection control

Some wash hand basins did not comply with recommended guidance for hand hygiene facilities.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required in relation to fire safety, these included:

- some bedroom doors had battery operated door closure devices installed and some of these were not functioning on the day of the inspection
- some doors leading from lifts remained open due to the door catching on the

floor plate of the door closure devices and would not automatically close in the event of the fire alarm sounding

- there was a gap between the two doors on one of the cross corridor fire door sets and it would therefore not effectively contain smoke or fire in the event of a fire
- the door to a sitting room was labelled a fire door but was held open with a chair
- issues found on the inspection in relation to faults in door closure devices were not captured in routine fire safety checks

Judgment: Substantially compliant

Regulation 8: Protection

Residents reported feeling safe in the centre and would have no difficulty talking to staff should they have any concerns. The provider was not pension agent for any resident. The inspector reviewed finances and there was a good system of reconciliation and verification of services provided before residents or their families were invoiced.

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	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Aperee Living Callan OSV-0004449

Inspection ID: MON-0037364

Date of inspection: 06/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: Notifications shall be submitted going forward within the specified timeframes and as required by the regulations.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The Statement of Purpose has been updated to reflect changes to the Management Structure of the Company, including named Director legally accountable for the care and welfare of the residents living in the centre. • The Director of Nursing in conjunction with the Maintenance Department have implemented a repair and maintenance programme. • An updated remedial works status report shall be made available in the home. Where fire safety precautions have been identified as being required, but are not currently implemented, the Fire Risk Register shall be updated to detail a timebound list of actions to mitigate against any risks identified and reduce all identified risks to an acceptable level. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Director of Nursing in conjunction with the Maintenance Department have implemented a repair and maintenance programme. This will include painting of walls, door frames and skirting boards. • There is a programme of routine maintenance and refurbishing the physical environment of the facility, including fixtures, furnishings and fittings. These Capital Projects shall be continued to be delivered in the centre, taking into account priority, health and safety and this will be reflected in decision making. Replacement of carpets shall be considered as part of capital projects request. • An external storage facility has been purchased to accommodate equipment and supplies. Activity room now cleared and decluttered of any items that were stored there and returned for use by residents. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A review of all hand wash basins is currently underway. Where appropriate, replacement of hand wash basins will be considered as part of capital projects request. The residential home provides wall mounted alcohol based hand hygiene products and are available in all clinical areas of the service.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • An audit of all battery-operated door closure devices has been completed and a replacement programme implemented where appropriate. • A contractor has been engaged to review and repair the gap between the two doors on one of the cross corridors and any doors catching on the floor plate of the door closures. • Fire doors shall only be held open using an appropriate hold open device. • All faults in relation to fire safety are now captured in the Fire Safety Checks. 	



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
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	07/07/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Substantially Compliant	Yellow	23/12/2022

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	07/07/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	07/07/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	23/12/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	07/07/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2022