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## Aperee Living Callan, OSV-0004449, 17 August 2021

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# 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:	17 August 2021
Centre ID:	OSV-0004449
Fieldwork ID:	MON-0033530

## 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:	57
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 17 August 2021	09:15hrs to 18:30hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

From the observations of the inspector and from speaking to residents, it was evident that this was a centre where residents were enjoying a good quality of life, encouraged by kind and dedicated staff. The feedback from residents was that they were very happy living in the centre and they felt supported and cared for by management and staff, who respected their opinions and choices. 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 the person in charge. The entrance porch displayed clear signage to guide visitors through the appropriate infection control procedures and completion of a risk assessment prior to accessing the centre. An opening meeting was held and the assistant director of nursing accompanied the inspector on a tour of the premises. The centre is registered to accommodate 60 residents and there were 57 residents living in the centre on the day of inspection. The inspector spoke with six residents to gain an insight into their lived experience in Aperee Living Callan. Over 50% of the residents had a diagnosis of some degree of cognitive impairment. Those residents who could not communicate their needs or wishes to the inspector were observed to be comfortable and happy throughout the day. On arrival to the centre, staff were in the process of assisting residents to get up and dressed for the day. A number of residents were seen in the main communal areas, walking around and finishing breakfast. Visitors were seen to arrive in the morning, and throughout the day. The inspector spoke with visitors who were very complimentary of the care received by their loved ones. One visitor stated that the recent admission of their family member had been "seamless" and praised the centre for coordinating the admission and explaining each step of the process. The visitor said every effort had been made to gather information about the resident to ensure that care was delivered according to the residents preferences.

The centre is a large and spacious building set over two floors. All rooms are single occupancy with shower and ensuite facilities. The first floor accommodates 35 residents and the ground floor accommodates 25. The main dining and day rooms are on the ground floor, and residents from upstairs were seen to come down during the day for meals and activities and to spend time outside. There is several communal areas within the centre, including a dining room and quiet room on the first floor, and rest areas throughout. The inspector observed that there was insufficient storage space for equipment within the centre, as discussed further in the report. This meant that the large beach-themed activity room on the first floor was not currently in use. Staff stated that it would be great to have this room open again, as it would mean that activities and meals did not all happen in the same room upstairs. While the centre was clean, the decor required addressing, due to wear and tear in a number of areas. The main reception area was decorated with residents artwork and crafts, however some long corridors were drably decorated and required more colour and signage to ensure an appropriate level of stimulation

for residents, particularly those with a diagnosis of dementia. Residents had unrestricted access to the enclosed garden from the ground floor dayroom. This garden area was seen to be well-used by residents with tables and chairs under a newly-constructed pergola. A resident told the inspector that a portable gazebo was available to be put up and had been used during the summer. All areas of the garden were wheelchair-accessible. A number of residents were seen enjoying the good weather outside. The centre's pet cats, chickens and duck were a big attraction and were seen to roam about the garden. Many residents stated they loved seeing this as it made it more homely and personal. One resident took responsibility for the duck and treated him as his own pet. Staff described the centre's pets as having a therapeutic effect on the residents, with some reduction in responsive behaviours such as wandering noted when residents were engaged with looking after the pets. Residents walked through the garden with the inspector and showed off their abundant crops of cabbages, lettuce, onions, parsnips and carrots, all grown from seed in large raised planter boxes. A beautiful display of towering sunflowers were a new addition to this years planting with one resident commenting that "they would put a smile on your face".

All of the residents who spoke to the inspector were complimentary of the service provided and had no negative or constructive feedback about the centre or staff. They said that staff were quick to come to their aid whenever they needed help. The inspector observed that call bells were promptly answered and staff maintained a calm atmosphere when attending to residents' needs even at busy times of the day. The inspector heard exchanges of meaningful conversations between residents and staff and it was apparent that staff knew the residents well. Residents' independence was seen to be encouraged, for example encouraging residents to mobilise, eat and drink according to their ability.

Mealtimes were observed to take place on both floors, with assistance being provided when required by allocated staff, to ensure meals were consumed while hot and appetising. There were regular offerings of drinks and snacks throughout the day. All residents and visitors spoken to were very happy with the range of food on offer and confirmed that choices were available at all times. One resident said if she wanted to have her meals in her room it was no problem. Another resident wanted fish every day and this was arranged.

There was a varied schedule of activities on offer seven days a week, led by two experienced activity coordinators who had specific training appropriate to their role. The weekly schedule of activities was displayed on the large activity board in main reception. Mass was streamed online every morning at 10.30am and was described as a big part of the day's routine by residents. The centre's oratory was not currently in use as it had been refurbished as a window visiting pod in the earlier part of the pandemic. Other activities taking place on the day included Bingo and art which were attended by a good number of residents. A recent residents survey showed that 100% of respondents were happy with the activities they take part in.

The next two sections of the report will describe the findings of the inspection in relation to the governance and management of the centre, and the areas where this impacts on the quality and safety of the service provided to residents. The provider

was responsive to any issues identified during the course of the inspection.

## Capacity and capability

The management systems in place in this centre contributed to the the delivery of good quality care to the residents. While the systems in place were good, they required strengthening in order to ensure that risks were promptly identified and addressed. This was particularly relevant in relation to systems in place for risk management and fire safety. This is discussed further in the Quality and Safety section of the report. There were sufficient resources to provide care in line with the centre's statement of purpose and the centre had a history of generally good compliance with the regulations.

Aperee Living Callan is operated by Aperee Living Callan Limited, who are the registered provider. There are two company directors. The Aperee Living group own and operate a number of other nursing homes throughout the country. There been significant changes to the clinical management team in 2021, with the appointment of a new person in charge and assistant director of nursing. There was a clearly defined management structure in place with identified lines of accountability and authority. The organisation's senior management team includes a director of care quality and standards, clinical operations manager, infection control manager and clinical practice development manager. Within the centre, the person in charge was supported in her role by the assistant director of nursing, two clinical nurse managers, a team of nurses and health care assistants, two activity coordinators and kitchen housekeeping and administration staff. There were effective management systems in place to monitor the quality and safety of the service through a company-wide schedule of audits and weekly collection of key performance indicators such as falls, incidents, restraints, infections and wounds. Information gathered was discussed weekly at the management meeting with the person in charge and assistant director of nursing. Identified issues were further discussed at monthly clinical governance meetings, where all aspects of clinical care were monitored and actions assigned for completion within a specific timeframe. Incidents and accidents were well-managed in the centre and were monitored regularly to identify trends and areas for improvement. There was evidence of good engagement with staff through quarterly meetings across all departments. The inspector spoke with staff who said they were encouraged to communicate any issues to management regularly. An annual review of the quality and safety of care delivered to the residents in 2020 had been prepared in consultation with residents and was available for residents and families to view in the main reception area.

This unannounced inspection was carried out over one day to monitor the centre's ongoing compliance with regulations and standards. The centre had remained free of COVID-19 infection during the pandemic. Management had prepared a comprehensive contingency plan, to be implemented should the centre experience an outbreak. Staff meetings were held regularly throughout the pandemic,

conducted virtually when required, with all staff being made aware of changing restrictions and guidelines. There was evidence of regular updates via phone calls and emails with residents' families during the periods of restricted visiting, ensure strong lines of communication were maintained.

The inspector found that the current staffing levels were sufficient to meet the assessed needs of the residents. There was a minimum of two registered nurses on duty over 24 hours. Five staff were rostered on night duty each night. This ensured that centre had adequate staff to implement their COVID-19 contingency plan which would allow for cohorted care of residents should there be a suspected or positive case of COVID-19. Additional staffing resources had been put in place in the centre. Two full-time activity coordinators were now rostered over a seven day period to implement the activities programme, ensuring residents had sufficient opportunities for engagement and socialisation.

Staff spoken with had good knowledge of each resident's individual needs. Newly-recruited staff confirmed that a range of training had been facilitated during their induction period, both online and in person. The inspector verified that a high level of training was provided in the centre, with all staff being trained in infection prevention and control, safeguarding, fire safety and the management of behaviours that challenge. Registered nurses all completed medication management training annually. Additional training in areas such as restraint management and nutrition were also provided for all staff. The inspector observed staff implementing training appropriately in practice, for example, correct moving and handling techniques were seen to be adhered to when assisting residents using specialist devices such as hoists.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre. She fulfilled the requirements of the regulation and was seen to be engaged in the effective governance, operational management and administration of the centre.

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. The person in charge confirmed that there were no current staff vacancies, however recruitment measures were ongoing to ensure a staffing contingency plan was in place.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of the centre's training matrix confirmed that mandatory training modules had been completed for all staff. Newly-recruited staff had the required professional qualifications and competencies to carry out their designated roles. A comprehensive staff induction plan was in place, with three and six-monthly reviews carried out to assess staff knowledge and to identify any additional training requirements. Annual staff appraisals were ongoing across all departments. Inspectors observed good supervision of staff and staff stated that they felt well-supported by the management team.

Judgment: Compliant

### Regulation 21: Records

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

Judgment: Compliant

### Regulation 23: Governance and management

Management oversight of fire safety precautions and risk management required review to ensure that that the service provided is safe, appropriate, consistent and effectively monitored.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of the centre's incident and accident log confirmed that all required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector. Incidents and accidents were regularly analysed to identify trends and minimise risk of recurrence.

Judgment: Compliant

## Quality and safety

Overall, residents in this centre had a good quality of life. Supportive and caring staff ensured that the resident's rights were at the forefront of the care delivered. However, the inspector found that improvements were required to ensure that the quality and safety of care delivered to residents was consistently managed. In particular, improvements were required in fire safety management procedures and the identification and control of clinical and environmental risks, to ensure best possible outcomes for residents.

The layout of the centre allowed for safe social distancing in the communal areas and during group activities. The centre was generally bright and very clean. Some areas required redecorating and some communal areas had been repurposed during the pandemic as storage areas. This is addressed under regulation 17. There had been significant improvements to the infection prevention and control procedures in the centre since the last inspection in March 2020. These are detailed under regulation 27. Cleaning staff demonstrated good knowledge in relation to COVID-19 cleaning requirements. The centre was seen to implement evidence-based infection control guidelines to ensure the ongoing safety of residents and staff, and had enhanced their cleaning regime during the pandemic. Communal areas of the centre and all corridors were carpeted. The cleaning arrangements for the carpets was seen to be in adherence with best practice guidelines, however the upkeep of the carpets was labour-intensive and the provider outlined plans for the phased removal of carpet and replacement with more suitable flooring. The centre had completed the COVID-19 vaccination programme with a high uptake from residents and staff. There were arrangements in place for the vaccination of new staff and residents, should it be required. The assistant director of nursing was engaged in the ongoing assessment of staff knowledge and competence of correct hand hygiene procedures. Staff were regularly assessed and spot checks conducted to ensure continued adherence and to reinforce good practice. Personal Protective Equipment (PPE) such as surgical face masks were seen to be appropriately worn by staff.

Records showed that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a residents condition. The centre had moved to a new electronic care planning system and staff described this as easier to manage, as past reviews and updates were easily accessible and easy to navigate. A small number of residents were identified as displaying behaviours that challenge. The person in charge had notified the Chief Inspector of a number of safeguarding incidents. These were reviewed during the inspection, and the inspector found that there had been prompt investigation into each occurrence with appropriate referral to specialist services and

external agencies for assistance in managing these incidents. Staff had completed safeguarding training and were knowledgeable on the procedures to follow in the event of suspected abuse in the centre.

Residents had a choice of General Practitioner's (GP's) in the centre and residents could choose to retain the services of their own GP where possible. There was evidence of appropriate referral to and review by specialist professionals where required, for example, wound specialist nurse, dietitian and chiropodist. Records showed that following a period of remote reviews due to pandemic restrictions, in-house reviews of residents had recommenced. Care plans were reflective of specialist advice, for example nutrition care plans were updated in a timely manner following reviews by the dietitian, and the relevant information was communicated to kitchen staff to ensure that the resident's changing needs were met.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Regular resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visiting was facilitated in the centre in line with national guidance and had continued through all levels of restrictions. The high vaccination rate meant that residents could see their visitors in their bedroom or in a designated visiting room and could go on trips out, based on a risk assessment. Residents in isolation were facilitated with window visits. Minutes of residents meetings identified that residents were kept informed about restrictions and visiting arrangements on an ongoing basis.

The provision of activities in the centre continued to be conducted in smaller groups to aid safe distancing precautions. The activity coordinators were responsible for gathering information in social assessments about a residents past history, likes and dislikes, ensuring residents had access to meaningful activities in accordance with their needs and preferences. Activity coordinators completed daily narrative notes recording a residents level of engagement and satisfaction with activities. These assessments and observations formed the basis of activity care plans which were updated regularly.

While the centre had procedures in place for fire safety including the servicing and maintenance of fire safety equipment and daily and weekly checks, the inspector found that fire precautions in the centre required urgent review as discussed under Regulation 28.

## Regulation 11: Visits

Visits to the centre were operating in line with the most recent Health Protection and Surveillance Centre (HPSC) guidance; *COVID-19: Normalising Visiting in Long Term Residential Care Facilities (LTRCFs)*, July 2021. Visitors were observed arriving to the centre throughout the day. Appropriate risk assessment and safety measures

were in place for indoor visiting.

Judgment: Compliant

### Regulation 17: Premises

The premises was generally designed and laid out to meet the needs of the residents, however the inspector identified that residents' communal space both in an upstairs sitting room and the oratory and sitting room downstairs were being used to store excess furniture and equipment in the absence of adequate storage facilities. Some items of furniture including side tables and bedrails had worn surfaces and required repair or replacement. Areas of the premises required redecorating as there was evident scuffing, staining and wear and tear on walls and skirting boards. The person in charge had identified this deficit and confirmed that an interior designer had been contracted to assist in the redecoration of the centre.

Judgment: Substantially compliant

### Regulation 26: Risk management

Storage of oxygen products and smoking risk assessments required a full review.

- The risk assessment for the storage of oxygen did not reflect the procedure in place on the day of inspection. Oxygen cylinders which were not in use, were stored in the oratory. The risk assessment for the storage of oxygen did not identify appropriate control measures to mitigate the associated risks. The residual level of risk was rated as low, which did not accurately reflect the level of risk presented
- While a general risk assessment for smoking on the premises was in place, the measures in place did not provide assurances that risk of injury to residents was fully controlled. The area designated for residents to smoke was not equipped with a fire blanket, smoking apron or appropriate ashtray.

The provider was requested to contact the oxygen supplier and arrange for the safe and appropriate storage of these cylinders, and to update the oxygen storage risk assessment accordingly. This was completed following inspection and provided assurances that the risk was appropriately managed. The risk assessment for smoking on the premises was updated satisfactorily following inspection.

Judgment: Substantially compliant

## Regulation 27: Infection control

Significant improvements were seen in the overall infection prevention and control measures within the centre. The provider's Infection Prevention and Control (IPC) Nurse Specialist had completed a review of the centre including environmental hygiene, residents equipment, healthcare risk waste and hand hygiene practices. An in-depth action plan was developed following this review including identified timelines assigned responsibility for completion. Improvements made following this review included:

- Implementation of a colour coded flat mopping system, in line with best practice guidelines
- Hoist slings which had been stored communally were now dedicated per resident, labelled accordingly and stored in individual bedrooms, presenting the risk of possible cross-contamination.
- Single-use alginate bags were introduced to replace the use of reusable alginate bags for the laundering of soiled or potentially infected linens.

Actions required following the last inspection in March 2020 were seen to be completed as follows;

- Cleaning checklists were in place for all communal toilets
- The deep cleaning schedule had been improved, with evidence showing that two bedrooms were deep cleaned each day
- The layout of the laundry had been improved to allow for segregation of clean and dirty linen
- Gloves and surgical face masks were readily available in a number of areas throughout the centre

Equipment used by domestic staff including cleaning trolley and detergents were appropriately stored in a designated storage area. The IPC review had identified that this area did not contain a dedicated janitorial sink for the filling and decanting of cleaning equipment and staff were using the sink in the dirty utility room. The provider confirmed that plans were in place to provide dedicated sink facilities in both of the domestic store rooms. In the interim, staff used the clean laundry area to complete this task.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety precautions in the centre required considerable review. Fire evacuation drills were conducted regularly, however on review of these, the inspector was not assured that staff could evacuate residents in a safe and timely manner. On one occasion, a fire evacuation drill of five residents by six staff took nine minutes to

complete.

Issues identified on inspection which could potentially impede the response times for the safe evacuation of residents included;

- The centre has only one fire panel, located at main reception. Staff on the first floor had to go downstairs to check the panel in order to identify the location of the fire. Given the large footprint of the centre, a repeater panel on the first floor would shorten the response time.
- Automatic door closures were not fitted as standard to all bedroom doors. The centre's policy on fire management outlined that bedroom doors were to be kept closed at all times. The person in charge outlined that automatic door closures were placed only in rooms where it was deemed necessary on assessment of each resident. For example, if the resident requested the doors to be kept open or if the resident could not manage to open the door independently. As part of the emergency fire response plan, staff were required to check that all doors were closed before commencing the evacuation, further adding to the evacuation response time.
- Personal Emergency Evacuation Plans (PEEP's) were completed for all residents. However, these were centrally held at main reception next to the fire panel. This meant that key information about each resident's need for support, equipment and method of evacuation was not readily available to staff in an emergency, particularly for those residents residing on the first floor. The person in charge outlined that the centre's physiotherapist was reviewing all PEEP's and the process of discreetly displaying these within a resident's room had begun.
- The centre had not provided staff training on the vertical evacuation of residents down the stairs using the appropriate evacuation aids.

An urgent compliance plan was issued requiring the provider to organise a fire drill to simulate the evacuation of the largest compartment of eight residents with night duty staffing levels of five staff. This was completed and submitted following the inspection and the response time was shown to have improved. However, further continued evacuations are required to ensure that all staff are competent with the centre's fire evacuation procedures, including vertical evacuation.

The provider was also required to engage a competent qualified fire safety expert to conduct a full fire risk assessment of the premises.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

The inspector saw evidence of pre-admission assessments, which identified if the centre could meet the needs of residents. On admission, care plans and assessments were completed within the regulatory timeframe. Regular and ongoing

reviews of care plans and assessments were conducted. Care plans were seen to be personalised and detailed to allow for the individualised delivery of care.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a high level of evidence based health care with regular medical input. Routine General Practitioner (GP) reviews were conducted, with appropriate referral and review by specialised medical professionals such as consultant gerontologist and psychiatry of older age. Access to a range of allied health professionals was provided, including speech and language therapy, dietetics and wound care nurses.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Residents who displayed behaviours that challenge were seen to have appropriate and detailed supportive plans in place to ensure the safety of residents and staff. Appropriate behavioural analysis tools such as the Antecedent-Behaviour-Consequence (ABC) chart were utilised to identify trends and triggers to behaviour.

There was good oversight of restraint use within the centre with a commitment to a restraint-free environment. The centre had engaged in a quality improvement initiative to reduce the use of bed rails within the centre and on the day of inspection, six residents were using bed rails. The centre's physiotherapist worked in conjunction with the management and nursing staff in the continuous assessment and review of bed rail usage.

Judgment: Compliant

### Regulation 8: Protection

All staff had completed training in safeguarding vulnerable persons at risk of abuse. Staff spoken with were knowledgeable about what constitutes abuse and what action to take following an allegation of abuse. Residents with whom the inspector spoke reported feeling safe in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

The individual rights of the residents were seen to be well-respected and promoted. There was evidence of consultation with the residents through formal resident council meetings. These were held by the centre's two activity coordinators and review of the minutes of these meetings showed that a range of topics were discussed and all identified issues were brought to the attention of the relevant personnel to action. The person in charge provided a written response to residents following each meeting. The activity coordinators stated that they spoke individually with residents who chose not to attend these meetings.

The activity schedule on offer was varied and detailed and had been extended to include a seven-day schedule, ensuring that residents had appropriate opportunities for social engagement. Residents had access to independent advocacy services if required.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Aperee Living Callan OSV-0004449

Inspection ID: MON-0033530

Date of inspection: 17/08/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A full review of the fire precautions will be completed in the centre with senior management oversight and implementation to support the PIC.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Equipment and PPE stored in the communal rooms as a part of our contingency for Covid-19 pandemic will be removed when suitable alternate storage accommodation is sourced.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Oxygen cylinders will be stored in a secure area, external to the building in accordance with the required standards when not in use.</p> <p>At the time of inspection, 1 Resident used the smoking area which is located in the</p>	

garden of the Home. A designated smoking area with a fire extinguisher, and fire blanket will be provided in this area, external to the building. The risk assessment has been updated and submitted to the inspectorate to reflect this.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: A capital development project for the Nursing Home is planned for 2021/22 and will include a repeater fire panel upstairs for the centre.

PEEPs (Personal Emergency Evacuation Plans) were complete and updated at the time of inspection and are held at the nurses station on each floor. All staff have the knowledge of the Residents emergency evacuation procedures. The inspector requested that a copy be placed in the Residents rooms and this was completed.

Fire evacuation simulating night time staffing levels in the Home in the largest Fire Compartment has been completed with a copy sent to the inspectorate. These simulations will continue on a regular basis. A vertical evacuation of residents down the stairs using the appropriate evacuation aids is scheduled for September 17th.

## 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 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	Yellow	31/12/2021
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	31/12/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of	Substantially Compliant	Yellow	30/09/2021

	risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/09/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/12/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2021