



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Aperee Living Churchtown
Name of provider:	Aperee Living Churchtown Limited
Address of centre:	Churchtown, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	18 May 2022
Centre ID:	OSV-0000266
Fieldwork ID:	MON-0034678

## About the designated centre

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

Aperee Living Churchtown is a purpose built nursing home and is located close to the village of Churchtown in Co. Cork. The centre is built on large landscaped grounds with adequate parking for visitors and staff. The centre is registered to accommodate fifty residents in forty four single bedrooms and three twin bedrooms. All bedrooms are en suite with toilet, shower and wash hand basin. The centre provides long-term nursing care, predominately to people over the age of 65, but can also provide convalescent and respite care. The centre caters for residents with varying degrees of dependency from low to maximum. The person in charge is responsible for the day-to-day operation of the centre with the support of an assistant director of nursing and a clinical nurse manager. Care is provided by a team of nurses, healthcare care assistants, activity staff, catering staff, and housekeeping staff.

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

Number of residents on the date of inspection:	40
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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 18 May 2022	09:00hrs to 17:00hrs	Mary O'Mahony	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Aperee Living Churchtown. They said that staff were kind and they felt they were committed to respecting their rights and supporting them to live a good life. The inspector met with the majority of residents living in the centre throughout the inspection day and spoke in more detail to six residents to gain an insight into their daily lives and experience of living there.

The inspector arrived unannounced to the centre and undertook the infection prevention and control measures in place since the pandemic began. The systems in place were comprehensive and included hand hygiene and temperature monitoring. Following an opening meeting with the person in charge the inspector was guided on a tour of the premises.

The centre was registered to accommodate 50 residents. There were 40 residents living in the centre on the day of this inspection. The centre was situated on the outskirts of the village of Churchtown in North Cork. It was purpose built and had been open since 1996 when it had been known as Padre Pio Nursing Home. Overall, the inspector observed that the premises was bright, clean and well maintained. The centre was located in a single storey building which meant that all residents could freely access the outdoors and they found it easy to negotiate their way around the halls. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre during the inspection day. Social activity and group dining had recommenced since the outbreaks of COVID-19 had resolved and residents expressed their delight at this. The inspector saw that some bedrooms were personalised with items such as family photographs and colour coordinated soft furnishings. Residents told the inspector that they were happy with their rooms and private bathrooms which they said were a "great bonus". However, the inspector observed that the flooring in a number of bedrooms was heavily speckled with paint. The corridors in the centre provided adequate space for walking even though there were laundry trollies stored along some corridors, which could present a risk of falls where the hand rail was not accessible to a resident. Premises issues were further highlighted under Regulation 17 in this report. There was access to an colourful, nicely laid out enclosed garden and donkey paddock for residents' enjoyment.

The inspector observed that there was a large foyer in the middle of the home which was the main focal point for news and camaraderie. There was an adequate amount of comfortable seating there and a large flat screen television, as well as books and board games readily available. However, there were times during the day when the foyer was very noisy and as four corridors led into the foyer there was always a large amount of noise, chatter and passing traffic. Resident's were observed enjoying music videos and conversations here during the day. There was a second interlinked sitting room area which was used for art and craft activities and a third sitting room where a well attended, lively bingo session was observed in the

afternoon. The inspector was careful not to interrupt this activity as it was a serious competition for prizes. Some of the participants later spoke with the inspector and said they were content and they had "fun and laughter". A number of residents were observed sitting in their rooms with visitors in the afternoon while others liked to have a nap after dinner. The inspector spoke with a number of these residents who stated that they were glad their choices were respected and they enjoyed the privacy for visitors. One resident said "I have control over my decisions" while yet another declared "I wouldn't change a thing".

The inspector observed a number of personal interactions between residents and staff during the inspection and it was obvious that staff and residents were comfortable with each other. Residents told the inspector that they felt safe in the centre and said that staff were respectful of their needs and wishes. Staff spoken with were knowledgeable about their responsibility in protecting residents from abuse. They confirmed their attendance at training in recognising and responding to abuse. Residents said they were grateful for the care they received during the outbreak of COVID-19 and the related visitor restrictions. They referred to that time as "like being in prison" while understanding that it was a frightening time for all. A large number of residents were seen to have personal mobile phones and chargers for these were seen plugged in, in residents' bedrooms. Residents said that these were 'invaluable' during times of restriction or sickness.

Overall, the inspector observed that the centre was clean. There were two staff assigned to cleaning duties on the day of inspection. They confirmed that cleaning and infection control training had been attended. Staff were seen to wear personal protective equipment (PPE), such as masks, appropriately. Some areas for improvement were identified in relation to infection control practices, which are discussed further under the quality and safety dimension of this report.

The inspector observed that there was a comprehensive activity programme on display and most residents were well aware of the programme content. There was a staff member allocated to the role of activity coordinator and on the day of inspection the inspector observed lively activities taking place such as bingo, exercises and music. The activity programme was supported by the life story information recorded on each resident's care plan. The inspector was informed about days out to the nearby town and local scenic areas, such as Doneraile Park, for some residents. The person in charge said that further trips and outdoor events were being planned as the weather improves and pet farm visits were on the agenda.

Visitors were seen coming and going during the inspection and were welcomed by staff. A staff member, ensured that visitors were signed in and undertook the infection control measures required. Visitors spoke with the inspector and were complimentary of the care given to their relatives and said that communication was good during the restrictions and throughout the year. They said that the person in charge was approachable and they felt confident that any concern or complaint would be taken seriously.

The next two sections of the report present the findings of this inspection in relation

to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were, in general, well set out in the centre. The inspector found that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. However, improvements were required to ensure more effective oversight of the service, to address fire safety issues, infection prevention and control issues and maintenance of the premises to include the provision of storage. An urgent action plan was issued to the provider following this inspection, to reduce the risks identified with regards to fire safety which would in turn provide a safer environment for residents. The registered provider actively engaged in this process by providing a timely response to the actions identified in the urgent action plan.

There were effective governance and management arrangements in place. The centre is now owned and operated by Aperee Living Churchtown Ltd. The Chief Executive Officer (CEO) is also CEO of a number of other nursing home providers operating throughout the country. There is a national support network that includes human resource officers, finance and practice development personnel. At local level, the person in charge reports to a clinical regional manager, who in turn reports to the chief operating officer. The lines of authority and accountability were understood by all staff, in particular the management team. Within the centre the person in charge directed care supported by the assistant person in charge. These two nurse managers were supported by a team of nursing, care, catering, housekeeping, maintenance and administration staff.

There was a clear organisation structure established. Members of the management and care team were found to be familiar with the assessed needs of residents and residents were seen to engage with them in a confident manner. The person in charge demonstrated clinical knowledge, while the staff team had an appropriate skill-mix in place to ensure safe quality care was provided. There was evidence seen of a good system for oversight and supervision of staff and practices. Minutes of staff meetings indicated that all relevant issues were discussed and there were clear guidelines set out for staff conduct, professionalism and approach to residents. There was a comprehensive annual review conducted of the quality and safety of care delivered to residents, which was underpinned by a range of audits throughout the year.

On the day of inspection, there were sufficient numbers of suitably qualified, appropriately trained staff on duty to meet residents' assessed needs and the

inspector saw that the roster had been updated with daily changes. Residents said they valued the continuity of staff working in the centre and liked to see familiar people attending to their needs. One resident said "staff listen to us". A review of personnel files also demonstrated good staff recruitment practices and the inspector found that the requirements of Schedule 2 of the regulations were met in the sample of files reviewed. Staff recruitment was supported by relevant policies.

Complaints and incidents were documented and managed in accordance with the regulations. The satisfaction or not of the complainant was seen to be recorded. Where serious incidents had occurred appropriate action had been taken, the Chief Inspector had been notified and action had been taken to address poor practice or protect residents.

The overall finding in capacity and capability while reassuring on a number of levels indicated a need for improved oversight of key issues as outlined under Regulation 23.

### Regulation 14: Persons in charge

The person in charge was familiar with the responsibilities of the role. She had the required qualifications and was knowledgeable of the regulations and standards for the sector. She carried out regular audits with the aim of improving practice and was involved in continuous professional development.

The person in charge worked full time in the centre and along with the ADON she supervised the provision of care, staff practices and training.

Judgment: Compliant

### Regulation 15: Staffing

A review of staff rosters and discussions with staff and residents indicated there were adequate levels of nursing and care staff on duty to meet the assessed needs of residents living in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training records indicated that staff had attended appropriate and mandatory training such as fire safety training, manual handling, prevention of abuse, infection



control and dementia care.

Staff appraisals were documented and there was a comprehensive induction programme for new staff.

Copies of the above documents were seen in a sample of staff files seen.

Judgment: Compliant

### Regulation 21: Records

All the records required to be available for inspection purposes were made available and were easily retrievable.

Staff files were well maintained and all staff had the required garda vetting in place prior to commencing employment.

Judgment: Compliant

### Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service was appropriately and effectively monitored.

This was evidenced by:

Fire safety:

- Unacceptable gaps and deficits were found in a number of fire-safe doors meant to contain fire and smoke in the event of an outbreak of fire.
- This and other fire safety concerns were outlined under Regulation 28 and necessitated the issuing of an urgent action plan on fire safety management.

Infection control:

- There was no room in the centre with dedicated facilities for the housekeeping staff.
- Other infection control issues were highlighted under Regulation 27 under the quality and safety dimension of the report

Premises:

- A number of premises issues required attention, as outlined under Regulation: 17

- These included lack of suitable storage space, scuffed lockers and stained flooring.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose had been updated on 28 April 22.

It contained information for residents on the care available in the centre, on the complaints process, on the management structure and other regulatory, pertinent information.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of incidents since the previous inspection indicated that the required incidents had been notified to the Chief Inspector.

These included, falls resulting in fractures, missing person and any sudden death.

Judgment: Compliant

### Regulation 34: Complaints procedure

The procedure for making a complaint was displayed at the entrance to the centre.

Complaints were well documented. The satisfaction or not of the complainant was recorded.

Complaints were trended for learning purposes and an overview was included in the annual review of the quality and safety of care.

Judgment: Compliant

## Quality and safety

Overall, residents in Aperee Living Churchtown were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The findings of this inspection were that the quality of life of residents had been well maintained throughout the challenges of the pandemic. There was evidence of consultation with residents and their needs were being met through timely access to healthcare services and varied opportunities for social engagement. Residents' meetings when held and surveys were undertaken which were seen to have positive comments on the service and the staff. Staff were found to be interested and respectful to residents. Nonetheless, this inspection found that the quality and safety of residents' required increased oversight and attention by management in relation to fire safety, premises issues and infection prevention and control issues.

There was a nice mix of communal spaces available for residents to sit and enjoy the day alone or in the company of others. The inspector saw that an external, covered 'hub' was available for activity and visiting. The person in charge told the inspector that this had proved very useful during the restrictions as it could be directly assessed from outside. Mass had been said there on a weekly basis due to its external location and families enjoyed visits in a covered environment during inclement weather. Bedrooms were generally nicely decorated and included a mix of rooms in the older section and those in the newer extension which had more modern furniture and fittings. Some aspects of the premises requiring attention were outlined in detail under Regulation 17: Premises.

A COVID-19 contingency plan was in place and was updated in line with any new Health Services Executive (HSE) guidelines. Household staff spoken with were found to be generally knowledgeable of their training and the products in use. The inspector found that there was an adequate supply of PPE which was available in the event of an outbreak of COVID-19 and to prevent cross infection at the present time. However a number of issues found on the Health Information and Quality Authority (HIQA) infection prevention and control inspection of 17 November 2021 were yet to be addressed. Damage from wear and tear continued to impact negatively on the centre. Some surfaces and finishes were worn and poorly maintained and as such did not facilitate effective cleaning. Findings in this regard are further discussed under Regulation 27.

The electronic care plan system ensured that information about residents was accessible and pertinent. Residents were seen to be involved in the development of these plans. Residents' healthcare needs were met with good access to individual GPs and consultants where necessary. Documentation from members of the wider medical team was seen in residents' files and it was apparent that there was timely intervention available for infections, falls, and wound care. Staff and residents were satisfied with the expertise and input from the physiotherapist, who was employed to attend fortnightly. Residents spoke with the inspector about this service and said they found it very helpful in maintaining strength and mobility. Medicines were generally well managed and subject to audit both within and external to the centre. The local pharmacy was attentive to staff and residents in the centre.

The inspector found that the provider had adequate measures in place to protect residents from experiencing any form of abuse. Staff had been trained in this area

and a number of those spoken with were aware of the actions to be taken if there were suspicions or allegations of abuse. There was a relevant policy available and a member of staff was the designated person and trainer in the prevention of abuse. Systems were in place to promote safety and effectively manage risks. Policies and procedures for health and safety, risk management, fire safety, and infection control were up to date. The health and safety statement was last updated on 2 February 2022. There were plans in place in the event of an emergency or the centre having to be evacuated.

In general, systems had been developed for the maintenance of the fire detection and alarm system and emergency lighting. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded, such as the sounding of the fire alarm on a weekly basis. Residents all had Personal Emergency Evacuation Plans (PEEPs) on file and these were updated regularly. A number of detailed fire drills were recorded. Nonetheless, gaps in fire-safe doors and other fire safety risks were identified which were addressed in more detail under Regulation 28.

The provision of varied daily activities for residents continued to be a positive focus in residents' lives they looked forward to the daily events and interactions. Resident told the inspector that "they were never bored". Residents were seen to engage in singing, reading, one to one conversations with staff, discussions on the headlines in the newspaper, bingo and board games during the inspection.

As found on previous inspections food was seen to be nicely served. Mealtimes were seen to be happy social occasions. The chef was experienced and was known to residents. Social distance was respected at meal times in the spacious dining room and two sittings were accommodated. This meant that mealtimes were more leisurely and residents were afforded a choice if they wished to attend the early or later mealtime.

## Regulation 11: Visits

Visitors followed the required infection control guidelines. Each resident had access to a nominated visitor, which meant that they would always have access to visits even in the event of an outbreak of an infection, if they so choose.

Visitors were observed coming and going from the centre during the inspection.

Judgment: Compliant

## Regulation 17: Premises

There were outstanding issues to be addressed in relation to premises as found on

previous inspections:

- There was a lack of storage available: for example, for the laundry trollies and for clinical items. This meant that laundry trollies were stored in the hallways, and in the oratory. In addition, large numbers of items were inappropriately stored in residents' bedrooms such as 12 boxes of urine drainage bags in one bedroom and items for wound care in another bedroom. The storage room for various personal protective items was not spacious enough, as evidenced by the fact that the computer desk in use in that room was inaccessible and the controls for electrics and under floor heating systems were also inaccessible.
- Storage cupboards in the hallways were packed tightly with a range of items and all required a clear out.
- There was a broken pipe in one bathroom.
- Lockers and wardrobes in a number of bedrooms were old and scuffed which impeded effective cleaning.
- Door handles were broken on some doors.
- The fabric covers of some resident's chairs could not effectively be cleaned and were seen to be stained.
- Stains were seen on the ceiling of one communal toilet.

Judgment: Substantially compliant

## Regulation 26: Risk management

Risks were assessed on an individual and organisational level and the risk register was a dynamic, 'live' document. This indicated that there was a proactive, informed approach to the management of risk.

There was a risk assessment completed for individual residents also, such as for anyone with swallowing difficulties.

The health and safety statement had been updated and was seen to set out the organisational approach to risk management.

Judgment: Compliant

## Regulation 27: Infection control

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent:

- Some surfaces, finishes and flooring were worn or stained and as such did

not indicate or facilitate effective cleaning. (This was a repeat finding, the provider had indicated that the issues found in the previous inspection would be addressed by June 2022. While some progress had been made it was not sufficient to suggest it would be completed by June 2022)

- The lack of dedicated housekeeping facilities for storage and preparation of cleaning trolleys and equipment meant that there was an increased risk of cross contamination as staff had to use the 'dirty' sluice room for this activity.

Barriers to effective hand hygiene practice were identified.

For example:

- Clinical hand washing sinks did not comply with HBN-10 specifications. (This was a repeat finding and the provider responded on the previous inspection that these would be installed by December 2022.)

Improvements were required in the management of equipment and supplies.

For example:

- Open, but partially unused wound dressing were found in residents' lockers. This is not recommended practice due to the high risk of contamination. Once the dressing pouch was opened it was no longer sterile and may not be as effective. (This was repeat finding).
- Open, uncovered tubes of ointments were found in residents' lockers also.
- Twelve large tubs of the same skin emollient cream were counted in one resident's bedroom, some of which were opened. These were over stocked and at risk of going out of date before use as well as presenting a risk of contamination. Excess items were returned to pharmacy during the inspection.
- New laundry machines had been installed. However, they had been incorrectly positioned and now faced into the drying and ironing section of the laundry room. This meant that the soiled laundry was not segregated from the clean laundry as it had been previously. Management staff within the centre had highlighted the issue which was awaiting attention at the time of inspection.
- An unclean bedpan was found on a resident's en suite windowsill.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Serious issues were identified in relation to fire safety which required an urgent action plan to be issued to the provider on the day of inspection:

A number of risks relating to fire safe doors had been highlighted to the provider by

the management staff prior to the inspection.

- There was no smoke alarm in the hairdresser's salon.
- In the oratory there were a number of wires and a number of extension leads plugged in on an internal shelf high up over the door. Laundry trolleys and a PPE trolley were stored in this small area which obstructed the doors from closing in the event of a fire, in addition there was canvas-like fabric hanging from both sides of the ceiling in the oratory which could accelerate a fire.
- The electric panel press in one store room was wide open and could not be closed due to equipment blocking the door. This room was very full of PPE and other combustibles obstructing access to the panel.
- Also, a computer was plugged in on a desk in this store room which was not accessible due to the amount of PPE, incontinence wear, trolleys and other equipment stored in there.
- Fire safe doors were noted to be held open due to residents' seating arrangements in some communal rooms.
- Visual gaps were present in the surrounds of some fire-safe double doors meant to contain fire and smoke
- No self-closing device on a number of doors and a large number of fire-safe bedroom doors not closing properly.
- There was damage noted to some of these doors such as broken locks, large gaps by the door leaf on two doors in the new section, no intumescent strip on the door into the dining room and intermittent intumescent strips on some doors.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment and care plan set out within the nursing documentation files.

- Residents had been involved in the development of these care plans and social care was also included.
- Care plans were found to contain the detail required to guide care in a person-centred manner.
- Care plans were reviewed every four months or more frequently, as required.

Judgment: Compliant

### Regulation 6: Health care

A review of residents' medical records found that recommendations from residents'

doctors and other health care professionals such as the dietitian, the speech and language therapist (SALT) and the dentist were integrated into residents' care plans.

The malnutrition universal screening tool (MUST) was used to establish any risk of malnutrition in residents: residents' weights were recorded monthly to support this assessment. Where a risk had been identified a dietary supplement had been prescribed, a written record had been maintained of food and fluid intake and weekly weights were done until any weight loss was addressed.

Pressure sore care was seen to be carried out in line with professional guidelines and advice from the appropriate health professional was seen to be followed. Dietary supplements were prescribed to aid healing and the dietitian was also involved in the care of residents' at risk of malnutrition.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A number of residents with responsive behaviour (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had appropriate care plans in place which identified potential triggers for behaviour escalation and any actions that best supported the resident.

Residents had access to the older age psychiatric services also.

The use of bedrails and other restraint was implemented in line with the national standards and alternatives were found to be used where appropriate. Restraint use was subject to audit in and revision.

Judgment: Compliant

### Regulation 8: Protection

There were adequate measures in place to safeguard residents from abuse.

Staff were trained in recognising, reporting and addressing any suspected incidents of abuse.

Staff were seen to have followed the policy guidelines where relevant.

Judgment: Compliant



## Regulation 9: Residents' rights

Residents' rights were promoted in the centre:

- The minutes of residents' meetings were reviewed. These indicated that residents were attending regular information meetings and were made aware of any changes in the centre. Survey results were made available to the inspector. Residents' input indicated that they felt they could express their opinion and that the advocacy service was accessible to them.
- Staff, residents and relatives assured the inspector that choices were respected in relation to visits, meal times, bedtimes, access to the outdoors, personal newspapers and mobile phones.
- The inspector saw evidence to indicate that there was good communication with relatives and residents from the person in charge and the assistant person in charge throughout the COVID-19 outbreak and period of restricted visiting,
- Dedicated staff members who were in charge of activity and social care organised suitable activities such as gardening, music, outings, bingo and exercises, to ensure residents' social and communication needs were met and supported.

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Aperee Living Churchtown OSV-0000266

Inspection ID: MON-0034678

Date of inspection: 18/05/2022

## 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
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:                      The matters referred to by the inspector in this section are addressed under the relevant regulations below.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:                      There are storage spaces available in the home. Laundry trollies will only remain in the hallways when in use, and a newly designated storage area for the laundry trollies has been shared with staff so that it is not stored in the oratory or blocking hallways.</p> <p>Management have oversight into the ordering of resident medical and clinical supplies so as not to have excess stock in the home and discussed with nursing staff responsible for ordering same.</p> <p>The incontinence wear storage room has been decluttered to ensure a clear access to the electrics bord, and the computer has been removed from this room.</p> <p>Storage cupboards in hallways have been decluttered and regular checks on same in place.</p> <p>Pipe in bathroom was not broken but displaced and was rectified on day of inspection.</p> <p>A maintenance schedule is in place and in progress to address areas mentioned in the</p>	

report relating to broken door handles, stains on a ceiling. Expected completion date 30th June 2022.

A deep clean of the whole home to include steam cleaning of all carpets and fabric chairs was last carried out in November 2021 by outside contract cleaning company. Currently sourcing commercial steam cleaner for the home and a schedule for regular steam cleaning the carpets and fabric chairs will be implemented.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

A maintenance schedule is in place and in progress to address areas mentioned in the report relating to surfaces, finishes and flooring which are worn. Maintenance has made great progress on same following last inspection November 2021 and will continue to work through all identified areas which need addressing with ongoing oversight of the DON. Expected completion date 30th August 2022.

As part of the capital project planned, additional areas will be reviewed for further storage to include a domestic storage room for housekeeping staff.

The provision of additional handwash sinks to comply with HBN-10 in the home will be considered as a part of a capital development plan for the Home. A hand wash sink is currently available on every corridor which is not routinely used by Residents, with additional Alcohol Hand Rub freely available in all resident bedrooms, in the corridors and throughout the premises as a first line handwashing requirement in accordance with current IP&C guidance. Expected completion date 30th December 2022.

A weekly resident bedroom check has been initiated to include checks that there is no resident wound dressings, excess stock of medical or clinical supplies, or open, uncovered tubes of ointments in the residents room, and will continue weekly until such time as required practice is in place and maintained.

Two new washing machines were currently installed in the laundry. Laundry reconfiguration scheduled to facilitate these new machines and segregation of clean and dirty items. Expected completion date 30th September 2022.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
A smoke alarm will be fitted in the hairdresser salon by the 31st May 2022.

The bollard has now been removed from outside the exit door.

The Electrician is onsite this week to review the safety of all these wires and extension leads in the oratory and will make safe as necessary. The canvas fabric has been removed. PPE and linen trolleys have also been removed from this area.

The equipment and PPE has been removed from near the Electrical panel cupboard and door is now closed.

The computer in the store room has now been plugged out.

Resident seating has been rearranged and doors are no longer being held open.

Self closing devices are being installed on all doors in the building that currently do not have them. Expected completion date 30th June 2022.

Fire sealing of double doors will commence immediately and will be complete by latest 30th September 2022.

Self closing door devices will be reviewed and repaired to ensure they are operating correctly. This will be completed by latest 30th September 2022

All doors in the building will be reviewed and repaired. This will be completed by latest 30th September 2022.

We have retained the services of a fire safety consultant to oversee the above.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/06/2022
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.	Substantially Compliant	Yellow	30/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/12/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	30/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	30/09/2022