Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

# Issued by the Chief Inspector

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| Name of designated centre: | Aperee Living Tralee |
| Name of provider: | Aperee Living Tralee Limited |
| Address of centre: | Skahanagh, Tralee, Kerry |
| Type of inspection: | Unannounced |
| Date of inspection: | 04 April 2023 |
| Centre ID: | OSV-0000219 |
| Fieldwork ID: | MON-0039821 |

## About the designated centre

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

Aperee Living Tralee is a designated centre located on the outskirts of Tralee town. It is registered to accommodate a maximum of 68 residents. It is a two storey building with residents' accommodation on the ground floor. The centre is set out in four wings, namely, Beech, Oak, Torc and Dunloe; Mangerton is a unit with three single en suite bedrooms located by the main foyer. In total, bedroom accommodation comprises 50 single bedrooms and nine twin bedrooms; all with full en suite facilities. Communal areas comprise the large foyer with comfortable seating, two sitting rooms, Rose dining room, art room and oratory, and quiet visitors' room. Aperee Living Tralee provides 24-hour nursing care to both male and female adult residents whose dependency range from low to maximum care needs; active elderly residents including those residents who have a diagnosis of dementia and cognitive decline, frailty, physical and intellectual disability, psychiatry of old age, and residents with palliative care.

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

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| Number of residents on the date of inspection: | 66 |

## How we inspect

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 4 April 2023 | 10:30hrs to 19:00hrs | Niall Whelton | Lead |
| Tuesday 18 April 2023 | 10:00hrs to 17:00hrs | Breeda Desmond | Support |
| Tuesday 18 April 2023 | 10:00hrs to 17:00hrs | Caroline Connelly | Support |

## What residents told us and what inspectors observed

Inspectors met many residents during the inspection and spoke with twelve residents in more detail. Inspectors also met a number of relatives visiting their relatives or taking relatives out. Overall, whilst the inspectors found that residents living in the centre gave positive feedback about the centre and were complimentary about the staff and the care provided, inspectors were not satisfied that the overall governance and management of the centre was sufficiently robust and that effective management systems had been implemented to protect residents, particularly in relation to the protection of residents finances.

There were 65 residents residing in Aperee Living Tralee at the time of inspection. On arrival for this unannounced inspection, on both days, inspectors were guided through the infection control assessment and procedures, which included a signing in process, electronic temperature check, hand hygiene and face covering. An opening meeting was held with the person in charge which was followed by a walk-about the centre. The inspectors saw that the fire works required from previous inspections were ongoing in the centre along with redecoration of the centre. Bedrooms and corridors were seen to be newly painted; masking tape was on the ground in several areas in preparation for further painting works. By the second day of the inspection, all the surrounding architraves were upgraded and fire sealants fitted as part of their fire safety works. Residents' bedrooms were seen to be personalised and decorated in accordance with their wishes. Residents reported they were involved in choosing the colours for rooms such as the hairdressers room the recently refurbished day room and for their bedrooms.

Inspectors saw that there was a smoking areas to the rear of the building which was accessible via the activities room. This was a sheltered area outside the door of the activities room with seating and a fire blanket; a new call-bell was installed since the last inspection as part of their fire safety precautions. The internal secure garden area was accessible through the oratory and activities room however, there was limited garden furniture for residents to sit out and enjoy the fresh air and sunshine. There was lots of equipment such as hoists and wheelchairs stored in the oratory and activities room. The room designated for storage near Skellig wing could accommodate a limited amount of equipment; this room remained un-finished as the internal walls were not plastered at the time of the inspection.

Inspectors reviewed the arrangements the provider had in place for the management of residents finances, which included the pension agent arrangements for residents that the provider acted as pension agent. The inspector spoke to one resident for whom the the provider acted as pension agent. The resident told the inspector that they were unaware of how much money they had in the centers account, but did tell the inspector they were able to get money and take away food when they wanted it. Residents finances will be discussed further throughout the report.

On the second day of the inspection inspectors saw that the GP was on site during the inspection and visited residents in their bedrooms. The physiotherapist was also on site and was seen to provide individualised therapy to residents. Residents told inspectors they felt very well cared for by the whole team. Residents were seen to have their breakfast in the dining room during the morning walk-about with three residents seen to be enjoying a late breakfast in the dining room at 11:15 am. The inspectors spoke with residents in the dining room at breakfast and lunch time and observed the mealtime experience. Meals were pleasantly presented and served in a friendly and social manner. Residents requiring assistance were seen to be helped in a respectful manner, and there was sufficient staff in the dining room to provide assistance.

There were plenty of activities taking place in the centre and a varied activity schedule was seen by the inspectors. There was a baking session taking place in the day room on day two of the inspection and the inspectors saw residents fully engaging in this session and one of the residents reported that they were looking forward to the bread they made for their tea. A large group of residents were seen to attend the bingo session in the afternoon. The activities programme was displayed on each corridor reminding residents of the activities programme of the day. Also displayed on each unit was the staff on duty for their unit and team leaders.

The inspectors observed very person centered interactions between staff and residents where it was obvious that staff knew residents well and visa versa. The person in charge was well know to the residents and was greeted by name by a number of residents who later told the inspectors that they would go to the person in charge or any of the staff if they had an issue. The inspectors saw and met with numerous visitors that were in and out of the centre throughout the day and the inspectors observed that they were warmly welcomed and staff knew visitors and greeted them by name.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

Inspectors were concerned about the governance and management of the centre especially in areas of residents' finances and the areas of continued non-compliance which had not been addressed by the provider. Inspectors continued to be very concerned about the registered provider's ability to safely sustain the business of the centre. This concern was heightened due to poor safeguarding practices by the provider in relation to residents' own money held by the registered provider.

Following the lack of progress by the provider to address serious fire risks identified during previous inspections, a Notice of Proposed Decision (NOPD) to attach a

condition to the centre to stop admissions, was issued to the provider. As part of this inspection, inspectors reviewed the representation submitted by the provider nominee to the Chief Inspector which outlined the actions he intended to take to address the fire safety concerns. Many of the issues relating to fire safety were resolved or in the process of remedial action, and this was further discussed under Regulation 28, Fire precautions.

Other non-compliances from the previous inspection were also reviewed and inspectors found that actions had been taken in relation to some aspects of infection control, mealtimes and the residents' dining experience, and refurbishment of the premises was ongoing. Further attention was necessary regarding infection control, in particular clinical hand washing sinks, care planning documentation, storage facilities for equipment and ongoing fire safety.

Following information of concern about residents' finances, inspectors reviewed the procedures in place to ensure residents' funds were safeguarded. The provider was a pension agent for a number of residents and also held residents' finances in a company account. The inspectors were very concerned about the manner in which residents' funds were being managed. An immediate action was issued to the provider during the inspection under the quality and safety section of this report.

Aperee Living Tralee was operated by Aperee Living Tralee Limited, the registered provider. However, the registered provider supported the centre through two other companies not connected with the registration of this centre. The Chief Inspector was concerned about the registered provider's ability to sustain a safe quality service. There had been ongoing regulatory engagement with the provider including provider meetings, cautionary meetings and warning meetings in relation to governance and management and fire safety. As part of the provider's commitment to improve the governance of the centre, the provider had appointed a new Chief Executive Officer in January 2023 but the inspectors were informed prior to the second day of the inspection that this person was no longer in the employ of the provider. The current governance structure which, as outlined above, was supported by a company external to the registered provider, and comprised two newly appointed regional managers, a newly appointed HR manager, HR and finance team and a chief operations officer. On site, the management team comprised the person in charge, assistant person in charge, clinical nurse manager, care team and accounts manager. The inspectors were informed the regional manager attended the centre on a weekly basis and the chief operations officer was available to the service. Inspectors were concerned that in the absence of strong governance, there was an over-reliance on the person in charge and the clinical management team to provide the governance and leadership for this service.

The duty roster was examined and showed that the person in charge and ADON worked full time. The clinical nurse manager worked on alternate weekends providing managerial support; the person in charge and ADON operated an on-call rota to provide support to the service on weekends. Staffing levels were discussed and assurances were provided that there was ongoing recruitment to ensure staff levels. The use of agency was minimal in the centre and there was continuity of care

with some staff having worked in the centre for a long time.

## Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience and qualifications as specified in the regulations. She was full time in post and was actively involved in the governance and management of the centre. She positively engaged with the regulator and was knowledgeable regarding legislation pertaining to running a designated centre.

Judgment: Compliant

## Regulation 15: Staffing

The staffing levels on the days of the inspection were appropriate to the size and layout of the centre and the current residents and their dependency needs. There was on-going recruitment, and currently, there were three healthcare assistants (HCAs) staff being inducted to ensure staff levels. The person in charge explained that, if necessary, agency staff were available and there was no impediment to their using agency staff.

Judgment: Compliant

## Regulation 21: Records

The service records for the maintenance of the emergency lighting and fire alarm system were not available in the centre for review. These records should have been available as required by the regulations.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The governance and management systems in place in the centre were not stable and not clearly defined. The senior management team had seen a number of changes in the previous months, with further changes advised during the inspection. The provider, Aperee Living Tralee Limited, comprised only one director. The availability and access to the director was limited; the current lines of authority and

accountability were not clearly defined. Issues of serious regulatory concern had not been fully addressed, and additional issues were identified during this inspection, which further evidenced that the management structure in place was not sufficient to provide a safe service.

The systems in place for the management of residents finances and pension agent arrangements required immediate action to ensure the service provided was safe, appropriate, consistent and effectively monitored. The current systems in place were wholly inadequate and did not ensure residents were safeguarded from financial abuse.

Oversight arrangements of finances in the centre did not ensure policies and procedures were in line with national guidance, as evidenced by:

- resident pension arrangements put in place by the provider were not in line with national guidance and did not meet their legal requirements
- the system in place to return monies and property to the estates of residents who had passed away, was not robust
- there was no separation between monies for the operation of the designated centre and residents' personal monies held by the provider
- the provider had not identified safeguarding concerns relating to the use of the residents' monies in the provider account.

There were significant concerns about the availability of sufficient resources to ensure the effective delivery of care, in line with the statement of purpose. A review of the banking records showed residents monies were used on a number of occasions to pay the ongoing costs of running the centre. Whilst this money was returned to the account, this was not appropriate or correct use of residents monies.

Judgment: Not compliant

## Regulation 24: Contract for the provision of services

The inspectors viewed a sample of contracts of care which contained details of the service to be provided and any additional fees to be paid. They also contained the room to be occupied and whether the room was single or twin occupancy.

Judgment: Compliant

## Regulation 31: Notification of incidents

A number of NF06's were received prior to the inspection in relation to allegations of abuse and these were followed up during the inspection. Other notifications were

received in a timely manner and in line with the requirements of legislation.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The policy in place for the management of residents personal possessions and finances was not sufficiently robust and did not guide staff in the correct management of residents finances or pension agent arrangements.

While there was a policy in place in relation to residents possessions which made reference to safeguarding residents finances, it did not include the process for managing pension arrangements in the centre, nor did it reference the requirement for a resident-specific account.

Judgment: Substantially compliant

## Quality and safety

Residents were supported and encouraged by the care staff to have a good quality of life in Aperee Living Tralee, There was evidence of residents needs were being met through good access to healthcare services and opportunities for social engagement. However, despite evidence of some good outcomes for residents, inspectors found that significant improvements were required in the safeguarding of residents finances and ensuring residents' rights were fully met.

Inspectors were assured that residents' health care needs were met to a good standard. Residents had good access to GP services and medical notes showed regular reviews by their GPs, including quarterly reviews of medications to ensure best outcomes for residents. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, speech and language therapy, dental, optician, tissue viability and palliative care for example.

A sample of care documentation was examined; while validated tools were in place for assessment of residents' needs they were not used comprehensively to adequately inform care planning to enable individualised care. Residents' medical histories did not consistently inform either the assessment or care planning process. When relevant, a smoking assessment and care plan was in place. Residents' support needs were clearly documented in their personal emergency evacuations plans which were updated regularly.

Residents had access to a meaningful activation programme over seven days per week. On the day of inspection, in the morning after their morning coffee, there was a baking session. Residents reported that they were looking forward to sampling the soda bread with their tea. Some residents preferred to read the daily newspaper in the day room or foyer and others remained in their bedroom. Residents were seen to independently walk about the centre, chat with staff and friends. Overall, staff actively engaged with residents in a social and kind manner.

Inspectors were concerned that residents were not protected through poor financial management practices of their finances. The registered provider was pension agent for five residents and also held money belonging to residents in a company bank account. At a meeting with the Chief Inspector on 18 November 2022, the registered provider assured the Chief Inspector, that processes were in place to safeguard residents' finances. Inspectors found that the provider did not have robust financial systems in place to ensure that residents' finances were separate to the company accounts and were not used for any other purpose than by the individual residents. In addition, the provider had not ensured that in the event of a resident passing away, the money held by the company on behalf of the resident was passed to the estate of the resident.

Fire safety work was ongoing in the centre; most notably work to provide a fire rated seal between the fire door frame and the wall in which the door set was fitted. Architraves were removed in some areas and the inspector saw evidence of this fire sealing work. Improvements were required regarding risk management during construction. For example, the inspector observed a nail gun unattended in a resident communal space, creating a risk to resident safety. The person in charge had a risk assessment in place during construction works, however the overarching health and safety plan between the provider and contractor was not available in the centre for staff, or for inspector review.

Fire safety work completed, or nearing completion included:

- containment work to the first floor storage area
- the replacement of requisite fire doors
- additional emergency lighting
- testing of general electrics and associated upgrade works
- additional signage
- the servicing of fire rated door sets had commenced but was not complete.

## Regulation 10: Communication difficulties

Observation on inspection showed that staff had excellent knowledge of residents and their communication needs. Staff actively engaged with residents to promote their independence and residents reported that staff enabled them to be involved in the life and activity in the centre.

Judgment: Compliant

## Regulation 11: Visits

Visitors were observed throughout the day; they were welcomed to the centre by staff and staff completed the appropriate COVID-19 safety precautions with visitors upon entry to the centre. Staff also explained to visitors the change to precautions relating to COVID-19 that were due to be implemented the day following the inspection.

Judgment: Compliant

## Regulation 12: Personal possessions

Improvements were seen on this inspection in the provision of space to maintain residents clothing and belongings in twin bedroom with the reconfiguration of the space and provision of double wardrobes for each resident. There was lockable storage available in each room for those that wish to maintain their valuables themselves. A record was kept of all money or valuables handed in for safekeeping and maintained in the safe in the centre. The person in charge had introduced a more robust system with the use of specialist bags with a tagging lock system that was numbered. The inspectors checked four residents property and these were found to be accurately recorded and stored. There was a quarterly check conducted by the person in charge and accounts. Monies paid into and maintained in the center's main account was not afforded the same security and this was discussed and actioned under Regulation: 8 Protection.

Judgment: Compliant

## Regulation 17: Premises

While refurbishment was ongoing during the inspection, some upgrading remained outstanding:

- internal paint work to walls, architraves and doors in bedrooms and corridors
- the internal wall of the store room by Skellig wing was not plastered
- the plaster work of the wall to the clinical store was damaged
- damaged floor covering in the dining room and some bedrooms
- the sealed cover to some taps was missing
- there was very limited garden furniture available for residents to sit out and

enjoy the gardens.

There was inadequate storage space for equipment as equipment was seen to be stored in communal rooms such as the oratory and activities room.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Breakfast and dinner were observed, and overall improvement was noted in the dining experience for residents as residents seated together at tables were offered choice and served together in line with normal serving. Residents gave positive feedback of the food and mealtime choices, and said they looked forward to their meals.

Care documentation showed that showed there was good oversight of residents and their nutritional needs, with monthly weights and validated assessment completed. Appropriate and timely referrals were facilitated to enable best outcomes for residents.

Judgment: Compliant

## Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services as published by HIQA. The following infection control concerns were identified and required action:

- some clinical sinks had metal outlets and did not comply with current best practice guidelines regarding clinical sinks to mitigate the risk of cross infection
- there was no clinical hand wash sink in the clinical treatment room to enable staff wash their hands before preparing medications, injections, and dressing for wounds for example.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The programme of work to address fire safety risks identified in the provider's fire

safety risk assessment of February 2022 had commenced prior to day one of this inspection, with further progress made by day two. This was due to be completed by the first week in May.

Outstanding work included:

- the completion of the remaining fire stopping works to the attic spaces to ensure the containment of fire
- the upgrade and provision of partition walls behind nurse stations to provide fire containment for storage
- to fit the remaining outstanding fire rated doorsets to the hairdresser's room
- the completion of the servicing of fire rated door sets and internal fire rated screens.

The registered provider was not taking adequate precautions against the risk of fire:

- the inspector observed minor storage within the boiler and electrical room which was removed during the inspection
- there was evidence of staff smoking in the vicinity of the electrical generator
- the arrangements for residents who smoke was not fully in line with the smoking policy
- store rooms containing electrical panels had storage adjacent to the panels. This was immediately moved during the inspection.

Action was required to ensure adequate means of escape, for example:

- the exit door from a staff area was not openable
- the external path from the dining room exit door had a step and may impede escape where mobility aids were in use
- the pathway from the new day room had a drop to the side of the path, where the ground was not graded back to meet the path.

The measures in place to ensure the safe evacuation of residents required improvement. The inspectors reviewed the reports of the simulated evacuation drills. While regular fire drills took place in different areas of the building, and staff spoken with demonstrated good knowledge of the procedures, the simulated time taken to evacuate the larger compartments of up to sixteen residents when staffing levels were lowest, was excessive. As the door to the Mangerton wing had recently been installed, staff were unsure of the extent of the fire compartment boundary.

The small hygiene room in the kitchen was not fitted with smoke detection, to ensure adequate detection of fire.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

While most care plans and assessments had some information to inform individualised care, they did not comprehensively reflect the specific care needs of residents. For example, one resident's care plan gave generic information about possible conditions that may affect someone's skin care, but did not detail the significant medical history of the resident that would impact their skin care needs. Another resident was reported to be doubly incontinent, and was at risk of constipation, however, the assessment indicated that their fluid and nutritional intake and medication were not applicable to this assessment. One resident's end of life care plan and resuscitation decision were not updated since 2020 even though their care documentation showed the resident's condition had generally deteriorated over the past months which may impact their decision for full resuscitation and transfer to acute care.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had good access to medical care. One GP was on site during the inspection and visited residents in their bedrooms. Routine quarterly reviews by GPs included a review of their medication and assessment of residents responses to changes in prescriptions to enable best outcomes for residents. Residents had access to the tissue viability nurse specialist to support their wound care when required.

Judgment: Compliant

## Regulation 8: Protection

The provider did not take all reasonable measures to protect residents finances and the management of pension arrangements in the centre were not in line with residents rights and protection as evidenced by the following findings:

- inspectors found that the registered provider was acting as a pension agents for five residents in the centre. The current pension agent arrangement for three residents was in the name of the registered provider Aperee Living Tralee, whist two residents had pension agents named as Cuil Didin Nursing Home. Contrary to good practices and assurances given to the Chief Inspector in November 2022, Aperee Living Tralee did not have a separate resident client account, therefore residents monies were paid into the centres current account and residents monies remained in this current account,
- a review of information pertaining to the Aperee Living Tralee Ltd current account showed that it contained a large sum of money belonging to eleven residents. Eight of these residents currently resided in the nursing home while

three had passed away and their funds had yet to revert to their estates,
- a review of the bank statements for the last eight months showed that the current account regularly went below the amount that was the property of these residents, which should have been protected for their use. A review of available records suggested that at times residents would not have been able to access their monies should they wish to do so and that their money was used to support the day to day operations of the centre,
- inspectors also noted that persons who were not employees of Aperee Living Tralee Limited had requested transfers of money out of the current account in Aperee Living Tralee to other accounts not connected with this registered centre and many of these transfers were seen to include residents monies.

Judgment: Not compliant

## Regulation 9: Residents' rights

Inspectors identified that residents rights were not being protected in the centre as follows:

- residents who had monies in the centers' account did not receive statements as to how much money was in their account. A number of these residents could not exercise their rights in relation to finances and were unable to voice their concerns in relation to this due to issues such as cognitive impairment,
- residents were not made aware that their monies were being used at times to fund the centres day-to-day running of the centre and residents permission was not sought in relation to this practice.

Judgment: Not compliant

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

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

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| **Quality and safety** | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Not compliant |
| Regulation 9: Residents' rights | Not compliant |

# Compliance Plan for Aperee Living Tralee OSV-0000219

## Inspection ID: MON-0039821

## Date of inspection: 04/04/2023

**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 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br>DON has contacted the contractor regarding ensuring records are made available to home as soon as the inspection has been carried out and reported on.<br><br>Records for last inspection carried out in quarter 1 has been received from contractor and displayed in fire risk register. | |
| Regulation 23: Governance and management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations<br>Resident pension arrangements in Aperee Living Tralee are being updated in line with National Guidance by the Provider. The process of setting up a resident client account has commenced. On opening of same, pension monies will be transferred immediately to this designated client account.<br><br>The balance of all future pension payments will be lodged to this resident client account for the benefit of the resident as soon as possible after receipt of the balance.<br><br>In the interim/ timeframe of the opening of this new Resident Client account all Residents pensions monies are protected, and balances monitored internally by the Accounts Department. | |

All monies owed to estates of deceased residents has been returned.

On the passing of any resident, all monies belonging to the residents will be discharged from the Home's account in a timely fashion ensuring that the resident's estate is safeguarded.

The Governance and management structure in place in the home is sufficient to provide a safe service to include the Director of Nursing , Assistant Director of Nursing, Clinical Nurse Manager and Accounts Department. This is clearly defined in the Statement of Purpose.

Whilst the Compliance plan is applicable to the centre Aperee living Tralee; in addition to the Director of Nursing, Assistant Director or Nursing, Clinical Nurse manager & Accounts department to provide the Chief Inspector with further assurances please note:

Additional Operational, Financial & Management support is readily available & accessible by the Centre from Head Office.

The Groups COO Mairead Fitzgerald (PPIM) holds weekly meetings with the Director of Nursing. These meetings are minuted.

Whilst the PIC continues to be responsible for clinical oversight with the support of the inhouse clinical team, in the event of additional support is required there is regular engagement with the network of 9 other PIC within the Group who regularly meet.

Discussions continue to be underway with further Directors regarding their availability , however until such time of an appointment the RPR continues to be readily available to the Centre and support team.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

| | |
|---|---|
| Regulation 4: Written policies and procedures | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Policy for management of residents accounts and property including pension management has been updated on the 25th April 2023 to reflect management of residents monies held within the home.

| | |
|---|---|
| Regulation 17: Premises | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 17: Premises:
A schedule for completion of paint work has been commenced within the home.

A plan is in place for plastering of the internal wall of the storeroom by Skellig Wing.

Plaster work of the wall in clinical store has been replastered and painted.

A plan for completing the upgrading of the bedroom and dining room floors has been put in place.

Sealed covers to taps have been replaced by plumber.

Minimizing unnecessary equipment which was being stored in communal rooms.

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| Regulation 27: Infection control | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 27: Infection control:
Plumber will be replacing metal outlets in clinical hand wash sinks located in clinical rooms around the home.

A clinical hand wash sink has been ordered for nurses to use in the clinical treatment room. The plumber is aware and will complete installation of sink upon its arrival.

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| Regulation 28: Fire precautions | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All storage has been removed within the boiler and electrical rooms.

Staff have been advised no smoking in the area near the generator and no smoking signs displayed in the area.

Residents who smoke have been advised of resident smoking policy, appropriate smoking assessments have been carried out and residents have signed their individual

assessments.

Storerooms containing electrical panels have had all items removed from the area directly surrounding the panels.

Staff exit door has been reviewed and is now working without issue.

External path from resident dining room has been reviewed and a ramp added to aid movement from exit to external courtyard.

Ground surrounding path from new day room has been graded to meet the path to aid safe escape in the evident of an emergency.

Management are working on reducing the length of time resident evacuations take. Frequency of fire drills will be enhanced.

New smoke detector to be installed in kitchen hygiene room.

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| Regulation 5: Individual assessment and care plan | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Meetings held with nursing staff on ensuring the personalization of resident care plans and ensuring that they are reviewed and updated regularly as resident condition changes.

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| Regulation 8: Protection | Not Compliant |

Outline how you are going to come into compliance with Regulation 8: Protection:
The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

Accounts department have written to Social Welfare department regarding the updating of the name documented on the resident forms to Aperee Living Tralee.

Monies owing to deceased residents have been returned in full to residents' estates.

Resident pension arrangements in Aperee Living Tralee are being updated in line with National Guidance by the Provider. The process of setting up a resident client account has commenced. On opening of same, pension monies will be transferred immediately to this designated client account.

The balance of all future pension payments will be lodged to this resident client account for the benefit of the resident as soon as possible after receipt of the balance.

In the interim/ timeframe of the opening of this new Resident Client account all Residents pensions monies are protected, and balances monitored internally by the Accounts Department. Residents' funds will not be used for any other purpose than the resident's own use.

No authority will be granted to resident's funds to people who are not employed by the Registered Provider. All Pension funds will be managed internally by the Director of Nursing and or Accounts Department.

| Regulation 9: Residents' rights | Not Compliant |
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents who have monies in Aperee Living Tralee's account now receive their statement monthly, if cognitively impaired and unable to interpret a copy is sent to their nominated representative.

Residents have been informed that the company is changing its policy as their monies were being held in the company account and will now be transferred to a separate account. Management have linked in with SAGE advocacy service regarding this matter.

## 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 |
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| 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 | 30/10/2023 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 01/05/2023 |
| 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 | Not Compliant | Orange | 14/06/2023 |

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| | the statement of purpose. | | | |
| 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 | 14/06/2023 |
| 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 | 12/07/2023 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 30/07/2023 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall | Substantially Compliant | Yellow | 30/06/2023 |

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| | provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | | | |
| Regulation 28(1)(b) | The registered provider shall provide adequate means of escape, including emergency lighting. | Substantially Compliant | Yellow | 30/06/2023 |
| 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 | 30/06/2023 |
| Regulation 28(1)(d) | The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a | Substantially Compliant | Yellow | 30/06/2023 |

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| | resident catch fire. | | | |
| 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 | 30/06/2023 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 30/06/2023 |
| Regulation 28(2)(iv) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | Substantially Compliant | Yellow | 30/06/2023 |
| Regulation 04(1) | The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5. | Substantially Compliant | Yellow | 25/04/2023 |
| Regulation 5(1) | The registered provider shall, in so far as is | Substantially Compliant | Yellow | 30/07/2023 |

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| | reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2). | | | |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 30/07/2023 |
| Regulation 8(1) | The registered provider shall take all reasonable measures to protect residents from abuse. | Not Compliant | Red | 12/07/2023 |
| Regulation 9(3)(e) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights. | Not Compliant | Orange | 25/04/2023 |