



**Health
Information
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Authority**

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 Camp
Name of provider:	Aperee Living Camp
Address of centre:	Knockglassmore, Camp, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	28 September 2023
Centre ID:	OSV-0005406
Fieldwork ID:	MON-0041594

About the designated centre

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

Aperee Living Camp is set in a very scenic location situated on the outskirts of Camp Village overlooking Tralee Bay. It is a two-storey building that was established as a nursing home in 1992. It has been extended over the years and provides continuing, convalescent and respite care for up to 34 residents. Private accommodation consists of 22 single en suite bedrooms and 6 twin bedrooms; six of which have en- suites. Additional to en-suite facilities there are extra toilets and a large bathroom for residents use. Communal accommodation consists of two dining rooms, a sitting room, an activity room and a large sunroom. There is an attractive and user friendly enclosed outdoor area that is accessible from within the centre and includes seating and a planted garden. There is also a concrete path around the outside of the building with handrails and allows residents to walk around the building and enjoy the lovely view from the centre.

Aperee Living Camp provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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
Thursday 28 September 2023	10:45hrs to 16:00hrs	Caroline Connelly	Lead

What residents told us and what inspectors observed

This unannounced inspection of Aperee Living Camp was carried out to monitor the care and welfare of residents in this centre, following a number of serious concerns about the availability of financial resources to sustain a safe service. The inspector met a number of residents during the inspection and spoke with four residents in more detail. The inspector also met a number of visitors throughout the inspection. Overall, the inspector found that residents living in the centre gave positive feedback about the centre and were complimentary about the staff and the care provided, saying that staff were attentive, very kind and caring and could not do enough for them, families also outlined the kindness and support they received from the person in charge and the staff in the centre. However, the inspector was 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 fire precautions and the protection of residents finances.

An opening meeting was held with the person in charge and the Clinical Nurse Manager (CNM) who was new to the centre. The centre was registered to accommodate 34 residents and there were 32 residents residing there at the time of inspection. Aperee Living Camp is a two-storey building set on a mature coastal site with panoramic views of Tralee bay. Resident accommodation was confined to the ground floor; offices and staff changing facilities were upstairs which was securely accessed. Bedroom accommodation comprised twenty two single and six twin bedrooms. Of the twenty eight bedrooms, twenty six were en suite with shower, toilet and wash hand basin; one was en suite with toilet and wash hand basin; and one twin bedroom had a hand wash sink. Bedrooms were decorated in accordance with residents preferences; some resident had additional furniture such as a CD display unit and other shelving to display their ornaments and mementos, and were very personalised. There was a variety of communal day spaces available for residents use including two dining rooms and a conservatory day room overlooking the sea and very scenic countryside. There was a prayer room for residents' quiet reflection and residents were observed sitting in different rooms at different times during the day.

Advisory signage was displayed at junctions throughout the centre directing residents to rooms such as the dining room, day rooms and bedrooms. Some parts of the building had been painted since the previous inspections, nonetheless, many areas in the building were in need of redecorating as, doors, architraves and walls were scuffed and marked. The inspector saw that there was an internal secure garden area which was accessible along one corridor. There was garden furniture for residents to sit out and enjoy the fresh air and sunshine. A canopy shaded one seating area for residents who wished to be protected from the direct sunlight. There was a hairdressers' which was seen by the inspector and residents confirmed

it was welcoming for residents and looked like a saloon they attended in the community.

The inspector observed that there had been improvements to the dining experience since the previous inspection and all dining tables were appropriately set with table cloths and condiments. Menus were available to residents to make an informed choice and the person in charge told the inspector they were in the middle of introducing pictorial menus to assist residents with cognitive impairment to make their choice. The inspector saw that meals were attractively presented at lunch time and residents were complimentary about the choice and food served. The inspector observed that residents requiring assistance were seen to be helped in a respectful manner, and there was sufficient staff in the dining room to provide assistance to all residents.

The inspector observed staff interactions with residents which took place in a social and friendly manner and it was obvious from their interactions that staff knew residents and their needs well. The inspector observed that there was plenty of activity taking place during the inspection and the activity co-ordinator was training in a care assistant to undertake the activities role. On the afternoon of the inspection there was a local musician playing music and singing for the residents in the conservatory. The inspector observed residents enjoyment and participation in the lively afternoon sessions with some residents saying it was the highlight of their week when the music session was on. Residents stated there were plenty of activities taking place in the centre and a varied activity schedule was seen by the inspector.

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

The inspector identified ongoing and serious issues with the governance and management of the centre especially in areas of residents' finances and the continued non-compliance relating to fire safety precautions which had not been addressed by the provider.

The inspector continued to be very concerned about the registered provider's ability to safely sustain the business of the centre. This concern was heightened by information received prior to the inspection that there was not sufficient money in the center's bank account to pay the urgent bills outstanding by the centre. This was due to failure of the provider to implement robust financial management systems for the centre and to ensure the centre was tax compliant. This information was substantiated during the inspection. The provider had also failed to complete the

recommended fire safety works on the premises and failed to implement adequate safeguarding practices to protect residents' own money held by the registered provider.

Following the lack of progress by the provider to address serious fire risks identified in their fire own external fire safety risk assessment undertaken in October 2021 and issues identified during the inspection of the centre 04 July 2022, a restrictive condition was attached to the registration of the centre requiring the registered provider to have the fire safety works completed by February 2023 to ensure the safety of the residents. However on this inspection, as on the inspection conducted on the 20 June 2023 and an inspection conducted by a specialist inspector in fire safety on the 01 August 2023 , inspectors found that the required fire safety works had not yet commenced and further fire safety concerns were identified during the inspection of the 01 August 2023.

During the inspection of the 20 June 2023 the inspectors reviewed the procedures in place to ensure residents' funds were safeguarded. The provider was not a pension agent for any of the current residents, however, they did hold residents' finances of nine deceased residents in a company account. Previously, the registered provider gave assurances to the Chief Inspector that the systems in place for the management of residents monies would be improved to ensure that residents were safeguarded, however, to date, a separate residents' account was still not in place. In short residents monies continued to be included in the operating bank account of the designated centre.

Following the inspection of the 20 June 2023 monies were repaid to the estates of six residents that were deceased however the centre continued to hold monies of three deceased residents in the centers current account. The inspector was very concerned about the manner in which residents' funds were being managed. There were also significant concerns about the availability of finances required to ensure the effective delivery of care, in line with the statement of purpose. In addition inspectors were advised that issues with tax compliance have impacted on the funds available for the operation of the designated centre as nursing home support scheme monies cannot be paid to a registered provider who is not tax compliant.

Aperee Living Camp was operated by Aperee Living Camp Limited, the registered provider. The Chief Inspector was very concerned about the registered provider's ability to sustain a safe quality service. There had been ongoing regulatory engagement with the registered provider including provider meetings, cautionary meetings and warning meetings in relation to governance and management and fire safety. The Chief Executive Officer appointed in January 2023, the Human Resources (HR) manager, numerous members of the finance team and one of the regional managers were no longer in the employ of the provider. The other regional manager was no longer available in that role as they were now the person in charge in another Aperee center. The current governance structure comprised of the provider who was not readily available to those working in the designated centre and the chief operations officer. This level of governance was not sustainable and the service did not have access to any clinical managerial support. On site, the management team comprised of the person in charge, a newly appointed CNM,

nurses, care team and administration. The inspector was concerned that in the absence of strong and effective governance, there was an over-reliance on the person in charge and the on-the-ground clinical management team to provide the governance and leadership for this service.

Staff had completed some additional training since the previous inspection however, safeguarding and managing behaviours that challenge remained outstanding for a number of staff. Staffing levels in the evening also required action.

Regulation 15: Staffing

As identified on the previous inspection there was adequate staff rostered for the assessed needs of residents for day time rosters however, the night duty roster showed that there was one nurse and two healthcare assistants on duty from 20:00 – 08:00. Cognisant that approximately half the residents were either high to maximum dependency requiring two staff to provide personal care and comfort rounds, this would result in no assistance or supervision of residents in the day room particularly when the nurse was undertaking the night time medication round. Following the previous inspection the management team had committed to review the entire rostering to maximise the safety and comfort of residents. However this had not been completed at the time of this inspection and staffing had remained the same.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Manual handling training was taking place during the inspection and the inspector saw numerous staff attending this training. Safeguarding and responsive behaviour training remained outstanding for a number of staff .

Judgment: Substantially compliant

Regulation 23: Governance and management

The overall governance and management systems in place were not stable and not clearly defined. There were a number of resignations from the senior management team in the previous months. The provider, Aperee Living Camp Limited, comprised only one director. The availability and access to the director was very limited and the current lines of authority and accountability were not clearly defined. The management structure was further depleted with further resignations from the governance and support functions. Issues of serious regulatory concern identified on the previous inspection relating to fire safety had not been addressed, nor had the additional concerns identified on the previous inspection in relation to the governance arrangements and the safeguarding of residents finances. This further evidenced that the registered providers governance and management of the designated centre was not sufficient to provide a safe service.

- The systems in place for the management of residents finances 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 residents finances in the centre did not ensure policies and procedures were in line with national guidance, as evidenced by:

- the system in place to return monies and property to the estates of residents who had deceased 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
- 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,
- the systems in place for the management of residents monies and properties handed in for safekeeping required review. The current systems in place did not ensure residents monies and properties were fully safeguarded. This is further detailed under Regulation 8 Protection.

There were significant concerns about the availability of sufficient resources to ensure the effective delivery of care, in line with the statement of purpose for example:

- resources were not sufficient to ensure the safety of residents in relation to fire risks in the centre. The provider had arranged for an external consultant to conduct a fire safety risk assessment of the premises in October 2021. This assessment identified eight red (high) and 18 orange (medium) fire safety risks in the centre. The inspectors found that a number of these risks had yet to be addressed on the day of inspection and the majority of the high risk issues remained outstanding. These are further discussed under regulation 28, fire precautions,

- There were also significant concerns about the availability of finances required to ensure the effective delivery of care, in line with the statement of purpose. A review of bank statements for the centres current account showed limited resources available to pay a long list of creditors that were owed monies from the centre. In addition inspectors have been advised that issues with tax compliance have impacted on the funds available for the operation of the designated centre as the nursing home support scheme monies cannot be paid to a registered provider who is not tax compliant.

Some management systems required action to ensure the service provided was safe:

- the systems associated with fire safety management were not sufficiently robust to ensure the service was safe.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Action was required to ensure Schedule 5 policies and procedures were implemented into practice as follows:

- the policy in place for the management of residents personal possessions and finances was updated since the last inspection, however, it could not be comprehensively implemented in practice as a residents' account was yet to be set up
a 'written agreement between the resident and the registered provided regarding the management of the resident's accounts and finances' was not in place (as required in their policy relating to residents' personal possessions)
- the complaints policy required updating to reflect the changes required in Regulation 34:Complaints Procedures.

Judgment: Substantially compliant

Quality and safety

Overall the inspector was assured that residents were supported and encouraged to have a good quality of life in Aperee Living Camp . There was evidence of residents needs were being met through good access to healthcare services and opportunities for social engagement.

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. Timely referrals were requested to specialist services and residents had good access to Allied health professionals

The person in charge and staff knew all their residents well, chatted informally with them on a daily basis and formally as part of residents' meetings. There was a good programme of activity in place and residents confirmed that there was plenty of social stimulation.

However, the inspector was concerned that residents were not protected due to poor financial management practices of their finances. The registered provider was not a pension agent for residents, but a sum of money remained in the company bank account for deceased residents. 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. The 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. Since the previous inspection although money was paid back to the estates of six residents there continued to be monies in the current account for three deceased residents.

Notwithstanding the lack of action by the registered provider to address the fire safety issues heretofore reported, the person in charge had ensured that staff had up-to-date training relating to fire; and regular fire drills and evacuations were completed. A scheduled fire drill was completed appropriately during the inspection witnessed by the inspector. Records showed that drills were timed and the number of staff and residents involved in the evacuation detailed, evacuation aids required and used, analysis and actions taken following simulations to enable learning for all staff. Weekly fire alarm testing was comprehensively completed as was the daily fire safety checks. Quarterly fire certificates for the fire alarm, maintenance of fire equipment, emergency lighting and electrical appliances service certificates were all available and in date.

Regulation 17: Premises

There had been no investment in the premises and the general upkeep and upgrading of the premises as outlined on the last inspection remained outstanding :

- internal paint work to walls, architraves and doors in bedrooms and corridors was scuffed, chipped and damaged
- some floor covering required upgrading on corridors and in bedrooms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider conducted a fire safety risk assessment of the premises in October 2021 which identified 8 red and 18 orange rated fire safety risk. However there had been little action taken to address these risks. Following the inspection in October 2022, the provider did not provide adequate assurance to the Chief Inspector that all reasonable measures were being taken to address the fire safety concerns resulting in a restrictive condition being applied to the registration of the centre. This required the registered provider to have addressed the fire safety concerns by February 2023. However, it was confirmed on this inspection and two previous inspection undertaken in June 2023 and August 2023 that the issues identified in the external fire assessment had not been actioned to date. The inspector was informed that there were no plans or works scheduled to address the structural risks:

Red rated fire safety risks identified included:-

- provision of compartment walls including within attic spaces to coincide with compartment doors at ground level
- upgrading of ceilings within the building to fire rated
- servicing or replacing inadequate fire doorsets
- upgrading of fire rated enclosures to areas of special risk - laundry/kitchen/plant room.

Orange rated fire safety risks included upgrading of the premises regarding ceiling lining and coverings, provision of external emergency lighting, replacing keys of external doors, servicing and testing of gas and electrical equipment.

Judgment: Not compliant

Regulation 8: Protection

During this inspection the inspector continued to have serious concerns around the overall management of residents' finances to ensure residents' rights and protection. Contrary to good practices and assurances given to the Chief Inspector in November 2022, Aperee Living Camp Ltd does not have a separate resident client account, therefore, residents' monies were paid into the centre's current account and residents' monies remained in this current account. Findings of this inspection included the following:

- a review of information pertaining to the current account of Aperee Living Camp Ltd, seen on this inspection on the 28 September 2023 showed that it contained a sum of money belonging to three residents who were deceased.

On review of the records it was evident that their funds had yet to revert to their estates.

- a review of the bank statements for the last three months, prior to this inspection, evidenced that the current account had dropped below the amount that was the property of these residents. This review of available records suggested that at times, residents or their estates, would not have been able to access their monies, should they wish to avail of them and that their money was used to support the day to day operations of the centre. This residents money should have been protected.
- the centre did not have a separate residents/client account to ensure residents monies were safeguarded from the main current account
- it had also come to the attention of the Chief Inspector as identified on the previous inspection in June 2023 that people who were not employees of Aperee Living Camp Ltd had requested transfers of money out of the current account in Aperee Living Camp Ltd to other accounts and many of these transfers included residents' monies. No such authority was granted to people who were not employed by the registered provider to direct the transfer of residents' funds or for residents' funds to be used for any other purpose than the residents' own use and this practice had continued even after it had been identified in this centre in June 2023.
- Although some improvements were seen in the system in place for the management of monies and valuables handed in for safe keeping by residents. It continued to not be sufficiently robust to protect residents. Items handed in for safekeeping were maintained in the safe however an individual comprehensive log was not maintained of the items handed in for safekeeping. Double signatures were not in place for all transactions.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Aperee Living Camp OSV-0005406

Inspection ID: MON-0041594

Date of inspection: 28/09/2023

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: DON/PIC implemented a change in HCA working hours from 8-8 to 9-9 to allow better supervision in the evening hours and assist with resident nighttime routines. Date of Implementation 29th September.</p> <p>Night Porter also positioned at the main crossroads of the home which allows for additional supervision if any resident is requiring assistance, the night porter can alert staff on duty easier.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: CNM has commenced Responsive Behavior in house training with Staff. Training has taken place on 16/17/19 October where 12 staff were trained. Further training scheduled for 14th and 15th November by CNM.</p> <p>Safeguarding training is completed via our Evolve E Learning training platform and is up to date apart from the new staff currently onboarding.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>From 20th November 2023, three new directors have been appointed to the company and the previous sole director has resigned. One of the new directors is also the company secretary. The new governance structure has been shared with the Authority under separate correspondence. The newly appointed directors are experienced and fully active in supporting the team in the home with each has specific areas of responsibility.</p> <p>In consideration of findings in this report and previous inspections, focus and priority is being placed by the new Governance Structure on the management of fire safety and the systems associated with fire safety. The Provider has reviewed the fire safety risk assessment and will ensure identified risks will be actively managed. A contractor has been appointed as of November 28th to undertake the Fire rectification works and we are currently finalising the contract. The contractor is currently preparing for site mobilisation to complete all works. This includes all items identified in the Fire Risk Assessment report such as electrical, compartmentation and escape route pathways.</p> <p>During this timeframe of completion of remedial works, the Provider and DON will continually monitor hazards and risks to ensure resources are being used to the best effect to minimise the risk of fire.</p> <p>All lines of authority and accountability, to include specific roles and responsibilities will be clearly defined and updated in the homes Statement of Purpose and Function.</p> <p>Aperee Living Camp's tax compliance is fully up to date.</p> <p><i>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</i></p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Policy in place for management of resident's personal property has been updated to reflect internal procedures in place to protect resident's finances until such a time as a client account is opened.</p> <p>A written agreement will be put in place between the resident and the Registered</p>	

Provider, should the Provider hold funds on behalf of any resident.

The Complaints policy will be updated to reflect the changes required in regulation 34: Complaints Procedures.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 A painting upgrade programme will be implemented in the centre to include paint work to walls, architraves and doors in bedrooms and corridors.

A flooring upgrade programme will be planned subsequent to completion of the centre’s remedial works.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The new onboarding Management Team has committed to complete all actions as identified in the homes Fire Risk Assessment.

This will include:

- Upgrade of compartment walls including within attic spaces to coincided with compartment doors at ground level
- Upgrade of ceilings to fire rated construction
- Servicing and / or replacement of inadequate fire doors
- Upgrading of fire rated enclosures to areas of special risk – laundry, kitchen, plant room
- Extra provision of emergency lighting
- Replacement of key on external doors

Servicing and testing of gas and electrical equipment has been requested from Contractor.

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 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: A refund to the estates of all RIP residents has been completed. Going forward on the passing of any resident, the Accounts Administrator undertakes to have this refund issued to the resident estate within 7 working days.</p> <p>Resources in the company's bank account will only be accessed by people associated with Aperee Living Camp Ltd.</p> <p>The centre's banking institution (Vulnerable Persons Unit) has been contacted to open a separate Resident Client Account. Aperee Living Camp currently does not hold any funds on behalf of its residents.</p> <p>Individual Safe Log entry in place now for all residents who have property kept in safe keeping. Double Signatures in place for all items.</p> <p>Versapak high security pouch system ordered 13.11.2023 to allow for a safer means of storing resident personal items in safe keeping.</p> <p><i>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</i></p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	29/09/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/12/2023
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	30/05/2024

Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	01/12/2023
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	01/12/2023
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	01/12/2023
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	Not Compliant	Orange	18/03/2024

	suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	18/03/2024
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.	Not Compliant	Orange	18/03/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	28/11/2023
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	30/11/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/12/2023