



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Ballinasloe
Name of provider:	Aperee Living Ballinasloe Ltd
Address of centre:	Bridge Street, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	19 April 2023
Centre ID:	OSV-0000361
Fieldwork ID:	MON-0039168

About the designated centre

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

Aperee Living Ballinasloe is a purpose built two storey nursing home situated in the town of Ballinasloe in Co. Galway. The centre is registered to accommodate 60 residents. The accommodation comprises 52 single and four twin bedrooms. All bedrooms have en suite shower and toilet facilities. A variety of communal rooms are provided for residents' use on each floor, including sitting, dining and recreational facilities. There is a lift provided between floors. Residents have access to an enclosed garden. Aperee Living Ballinasloe accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, palliative care, respite and post-operative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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 19 April 2023	09:20hrs to 17:00hrs	Fiona Cawley	Lead
Wednesday 19 April 2023	09:20hrs to 17:00hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Inspectors found that residents living in this centre were well cared for and supported to enjoy a good quality of life. Feedback from residents on the day of the inspection was that staff were kind, caring, and attentive to their needs. Notwithstanding the positive feedback, inspectors were concerned to observe that no progress had been taken to address the significant fire safety issues in the centre. In addition, inspectors observed the impact of poor overall governance and management, particularly in relation to resource management in the centre.

Following an introductory meeting, inspectors completed a tour of the designated centre accompanied by the person in charge.

Aperee Living Ballinasloe is a two-storey facility, located in the town of Ballinasloe, County Galway. The centre provided accommodation for 60 residents, and comprised of 52 single rooms and four twin rooms. The living and accommodation areas were spread over both floors, which were serviced by an accessible lift. There were a variety of communal areas for residents to use including day rooms, dining rooms, an activity room, and a spacious lobby. Communal rooms were bright and spacious. Comfortable furnishings and domestic features throughout the centre provided a homely environment for residents.

A Fire Safety Risk Assessment commissioned by the provider in November 2021, and an inspection carried out by inspectors of social services in November 2022 found significant issues of concern in relation to fire safety. A compliance plan submitted by the provider following this inspection was not accepted by the Chief Inspector, as the time lines for the commencement of the works did not address the immediacy of the risks identified. Following significant engagement with the Chief Inspector the provider had committed to taking action to address all identified fire risks, some of which has been identified as high risk to residents, staff and visitors. On the day of inspection, inspectors found the majority of issues identified in the fire safety assessment and on inspection, had not been addressed. There was no information available as to when the required works would commence. This was a risk that was not being managed effectively by the provider.

The fire risk assessment of November 2021 identified that there was no compartmentation in the centre, with the requirement for all residents to be evacuated from the centre in the event of a fire. The provider had committed to commencing fire safety works to reduce the size of the compartmentation within the centre. This would allow for containment of smoke and fire, and the safe evacuation of residents in the event of a fire emergency. This work had not commenced and the risks associated with this arrangement remained.

The premises, while suitable to meet the day-to-day needs of residents, required action in relation to findings on previous inspections in relation to general maintenance issues. There were 38 residents accommodated in the centre on the

day of the inspection, and 22 vacancies. The building was found to be well laid out to meet the needs of residents, and to encourage and aid independence. The centre was bright, warm, and well-ventilated throughout. Call bells were available in all areas, and answered in a timely manner. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Bedrooms were appropriately decorated, with many residents personalising their rooms with pictures, books, and furniture. All bedrooms were observed to have sufficient space for residents to live comfortably, which included adequate space to store personal belongings.

There was an enclosed outdoor garden for residents to use. The door to this area was locked by means of a keypad, and the code to this door was accessible to residents. While this area provided unrestricted access to the outdoors, inspectors found that, on the day of the inspection, this area was observed to be in a poor state of repair. Footpaths were uneven and posed a falls risk to residents. The gutters were not maintained as there was a visible collection of leaves and weeds.

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 for. Records seen during the inspection showed residents pension going in to a separate account from the general account. Some monies and valuables were held in a safe for residents. Records showed there was a regular check of balances, and when monies were take, it was signed for by two people. This included the resident where possible.

Throughout the day of the inspection, inspectors spoke with individual residents and also spent time in the various areas of the centre observing resident and staff interaction. Inspectors observed that while staff were busy attending to the needs of residents, the provision of care was relaxed and unhurried, and that staff engaged in kind and positive interactions with residents. Inspectors spoke in detail with a total of 10 residents, and this feedback provided an insight to their lived experience in the centre. Residents told inspectors that they were satisfied with life in the centre, and that staff treated them well. One resident told inspectors that 'the people here are nice, my room is grand, and the time flies every day'. Another resident told inspectors that they loved the centre and that it felt like home to them. There were a number of residents who were unable to speak with inspectors, and were therefore unable to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day.

Throughout the day, the majority of residents were up and about, and were observed in the various areas of the centre. Residents sat together in the sitting rooms watching TV, reading, or quietly observing their surroundings. Other residents were observed moving freely around the centre, and interacting with each other and staff. A number of residents chose to spend time in their own bedrooms. Residents were provided with opportunities to participate in recreational activities of their choice and ability, either in the communal areas, or their own bedrooms.

Inspectors observed the activities co-ordinator and care staff provide activities on the day, including a game of bingo which a number of residents participated in and appeared to enjoy. There was an activities schedule in place seven days a week, and residents told the inspector that they were free to choose whether or not they participated. There was access to television, radio, newspapers, and books. Residents were seen to be happy and content as they went about their daily lives and it was evident that residents were supported by the staff to spend the day as they wished. Staff who spoke with inspectors were knowledgeable about residents and their individual needs.

Residents were provided with a range of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. Residents were complimentary about the food in the centre.

In summary, in spite of the significant risks associated with fire safety, and the governance and management of the centre, residents were receiving appropriate person-centred care and support from a responsive team of staff.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

The provider had not ensured that the service provided was safe and met the needs of the residents living in the centre, particularly in terms of the arrangements in place for governance and management, fire precautions, staffing, and the premises. Issues of serious regulatory concern had not been fully addressed since the last inspection, and additional issues in relation to the protection of residents were identified during this inspection, which further evidenced that the management structure in place was not sufficient to provide a safe service.

This was an unannounced risk inspection, carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in November 2022.

Aperee Living Ballinasloe was operated by Aperee Living Ballinasloe Limited, the registered provider. 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 inspectors were informed 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, there was a person in charge in the centre who facilitated the inspection. They demonstrated a clear understanding of their role and responsibility, and were a strong presence in the centre. They were supported in this role by a clinical nurse manager, nursing and care staff, activity coordinators, housekeeping, catering, administrative and maintenance staff. Inspectors were concerned that in the absence of strong governance, there was an over-reliance on the person in charge to provide the governance and leadership for this service.

In response to on-going failure to achieve regulatory compliance, particularly in relation to fire safety, and insufficient resources found on the inspection in November 2022, there was significant engagement between the registered provider and the Chief Inspector. As a result, a condition was attached to the registration of the centre which required that the registered provider to cease admissions to the centre until the Chief Inspector found that the registered provider was compliant with Regulation 28: Fire precautions. This condition had been complied with and there had been no further admissions to the centre

Following the previous inspection of this centre in November 2022, where significant fire safety issues were identified, the provider submitted a compliance plan indicating that the required remedial fire safety works to address the fire risks in the centre would be completed by 1 January 2024. This compliance plan response did not adequately assure the office of the Chief Inspector that the actions would result in compliance with the regulations.

While some action had been taken by the provider to address the ongoing fire risks in the centre, the majority of high risk actions remained outstanding. The improvements included a review of the storage arrangements, availability of appropriate fire-fighting equipment in a designated smoking area, accurate signage regarding the placement of fire extinguishers, a review of directional signage, and the removal of padlocks removed from external gates. The high risk actions required by the registered provider to ensure that residents were protected from the risk of fire had not been completed. These actions had first been identified in a fire safety risk assessment conducted by the provider in November 2021, and identified again by inspectors of social services in November 2022. A referral was made to the local fire authority following the inspection in November 2022. The findings of this inspection were that the registered provider had failed to take a number of actions to address the non-compliances identified on the previous inspection. This is addressed under Regulation 28: Fire Precautions.

Similar to findings of the previous inspection, while the day-to-day service delivered to residents was satisfactory, the governance and management of the centre was not robust, and did not meet the requirements of Regulation 23: Governance and management. There were insufficient resources available to ensure the effective

delivery of care, in accordance with the statement of purpose. This was evident on the day of the inspection by

- the lack of progress made in relation to the actions required to address significant fire safety work, and premises issues.
- inspectors found that there were insufficient numbers of registered nurses employed by the centre to ensure appropriate staffing levels, including adequate staff availability to cover planned and unplanned leave.

A review of the staffing rosters found that there were only four staff nurses employed by the provider available to work in the centre. This was not in line with the level of staff outlined in the centre's statement of purpose which identified 10 full-time registered nurses. This resulted in the provider the provider relying heavily on agency staff to ensure adequate staffing levels. A recruitment campaign was ongoing to fill the vacancies in the centre at the time of the inspection.

Inspectors found that there were systems of monitoring and oversight of the service in place on the day of the inspection. There was a schedule of audits in place, and where completed, were seen to identify areas for improvement. However, the lack of progress in addressing areas of identified risk evidenced that the management systems in place were not effective.

Regulation 15: Staffing

On the day of the inspection, there was sufficient staff on duty to meet the needs of the residents, taking into account the size and layout of the designated centre.

At the time of the inspection there were only four nurses employed in the centre, with a heavy reliance on agency nursing staff to cover the majority of shifts. While the person in charge tried to get regular agency staff to attend the centre, the skill mix was impacted by having no employed nursing staff on the majority of day shifts. Inspectors were aware of issues in relation to paying outstanding agency bills. This model of reliance on agency staffing was not robust.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role. This included infection prevention and control, manual handling, safeguarding, and fire safety.

Judgment: Compliant

Regulation 23: Governance and management

The findings of this inspection were that there remains significant concerns about the availability of sufficient resources to ensure the effective delivery of care, in line with the statement of purpose. Three areas of concern were identified during this inspection:

- high risk fire safety issues had not been addressed, over a two year period
- high use of agency staff due to a significant reduction in nurses employed in the centre
- poorly maintained premises, including furnishings.

The organisational structures in place were not clear, with no clear lines of authority and accountability. The senior management team had changed a number of times in the months leading to this inspection. The availability and access to the sole director was limited, and the current lines of authority and accountability were not clearly defined.

The provider failed to ensure that appropriate management systems were in place to ensure that the service provided was safe and appropriate. This was evidenced by

- inappropriate management of residents finances
- inadequate levels of nursing staff
- inadequate oversight of fire precautions
- inadequate oversight of the care environment
- concerns about the financial resources available

The risks in relation to the premises, and fire safety arrangements were repeated non-compliances.

Judgment: Not compliant

Quality and safety

Inspectors found that residents living in this centre received good quality care and support, which ensured that they could enjoy a good quality of life. However, the on-going significant fire safety risks in the centre, and the lack of action taken by the provider to address these risks did not provide assurance that residents were safe.

The detail of the on going risk is detailed under Regulation 28: Fire precautions in this report. Residents' laundry was done on site, and feedback from residents about the arrangements for laundering and returning their items was positive. Some areas of the premises were in a poor state of repair, including the external gardens. There were repeated findings in relation to a leak in the roof and inadequate action taken to address general maintenance work such as painting. This will be addressed under Regulation 17: Premises.

There was a range of furniture provided in bedrooms for residents to store their belongings, including wardrobes, drawers, and a lockable drawer for keeping any valuables. There was a process for residents' valuables to be held in a safe, if they chose. This was mostly observed to be money and documentation. Three residents' records were cross checked and the balance held in a folder was correct with the written ledger. 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. This is where a named person may collect a resident's pension on their behalf. There was a policy in place that set out the organisations approach to safeguarding adults at risk. It included a procedure of the steps to be followed when abuse was witnessed, reported, or suspected, and included the definitions of abuse. Records showed that all staff had completed training, which was updated on a regular basis. Staff spoken with confirmed the training was of a good standard, and they were able to describe the action they would take in a range of situations. The person in charge was clear in their role, and where any safeguarding concerns arose, they dealt with them in line with the organisations policy. However, inspectors found that further action was required with regard to residents' finances to ensure full compliance with Regulation 8: Protection.

Inspectors reviewed a sample of four residents' files. Each resident had a comprehensive assessment of their health and social care needs carried out prior to admission to ensure the centre could provide them with the appropriate level of care and support. Following admission, a range assessments were carried out using validated assessment tools to identify areas of risk specific to residents. The outcomes were used to develop an individualised care plan for each resident within 48 hours of admission which addressed their individual abilities and assessed needs. Inspectors found that care plans were sufficiently detailed to guide care and that the information was holistic and person-centred. Care plans were reviewed every four months or as changes occurred, in line with regulatory requirements. Daily progress notes demonstrated good monitoring of care needs, and the effectiveness of care provided to residents.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals in line with their assessed need.

There was a low level of restrictive practice in place on the day of the inspection.

Residents were provided with opportunities to consult with management and staff on how the centre was run. Residents' meetings were held, and residents'

satisfaction surveys were carried out, and feedback was acted upon. Residents had access to an independent advocacy service.

Regulation 17: Premises

There were a number of areas in the centre that did not meet the requirements of Regulation 17. This was evidenced by;

- there were a number rooms on the first floor that had visible damage to the ceilings due to water getting into the ceiling space
- the ground was uneven in the external garden and would pose a risk to residents with mobility issues
- the gutters were not clear and appeared to be blocked with plant debris
- a number of items of furniture were found to be in a state of disrepair
- paintwork and door frames was visibly scuffed in a number of areas
- a number of resident toilets were locked thereby restricting access to these facilities
- the assisted bathroom was used as a storage area, and was not therefore available for resident use

This was a repeated non-compliance.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of the inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. The provider had failed to complete the majority of the actions committed to following the previous inspection. For example, no action had been taken in relation to;

- Adequate compartmentation in the centre to facilitate progressive horizontal evacuation
- Deficiencies found in fire doors throughout the centre
- Deficiencies found in relation to containment measure throughout the centre
- Address windows in residents bedrooms that were found to be permanently restricted from opening fully. As a result, escape or rescue, in the event of a fire, from a residents bedroom was not possible.
- The floor plans on display throughout the centre which contained different room naming conventions to the room names in use in the centre and which were difficult to read were not reviewed and amended.
- While regular evacuation drills were being carried out, inspectors were not assured that the largest compartment, which provided sleeping

accommodation for 17 residents on the first floor, could be evacuated in a timely manner when staffing levels were at the lowest. This was evidenced by the lack of drills carried out for an evacuation of the first floor with night time resources.

- Some residents' personal emergency evacuation plans (PEEPs) were not accurate.

This was a repeated non-compliance.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had not taken all reasonable measures to protect residents from potential abuse. For example; one area where resident's monies were not safeguarded was in relation to monies received for fees following the death of a resident. Information provided during the inspection showed monies waiting to be returned to residents' estates, totalling €3000, were held in the main company account, and the amount stated as held was not available in the account at all times. Should the monies be called for by the residents estate, there were regular

occasions where the balance of the current account meant this money would not have been available.

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	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Aperee Living Ballinasloe OSV-0000361

Inspection ID: MON-0039168

Date of inspection: 19/04/2023

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Aperee Living Ballinasloe commits to employ an appropriate workforce that has sufficient numbers and skill mix of staff, with the necessary experience and competencies to meet the needs of the residents and which reflect the size, layout and purpose of the centre.</p> <p>Staffing levels applied will also be considerate to reflect the needs of the current 34 residents residing in the centre.</p> <p>The RPR and Director of Nursing has ensured a staffing contingency plan is in place during this timeframe in which the home is experiencing a shortfall in RGN staffing levels. Shifts are covered with a team of regular and consistent agency RGN's.</p> <p>Staffing gaps have been identified between current and future workforce needs and an active recruitment campaign is ongoing. 4 oversees RGN's have been recruited and visa application in process.</p> <p>The Director of Nursing is further engaging with a number of Recruitment Consultants to assist with RGN recruitment. All progress and efforts are monitored and documented by the Administrative Team.</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>	

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with Regulation 23.

The management of fire safety, and the systems associated with Fire Safety will be enhanced to ensure the service provided is safe. The Registered Provider is committed to ensure all outstanding risk identified in the homes fire safety risk assessment shall be addressed. As the required works are implemented, the RPR in conjunction with the DON shall take steps to mitigate the issues and implement any controls or improvements required.

The RPR and Director of Nursing has ensured a staffing contingency plan is in place during this timeframe in which the home is experiencing a shortfall in RGN staffing levels. Shifts are covered with a team of regular and consistent agency RGN's.

Staffing gaps have been identified between current and future workforce needs and an active recruitment campaign is ongoing. 4 oversees RGN's have been recruited and visa application in process.

The Director of Nursing is further engaging with a number of Recruitment Consultants to assist with RGN recruitment. All progress and efforts are monitored and documented by the Administrative Team.

A programme of routine maintenance and refurbishing the physical environment of the facility, including fixtures, furnishings and fittings has been implemented and supervised by the Director of Nursing. In conjunction with this, a capital projects will be enhanced in the centre, taking into account priority, health and safety and previous actions identified during inspection.

The lines of accountability and authority in Aperee Living Ballinasloe will be clearly defined at individual, team and service level, all staff will be informed of the management structure and facilitated to communicate regularly with management. The organizational structure will be outlined in the Statement of Purpose.

The policy for management of personal property, personal finances and possessions has been updated in line with National Guidance to include the process for managing pension arrangements in the centre.

All RIP Residents monies have been returned to the Residents estate. Going forward on the passing of any resident in Aperee Living Ballinasloe monies will be transferred immediately from the main account to the homes separate designated client account. Instant and active engagement will commence to return the monies funds to the residents estate.

The RPR shall ensure all staff have the know-how to be able to deliver care and support as required by residents. The DON shall ensure all staff have access to appropriate training, are appropriately supervised and informed of the relevant legislation, standards and best practice in relation to the provision of care and services to residents in Aperee

Living Ballinasloe.

A list of outstanding creditors payments is maintained, and accompanied by an Aged Creditor Analysis, which details the outstanding invoices and the length of time that they have been outstanding. Payments are prioritised on a monthly basis to include input and consideration from the Director of Nursing and Accounts Department.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Director of Nursing in conjunction with the Maintenance Personnel have developed and implemented a programme of routine maintenance and refurbishing of the physical environment of the home, to include findings in most recent inspection and incorporating painting, fixtures, furnishings and fittings. Progress will be documented and frequently reviewed by the DON.

The homes physical environment shall be audited in respect of capital refurbishment requirements and findings will be used to inform resource and budgeting requirements.

Any refurbishment projects shall be completed in line with relevant legislation and standards and IPC shall form part of the planning process.

Gutters have been cleared and will remain free of plant debris.

Locks have been removed from resident's toilets, no longer restricting access.

Storage has been removed from the assisted bathroom and is now available for resident use.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Registered Provider commits and undertakes to complete all outstanding risks identified in the Fire safety risk assessment and current Inspection findings – completion date no later than November 30th.

PEEPs have been updated by the Director of Nursing and are now readily available in the event of evacuation. PEEP's include details of resident's mobility needs and cognitive status to inform staff of residents needs in the event of an emergency evacuation and

after.

All staff are facilitated to attend fire safety training and to participate in a simulated evacuation drill.

Frequency of simulated fire drills have been increased and have been completed subsequent to inspection to test the efficiency of evacuation for day and nighttime conditions of the largest compartment (currently 13 residents), to include staffing arrangements. Evacuations are timed and audited and learnings from drills inform improvements in practice.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
The policy for management of personal property, personal finances and possessions has been updated in line with National Guidance to include the process for managing pension arrangements in the centre.

All RIP Residents monies have been returned to the Residents estate. Going forward on the passing of any resident in Aperee Living Ballinasloe monies will be transferred immediately from the main account to the homes separate designated client account. Instant and active engagement will commence to return the monies funds to the resident's estate.

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	30/09/2023
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.	Not Compliant	Orange	30/10/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	30/09/2023

	effective delivery of care in accordance with 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	24/07/2023
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	30/09/2023
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 suitable bedding and furnishings.	Not Compliant	Orange	30/11/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including	Not Compliant	Orange	30/11/2023

	emergency lighting.			
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	30/11/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/09/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2023
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.	Not Compliant	Orange	24/07/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	30/08/2023
Regulation 8(1)	The registered provider shall take all reasonable	Not Compliant	Orange	17/07/2023

	measures to protect residents from abuse.			
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