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

Name of designated centre:	Aperee Living Conna
Name of provider:	Aperee Living Conna Ltd
Address of centre:	Conna, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	07 September 2023
Centre ID:	OSV-0004447
Fieldwork ID:	MON-0041407

About the designated centre

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

Aperee Living Conna was established in 2003. It is currently managed by the Aperee Living Group. It is a 50-bedded home situated on the edge of Conna and all accommodation is on one level. The home comprises 42 single rooms with en-suite toilet and shower some of which are shared between two single bedrooms. There are two single rooms (not en-suite), three double bedrooms en-suite, large sitting room, conservatory, dining room, oratory, library, hairdressing salon, assisted bathroom, assisted shower room and enclosed garden with seating provided. All rooms have access to a call bell system and residents are encouraged to personalise their rooms. The centre offers long-term and respite care as well as caring for residents with dementia. There is 24-hour nursing care available. There is medical and allied health services available and all dietary needs are catered for.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

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
Thursday 7 September 2023	10:00hrs to 18:30hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

Apeere Living Conna is located on the outskirts of Conna village, within walking distance of its amenities. It is within a single storey building, comprising of three corridors of bedrooms, leading to a central entrance area with communal spaces and ancillary areas such as the kitchen, staff facilities and administration offices. The centre is registered to accommodate 50 residents, with 46 residents living in the centre on the day of inspection. The centre had 44 single bedrooms and three twin bedrooms.

The inspector held an introductory meeting with the person in charge at the start of the inspection, at which the purpose of the inspection was outlined. Following the introductory meeting, the inspector, accompanied by the person in charge, did a walk through of the centre.

The inspector saw that three bedroom corridors had been redecorated and the handrails along one corridor were painted. The person in charge told the inspector that the work to paint the handrails was ongoing and some flooring was scheduled to be replaced the following week.

The building was sub-divided into reasonably sized fire compartments to facilitate horizontal evacuation. The compartments were highlighted on a floor plan displayed on a notice board in the staff room, but not in the main area of the centre.

Bedroom doors were fitted with a swing free type automatic door closing device. This meant that residents were afforded the choice to have their door open, but it would close automatically on activation of the fire alarm system. While the fire doors within compartment boundaries were generally in good condition and fit well in the frame, other fire doors were observed to have deficits; there were gaps where each leaf of a double door met, gaps to the bottom of doors and screws missing to hinges.

Externally, the escape routes from exits led to a stone chipped track. The landings outside some exits meant that in order to manoeuvre around the open exit, it required going down a step onto grass, and would not be suitable for residents using wheelchairs or mobility aids. Ski sheets were appropriately fitted to the mattress and these were being checked.

The inspector saw in a number of bedrooms, there were extension cords extending across the width of the room to provide a power to the television. This resulted in loose trailing wires and presented a trip hazard.

In a staff toilet, the tiles on the wall were loose and at risk of falling. Small sections of the ceiling plaster had come away where the plasterboard was screwed into the ceiling timbers, exposing the plasterboard beneath. The cleaners/housekeeping

room had damaged plaster and tiles coming away from the wall.

Externally, there was a secure garden, which was easily accessed from the central communal care of the centre. There was a smoking area for residents who chose to smoke and there was a fire blanket and extinguisher nearby. There was a call bell available and worked when tested. There was a metal bin being used for discarded cigarettes, however this was also being used for rubbish. This was immediately emptied during the inspection. The garden area was pleasant and had areas of paving and planting and a number of apple trees. Residents were observed using the garden. The person in charge told the inspector that a number of residents were on an outing from the centre on a picnic.

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

Capacity and capability

The local management in Aperee Living Conna Nursing Home had adequate systems of fire safety management in the centre, however improvements were required in the drill practices carried out and the implementation of the learning from same. Some say-to-day fire safety risks were not being identified and this required improvement.

Aperee Living Conna Ltd was the registered provider for this designated centre.The clinical management of the centre was led by the person in charge (PIC) who was supported by the assistant person in charge and a team of nursing, care and administration staff.

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 January 2022, the chief inspector applied a restrictive condition requiring the registered provider to have the following requisite fire safety works complete by 31 October 2023, to ensure the safety of the residents living in the centre:

- Upgrade of ceilings of bedrooms to fire rated ceilings
- Upgrade of external escape routes to rear of building
- Servicing and/or replacement of inadequate fire doorsets and internal screens
- Upgrade of laundry room fire rating to area added to room
- Provision of passive fire protection to all ventilation outlets passing through fire rated construction

At this inspection, the inspector found that the required fire safety works had not yet commenced, nor was there any schedule of works or start date available to the

inspector.

Regulation 23: Governance and management

In consideration of the findings of the fire safety risk assessment of January 2022 and the findings of this inspection in relation to Regulation 28, the inspector found that the provider had failed to ensure that the management systems in place ensured the safety of residents in the centre. The was evidenced by;

- failure to date to address, and failure to have a time bound plan of action for, the fire safety risks identified in the aforementioned fire safety risk assessment dated January 2022
- day-to-day fire safety risks not being identified, as detailed in this report

Judgment: Not compliant

Quality and safety

The inspector observed good practices in relation to fire safety; staff spoken with understood the evacuation strategy and the procedure to follow. The person in charge arranged weekly fire safety huddles to improve staff knowledge and maintain an awareness of fire safety. While these good practices contributed to managing the risk of fire, they did not fully mitigate the risk to residents safety in the event of a fire.The lack of oversight by the provider and lack of resources to address outstanding fire safety risks, meant that significant action was required by the provider to come into compliance with the regulations in relation to governance and management and fire precautions.

Each bed was fitted with a ski sheet and this was the identified mode of evacuation if a resident was immobile or if a wheelchair was not suitable. There was also an evacuation pad in use in the centre, however staff had not received training in its use.

Some progress had been made on addressing fire safety risks; the inspector saw correspondence from the providers competent person confirming the following works were completed:

- upgrade of the fire detection and alarm system - upgrade of the main fire panel
- periodic inspection of the general electrics with associated repair works completed
- upgrades of the emergency lighting system (internally)
- relocation of the oil tank away from the building

- Portable appliance testing completed
- testing and servicing of the fire hydrants

Plant rooms had been emptied and were kept free of inappropriate storage.

The centre was divided up into fire compartments of a reasonable size, with the largest accommodating eight residents. Drill records reviewed showed that simulating evacuation of fire compartments were being completed, however the evacuation time required improvement. The drill reports were identifying areas for improvement, however these were not always implemented. For example, one drill identified the need for external simulated drill, however this had not been completed.

The provider had adopted a simple system of pictorial signs on bedroom doors to alert staff during evacuation of the required mode of evacuation of the resident(s) in the room and this guided the number of staff required to assist the resident.

There was a night porter completing hourly checks as in interim mitigating measure against the fire safety risk identified in the providers fire safety risk assessment. These checks were identifying risks and addressing them, such as unplugging appliances and where an exit was blocked.

Regulation 17: Premises

While further progress to address premises deficits had been made since the previous inspection, the following required action to ensure compliance with regulation 17 and Schedule 6:

- While the grab rail on one bedroom corridor had been painted, the remaining ones remained worn and required painting
- the tiles on the wall of a staff toilet were loose and at risk of falling. Small sections of the ceiling plaster had come away where the plasterboard was screwed into the ceiling timbers, exposing the plasterboard beneath
- there was damaged plaster in a store
- the cleaners room had damaged plaster and tiles coming away from the wall

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire and for reviewing fire precautions:

- A metal bin was being used for discarded cigarettes, however it was also

found to contain combustible rubbish and had not been emptied
- The metal cabinet doors to the electrical panels were removed and on the floor. These are required to contribute to the containment of fire, should one start at the electrical panel
- in a number of bedrooms, there were extension cords extending across the width of the room to provide a power to the television. This is poor practice; electrical appliances should be provided with appropriate electrical sockets
- A mobility scooter battery was being charged at night time in a resident's room. Batteries of this type when being charged, present a risk of fire and require suitable risk assessment, to determine safe controls
- There was no reference to the identified fire safety risks in the fire safety management policy

The arrangements for providing adequate means of escape including emergency lighting were not effective:

- the provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety
- the provision of exit signage was not adequate; a number of compartment doors had escape signage to one side of the door only
- external escape routes were not adequate. They consisted of narrow concrete pathways and there were some obstructions such as an oxygen storage cage and projecting steps into pathways. The routes had not been tested with fire drills to determine their adequacy
- at some final exits, there was insufficient space to manoeuvre around the door when it was in the open position, posing a risk for residents who require wheelchair or mobility aids to evacuate
- The management of keys for the gate from the residents garden was not adequate. There was a spare key in a plastic pouch, which was at risk of falling or getting lost
- The timber lining to the entrance area required treatment to ensure it did not contribute to the surface spread of fire

The measures in place to contain fire were not effective, for example;

- Deficits to fire doors were impacting the containment measures in the centre
- the fire rated enclosure to the laundry room required upgrading to provide additional fire protection, as identified in the fire safety risk assessment
- Ceilings were required to be upgraded to fire resisting ceilings, including he light wells to roof lights, as identified in the fire safety risk assessment
- There were mechanical extract units within fire rated ceilings; it was determined in the fire safety risk assessment that upgrades of passive fire protection was required where they penetrated fire resisting construction. This is to maintain the fire resistance of the ceilings.

The measures in place to detect fire were not adequate:

- The treatment room and the wheelchair store in the oratory were not fitted

with fire detection

The arrangements for maintaining fire equipment, means of escape, building fabric and building services were not effective:

- fire doors were not being maintained in good working order, for example; the doors between the kitchen and dining room were not aligned, the door to the cleaners store was catching on the door stop device, preventing it from closing
- The periodic inspection report for the electrical installation completed in June 2021, identified requisite work to the electrical installation and there was no documentation to verify if this was complete
- There was evidence that the fire detection and alarm system was being serviced at the appropriate intervals, however the quarterly service reports were not available fore review.

The arrangements for staff of the designated centre to receive fire safety training required action:

- five staff were overdue fire safety training

The measures in place to safely evacuate residents and the drill practices in the centre required action:

- The evacuation aid for one resident was located remotely from their bedroom and may cause delay during an evacuation
- on one corridor, the incorrect fire door was being used for horizontal evacuation, which may result in residents being moved into an area, not protected from the fire
- While simulated evacuation drills were being completed, the same scenario was being repeated, the evacuation times required improvement and not all identified learning was being implemented. The drills did not demonstrate that the external escape routes had been tested

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 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Aperee Living Conna OSV-0004447

Inspection ID: MON-0041407

Date of inspection: 07/09/2023

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 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
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.

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 29th to undertake the Fire rectification works and we are currently finalising the contract. The contractor is currently preparing for site mobilisation and expects to be on site by December 10th with a 3 month timeline to complete all works. This includes all items identified in the Fire Risk Assessment report such as electrical, compartmentation and escape route pathways.

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.

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 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Subsequent to inspection, the following improvements have been made in relation to premises:

- Grab rails on all corridors have been upgraded and painted in the facility.
- External contractor has been contacted to fix the identified loose tiles and the damaged plaster in the housekeeping room and the staff toilet.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Post inspection the following improvements have been made in relation to ensuring adequate measures against the risk of fire and reviewing fire precautions:

- The general checklist of housekeeping now consists of ensuring that the smoking area is checked daily and the metal bin is emptied and there are no combustible materials inside. All staff and residents who smoke have been provided education and advice regarding proper discarding of materials into appropriate bins.
- As part of remedial works, all extension cords will be removed and appropriate number of electrical sockets installed.
- The battery for resident's mobile scooter is now charged in the Oratory and once charged, it's been removed by the night porter. A risk assessment is now in place detailing the safe controls.
- DoN has reviewed the fire safety policy and has identified the fire safety risks in it.

Post inspection the following arrangements have been made in relation to providing adequate means of escape:

- The fire assembly point location is currently under review with the homes Fire Safety Consultant.
- Metal door covers to the electrical panels will be re-instated.
- Directional signage will be provided along all escape routes to include both sides of doors.
- Emergency lighting along external and internal escape routes will be reviewed and upgraded.
- Simulated external drills will be conducted under the supervision of the centre's Fire Training Provider to determine the adequacy of escape routes. Training in wheelchair and mobility aids maneuvering control will be tested and trialed. Results/findings will inform and identify the best escape routes for each resident.

- The outside gates to the resident's garden are now secured with a keypad lock system thus removing the risk of lost keys.
- Treatment of timber lining to entrance area will be completed.

In relation to the measures in place to contain Fire; following steps have been taken and implemented:

- All fire doors in the building will be repaired / replaced where deficits are identified.
- Up grading of ceilings as identified in the risk assessment along with passive fire protection will be completed. This will further include upgrading of fire resisting construction surrounding roof lights and mechanical extract units.

Detection of fire:

- The treatment room and the wheelchair room both now have been fitted with fire detection.

Arrangements for maintaining fire equipment, means of escape, building fabric and building services:

- Subsequent to inspection, its been scheduled for weekly maintenance check regarding the alignment of fire doors. Under this schedule it is ensured that no doors are catching on door stop device and proper alignment is maintained in all fire doors. Risk assessment is now in place explaining the control measures.
- Certification will be provided for all electrical work completed as part of periodic inspection completed in June 2021.
- The quarterly service report of fire detection and alarm system service is now recorded in the centres Fire Risk Register.

Arrangements for staff to receive fire safety training:

- Regular fire training is conducted by external facilitators in the centre in conjunction with simulated fire evacuation drills. Pending scheduled fire training November 24th, the DON has completed further fire safety training induction for newly recruited staff members to ensure they are aware of the evacuation process in an event of fire. In addition, staff are also facilitated with online fire safety training awareness.

Measures to safely evacuate residents and drill practice:

- Post inspection, the Director of Nursing has enhanced the centre's internal drills with detailed learning provided to staff members to include awareness of compartments, fire exits and evacuation methods. PEEP symbols are located outside each resident door, supporting staff members to understand the evacuation method in the event of fire if they are in their bedroom. The evacuation drills now involve different scenarios with drills conducted in different corridors and different compartments every time. It is aimed at making all staff aware of the learning outcomes learned from the drill and to prevent errors. DON has consulted the external facilitator to conduct an external evacuation and will proceed to conduct this under his guidance as recommended by HIQA.

- The ski pads are now removed as the resident who was inspected on the day has relocated into a regular bed with a ski sheet on it. Ski sheet evacuation aids are provided under every bed, therefore ski pads are no longer required and no longer part of the centres fire evacuation plan.

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.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	20/11/2023
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 the statement of purpose.	Not Compliant	Orange	30/11/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability,	Not Compliant	Orange	29/11/2023

	specifies roles, and details responsibilities for all areas of care provision.			
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 suitable bedding and furnishings.	Not Compliant	Orange	15/03/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	15/03/2024
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	15/03/2024
Regulation 28(1)(d)	The registered provider shall make	Substantially Compliant	Yellow	24/11/2023

	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 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.	Not Compliant	Orange	24/11/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/03/2024

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	20/02/2024