



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Bantry
Name of provider:	Aperee Living Bantry Ltd
Address of centre:	Seafield, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	11 May 2023
Centre ID:	OSV-0004452
Fieldwork ID:	MON-0040051

About the designated centre

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

Aperee Living Bantry is a single storey facility located approximately two kilometres from the town of Bantry. The centre offers long-term, respite and convalescence care to persons that are predominantly over the age of 65 years requiring 24-hour nursing care. The centre can accommodate 50 residents in 42 single bedrooms and four twin bedrooms, all of which are en suite with shower, toilet and wash hand basin. The centre is located on large grounds with ample parking for visitors and staff. There are a number of sitting rooms for use by residents and also a quiet room for residents to spend time alone or to meet with visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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 11 May 2023	08:55hrs to 16:35hrs	Ella Ferriter	Lead
Thursday 11 May 2023	09:30hrs to 16:35hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Inspectors met many residents during the inspection and spoke to ten residents in more detail, who all spoke positively about the centre. The inspectors also had the opportunity to meet four visitors throughout the day, who reported easy access to visit their family members and satisfaction with the care their love one received. Overall, while the inspectors found that residents living in the centre gave positive feedback about the centre and were complimentary about the staff and the care provided, inspectors were not satisfied that the overall governance and management of the centre was sufficiently robust and that effective management systems had been implemented to protect residents, particularly in relation to the fire precautions and the protection of residents finances.

Aperee Living Bantry provides long term care for both male and female adults, with a range of dependencies and needs. The centre is a single story purpose built nursing home that can accommodate 50 residents and is situated in the town of Bantry, in West Cork. Bedroom accommodation consists of 42 single and four twin bedrooms, all with en-suite facilities. There were 45 residents living in the centre on the day of this inspection.

The inspectors saw that there was adequate communal space for residents which included two sitting rooms, two dining rooms and two enclosed courtyard areas. The inspectors observed that the enclosed garden, off the day room had a large water feature and potted plants and the maintenance person was observed power hosing the garden areas in preparation for summer. Residents were very complimentary about the outdoor areas and inspectors saw residents had unrestricted access to these areas. The centre was divided into three distinct wings; Sheep's head, Damanus bay and Mizen, all named after local areas. Overall, the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The inspectors observed that although the centre was clean throughout, some areas of the premises such as flooring were worn and required repair and the layout of some rooms were not suitable for their stated purpose, these issues are further detailed under regulation 17.

Residents spoke positively about the choice and quality of food and told inspectors they always had choice. The inspectors saw that residents who required assistance were provided with appropriate assistance with their meals. However, inspectors noted that there was not sufficient seating, between the two dining rooms, to accommodate all residents living in the centre. One resident also told inspectors that they chose not to eat in the dining room as the dining chairs did not have any arms and the chairs available were difficult to mobilise out of independently. Inspectors observed that numerous residents were served an ice cream dessert at the same time as their main meal and it had melted by the time they were ready to consume it. Equipment was also observed to be stored in the dining room and residents were being administered medication during their mealtime. All of these issues did not lend

themselves to the provision of a relaxing and enjoyable dining experience for residents and this will be further detailed under regulation:18.

The inspectors spent time observing care delivery and staff interactions with residents throughout the day. It was evident that staff knew residents well and were familiar with the residents' daily routines and preferences for care and support. On the day of the inspection, the inspectors observed staff engaging in kind and positive interactions with the residents. Communal areas were supervised at all times and call bells were observed to be attended to in a timely manner. Residents were seen to engage in numerous activities throughout the day such as newspaper readings, a quiz and arts and crafts. There was an activities person working in the centre seven days per week. Overall, feedback from the residents was very positive about their life in the centre and the care they received from staff. One resident told the inspector "you couldn't find a nicer place" and another resident described to the inspectors how they missed the staff on a recent admission to hospital.

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

Capacity and capability

Inspectors were concerned about the governance and management of the centre particularly in relation to residents' finances and continued non-compliance with fire precautions, which had not been addressed by the provider. Inspectors continued to be very concerned about the registered provider's ability to safely sustain the business of the centre. This concern was heightened due to failure of the provider to implement recommended fire safety works on the premises and poor safeguarding practices, in relation to residents' own money held by the registered provider.

The previous inspection of the centre in November 2022, identified serious fire risks. Following the lack of progress by the provider to address serious fire risks identified during previous inspections, a Notice of Proposed Decision (NOPD) to attach a condition to the centre to stop admissions, was issued to the provider. As part of this inspection, inspectors reviewed the representation submitted by the provider which outlined the actions they intended to take to address the fire safety concerns. This representation stated that work would be completed by June 5th, 2023, however, inspectors did not see evidence that structural work had commenced on fire compartment boundaries and information pertaining to the planned work was not known by the management team within the centre. Fire safety is further discussed under regulation 28, fire precautions.

Following information of concern about residents' finances, 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 in a company account. The inspectors were very concerned

about the manner in which residents' funds were being managed. This is further detailed under the quality and safety section of this report.

Aperee Living Bantry is operated by Aperee Living Bantry 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 the governance, 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, however, the inspectors were informed prior to this inspection that this person was no longer in the employ of the provider. The current governance structure which, as outlined above, was supported by a company external to the registered provider, and comprised two newly appointed regional managers, a newly appointed human resource manager, a finance team and a chief operations officer. On site, the management team comprised the person in charge, assistant person in charge, clinical nurse manager, care team and accounts manager. The inspectors were informed the regional manager attended the centre on a weekly basis and the chief operations officer was available to the service. Inspectors were concerned that in the absence of strong governance, there was an over-reliance on the person in charge and the clinical management team to provide the governance and leadership for this service.

On the day of the inspection there were adequate staffing resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Staff had the required skills, competencies and experience to fulfil their roles. Training was being appropriately monitored and it was evident that staff had access to education and training appropriate to their role.

Records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. A sample of four staff files viewed by the inspectors were assessed and complied with the requirements of Schedule 2 of the regulations. Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre, as per regulatory requirements.

Regulation 15: Staffing

The number and skill mix of staff on duty was appropriate, for the number of residents living in the centre. Staff were knowledgeable and demonstrated competence in their work. Rosters showed that there was a qualified nurse on duty in the designated centre at all times, as required by the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had good access to training and all staff were up to date in their mandatory training requirements. Staff were supervised in their work and received regular feedback from management, regarding their performance.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained an up-to-date directory of residents in the centre. The directory of residents reviewed by the inspectors evidenced that it included all the information, as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection and were well maintained both electronically and paper based. Improvements were noted in the maintenance of staff files since the previous inspection. A sample of four personnel records indicated for each staff member a full and comprehensive employment history available, references were obtained including a reference from their most recent employer and Garda vetting was in place.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place in the centre were not stable and not clearly defined. The senior management team had seen a number of changes in the previous months, with further changes advised prior to the inspection. The provider, Aperee Living Bantry Limited, comprised of only one director. The availability and access to the director was limited and the current lines of authority and accountability were not clearly defined. Issues of serious regulatory concern had not been fully addressed, and additional issues were identified during this inspection, which further evidenced that the management structure in place was not sufficient, to provide a safe service.

The systems in place for the management of residents finances required immediate action to ensure the service provided is 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;

- there was not a robust system in place to return monies and property to the estates of residents who had deceased.
- there was no separation between monies for the operation of the designated centre and residents personal monies held by the provider.
- the provider had not identified safeguarding concerns relating to the use of the residents monies in the provider account.

There were significant concerns about the availability of sufficient resources to ensure the effective delivery of care, in line with the statement of purpose 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 November 2021. This assessment identified a number of red (high) and 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.
- 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.

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

- The management of fire safety, and the systems associated with fire safety

management were not sufficiently robust, to ensure the service was safe.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that detailed the services provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents living in Aperee Living Bantry generally received a good standard of healthcare and had a good quality of life. Residents reported they felt safe in the centre and they were respected. However, the quality and safety of resident care was compromised due to serious fire risks which remained in the centre which had not been addressed by the registered provider. Significant action was also required pertaining to protection and in the management of residents' finances, to ensure residents rights were protected at all times. Some improvements were also required in care planning, the premises, the use of bedrails and medication management, which are detailed under the relevant regulation.

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities to individual residents. The inspectors reviewed a selection of care records for residents with a range of health and social care needs. Following an initial assessment, care plans were developed to describe the care needs of the residents and how they were to be delivered. These were found to be updated four monthly, which is a regulatory requirement. Some actions were found to be required in care planning to ensure they could easily direct care and that they were updated when there were any changes to the residents care or condition, which is further detailed under regulation 5.

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Staff received training in the management of responsive behaviors and maintained appropriate risk assessments and care plans for residents using restraint in the centre. However, the inspectors found that the use of bedrails in the centre was high (35%) and there was not always evidence that alternatives had been trialled, which is actioned under regulation 7.

The inspectors found that the residents had very good access to medical assessments and treatment by their general practitioners (GP). Residents also had

access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech & language therapy and palliative care. The pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. However, improved oversight was required with regards to the administration of medications from the prescription and administering crushed medication, in line with professional guidelines, which is further detailed under regulation 29.

Residents' nutrition and hydration needs were comprehensively assessed and monitored. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. It was evident that residents' weights were closely monitored and resident were referred to allied health professionals or there general practitioner if required. However, as discussed in the first section of this report the presentation of meals and the dining experience required improvement, which is further detailed under regulation 18.

Some actions had been taken pertaining to fire safety following the previous inspection such as updating floor plans, repair of some fire doors and enhanced staff drills. The inspectors saw that annual fire training was completed by staff and monthly fire drills were undertaken, which included the simulation of a full compartment evacuation. A night porter was employed to mitigate risks identified in the providers fire safety risk assessment. Although some good practices in relation to fire safety contributed to managing the risk of fire in the centre, they did not fully mitigate the risk of fire to residents living in the centre and red rated risks identified had not been addressed, which is further detailed under regulation 28.

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

The inspectors found that there were good opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There was an allocated staff member available to support residents in their recreation of choice. Overall, staff were knowledgeable about the residents and were familiar with their preferences for activities, and their ability to participate. Facilities promoted the privacy of residents and they were regularly consulted with about the organisation of the service via residents meetings, where their suggestions with regards to activities and food were addressed. Residents had access to individual copies of local newspapers, radio, telephones and television.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

Some actions were required with regards to the premises to ensure that it complied with Schedule 6; such as:

- some flooring was torn and required repair or replacement.
- the layout of the Mizen sitting room did not ensure it could be easily used by residents. Inspectors observed it was used for storage of equipment that was no longer in use.
- some furniture available to residents in the dining room did not ensure residents could independently sit for their meals.
- the storage of equipment such as wheelchairs and food trolleys along walls in the dining rooms impacted on the the comfort of the room for residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The way food is served and the dining experience for residents required action to ensure that residents were afforded an appropriate dining experience. For example, some residents were served their two courses on trays and frozen desserts were melted by the time residents were ready to consume them. Residents dining experience also was not protected as the medication was administered during this time, while residents engaged in the social activity of dining.

Judgment: Substantially compliant

Regulation 27: Infection control

Significant improvements were noted in infection control since the previous inspection. The centre was observed to be clean throughout. Appropriate infection

control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene. There were two cleaning staff on duty daily, seven days per week.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had conducted a fire risk assessment in November 2021, which identified high risks to be addressed. However, this inspection found that these risks had not been actioned, to ensure adequate precautions were in place to protect residents against the risk of fire. The following outstanding work included:

- fire compartment boundaries used for phased evacuation did not extend through the attic and the inspectors did not see evidence that this structural work had commenced, as committed to by the provider. This posed a risk to residents as compartment sizes were large, therefore, evacuation of residents may be delayed, in the event of a fire.
- upgrading of ceilings of extension and all roof window tunnels to provide correct fire rated materials.
- servicing and/or replacement of inadequate fire doors.
- fire stopping of service penetrations passing through fire rated barriers throughout building.
- upgrade of rear ramps to provide suitable means of escape routes.

The provider had committed to completion of these works by 05 June 2023, however, the inspectors did not observe structural work being completed on site and the management team within the centre were unaware of the plan for completion or commencement of this structural work on the premises.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors saw that nursing staff were not administering medications from the prescription sheet but were using the administration record which was and not in line with professional guidelines. The administering of crushed medication was not fully in line with the directions of the prescriber as some tablets were identified as to be crushed but written on the prescription as not to be crushed. These practices could lead to medication errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors noted that the residents' care needs had not been accurately reflected in some residents' care plans. For example:

- some information in care plans was duplicated, therefore, it was difficult to locate information which may effect care delivery.
- some end of life care plans did not reflect the level of care being provided and required by the resident.
- a residents resuscitation status was not recorded accurately on their end of life care plan.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare requirements of residents were well met. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were addressed. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Improvements were noted in wound care practices within the centre since the previous inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The registered provider had not ensured that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. There was a high use of bedrails in the centre and there was not always evidence that alternatives had been trialled.

Judgment: Substantially compliant

Regulation 8: Protection

During this inspection inspectors had 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 Bantry Ltd does not have a separate resident client account, therefore, residents' monies are paid into the centre's current account and residents' monies remain in this current account. Findings of this inspection include the following:

- a review of information pertaining to the current account of Aperee Living Bantry Ltd, submitted to the Office of the Chief Inspector on the 11 May 2023 showed that it contained a sum of money belonging to four residents. On review of records it was evident that only one of these residents currently reside in the centre. Three residents were deceased and their funds had yet to revert to their estates.
- a review of the bank statements for the eight months, prior to this inspection, evidenced that the current account regularly dropped below the amount that is 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 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.
- it had also come to the attention of the Chief Inspector that people who are not employees of Aperee Living Bantry Ltd have requested transfers of money out of the current account in Aperee Living Bantry Ltd to other accounts and many of these transfers were seen to include residents' monies. No such authority is granted to people who are not employed by the registered provider to direct residents' funds or for residents' funds to be used for any other purpose than the residents' own use.

Judgment: Not compliant

Regulation 9: Residents' rights

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

- residents or their estates were not made aware that their monies were being used at times to fund the centres day to day running of the centre and their permission was not sought in relation to this practice.
- residents who had monies in the centre's account did not receive statements as to how much money was in their account. Therefore, these residents could not exercise their rights in relation to their finances.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Aperee Living Bantry OSV-0004452

Inspection ID: MON-0040051

Date of inspection: 11/05/2023

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Current Governance and management systems in place is undergoing change/ review to include addition of further Director/s. Management restructure will include a process to provide robust review arrangements and oversight of the service provided in Aperee Living Bantry.</p> <p>The lines of accountability and authority 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.</p> <p>The organizational structure will be outlined in the Statement of Purpose.</p> <p>The policy for management of personal property, personal finances and possessions has been updated to include the process for managing residents personal monies and deceased residents funds in the centre and the requirement for a resident specific account.</p> <p>Deceased funds arrangements in Aperee Living Bantry are being updated in line with National Guidance by the Provider. The process of setting up a resident client account has commenced. On opening of same, any deceased resident monies will be transferred immediately to this designated client account.</p> <p>In the interim/ timeframe of the opening of this new Resident Client account all deceased residents monies are protected, and balances monitored internally by the Accounts Department. Residents’ funds will not be used for any other purpose other than the resident’s own use.</p> <p>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</p>	

ensure all outstanding risks identified in the homes fire safety risk assessment shall be addressed.

As the required works are implemented, The RPR in conjunction with the Director of Nursing shall take steps to mitigate the issues and implement any controls or improvements identified.

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

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Some torn flooring is under review as part of a capital works program and will be repaired / and or replaced where required.
- An unused fish tank was stored temporarily in the Mizen sitting room. Pending repair this will be returned and relocated to the main sitting room. Storage of equipment will no longer be facilitated in this room. Subsequent to Inspection, Mizen sitting room environment has been redesigned to promote the independence of residents, and provide opportunities for rest, recreation and accessible to all residents.
- New chairs within the dining room are at the correct height and allow adequate positioning and comfortable functional access to residents for their meals.
- The residential home shall provide a comfortable dining environment for residents – all wheelchairs and trolleys have been removed from the dining room.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- Kitchen staff, including chefs and cooks have received further education on the development of nutritious menus and the provision of safe, attractive and appealing food in terms of flavour, texture and appearance, in order to maintain appetite and nutrition.
- The catering team shall ensure all menu items are served course by course.
- Distractions shall be minimised during the dining experience. Medication shall be administered at a later time.
- The ambience of the dining area has been enhanced subsequent to Inspection to include new furnishings and repainting.
- Regular audits shall be undertaken to determine compliance. The Director of Nursing

<p>shall complete these via a review of relevant records, incident reports, through observation and by utilizing the appropriate audit tool. Results of these audits shall be presented and actioned to the team.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>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 – completion date no later than September 30th.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The Nursing Team will administer medications from the prescription sheet in line with professional guidelines. • All Residents with crushed medications have been reviewed by the GP so that medications are prescribed in a format suitable to the resident's swallow. Pharmacy input has been sought to ensure that these medications are suitable for crushing and where not, an alternative has been prescribed and in the appropriate format. All crush medication is clearly demonstrated on the medication prescription and medication administration sheet. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • DON/ADON will review and update all care plans accordingly so that duplication is removed and clear, up to date person centered information is present in resident's care plans. Assessments will inform care plans so that the care plans are of a high standard, are accurate and informative. 	

<ul style="list-style-type: none"> Resident End of Life Care plans are being updated with the resident/their representative and GP to reflect the resident's current condition, wishes and resus status. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> All restraints used in Aperee Living Bantry were reviewed and bedrails usage has been reduced using assessment, an MDT approach and alternatives trialled. Restraint care plans updated to reflect this initiative. Restrictive practice audit and action plans completed as part of the Aperee suite of Audits 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Resident deceased funds arrangements in Aperee Living Bantry are being updated in line with National Guidance by the Provider. The process of setting up a resident client account has commenced. On opening of same, any deceased resident monies will be transferred immediately to this designated client account.</p> <p>In the interim/ timeframe of the opening of this new Resident Client account all deceased residents monies are protected, and balances monitored internally by the Accounts Department. Residents' funds will not be used for any other purpose than the resident's own use.</p> <p>Subsequent to inspection, 2 out of 3 of deceased resident's monies held in the home's account has been returned to resident's representatives and/or their estates. The home is actively working on returning the remaining 1 resident amount to the relevant estates by communicating with NOK's and solicitor firms with a view to returning resident's monies.</p> <p>No authority will be granted to resident's funds to people who are not employed by the Registered Provider. All Pension/residents deceased funds will be managed internally by the Director of Nursing and or Accounts Department.</p>	

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

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Resident has been informed that the company is updating its policy and all additional funds currently being held in the company main account will be transferred to a separate Resident Client account immediately on the opening of same. Records will be maintained and available.

One Resident who lodges additional extra funds in addition to her normal weekly contribution into Aperee Living Bantry's main account has instructed her statements are forwarded on a monthly basis for the attention of her solicitor only. This practice respecting the residents wishes has been in place since admission.

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	31/08/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	12/05/2023
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	31/08/2023

	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	31/08/2023
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	30/09/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	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	30/09/2023
Regulation 29(5)	The person in charge shall ensure that all	Substantially Compliant	Yellow	15/05/2023

	medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/07/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/07/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to	Not Compliant	Red	31/07/2023

	protect residents from abuse.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	12/05/2023