



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

## Issued by the Chief Inspector

Name of designated centre:	Aperee Living Camp
Name of provider:	Aperee Living Camp Ltd
Address of centre:	Knockglassmore, Camp, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	04 July 2022
Centre ID:	OSV-0005406
Fieldwork ID:	MON-0036478

## About the designated centre

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

Aperee Living Camp is set in a very scenic location situated on the outskirts of Camp Village overlooking Tralee Bay. It is a two-storey building that was established as a nursing home in 1992. It has been extended over the years and provides continuing, convalescent and respite care for up to 35 residents. Private accommodation consists of 21 single en suite bedrooms and seven twin bedrooms; six of which have en-suites. Additional to en-suite facilities there are extra toilets and a large bathroom for residents use. Communal accommodation consists of two dining rooms, a sitting room, an activity room and a large sunroom. There is an attractive and user friendly enclosed outdoor area that is accessible from within the centre and includes seating and a planted garden. There is also a concrete path around the outside of the building with handrails and allows residents to walk around the building and enjoy the lovely view from the centre.

Aperee Living Camp provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

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

Number of residents on the date of inspection:	33
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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
Monday 4 July 2022	10:30hrs to 18:30hrs	Breeda Desmond	Lead
Tuesday 5 July 2022	09:00hrs to 16:15hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that, in general, staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection, and spoke with eight residents in more detail to gain insight into their experience of living there. Residents gave positive feedback about the centre and were complimentary about the staff, the care provided and the activities programme.

The inspector arrived unannounced to the centre and the administrator guided the inspector through the infection prevention and control measures necessary on entering the designated centre. This process included hand hygiene, face covering, wellness check and temperature. An opening meeting was held with the person in charge which was followed by a walk-about the centre with the person in charge.

The centre was a large two-storey building set on a mature coastal site with panoramic views of Tralee bay. Resident accommodation was confined to the ground floor; offices and staff changing facilities were upstairs which was securely accessed. The centre was registered to accommodate 35 residents and there were 33 residents residing in Aperee Living Camp at the time of inspection.

There was ample parking at the entrance to the centre, which was wheelchair accessible. Inside the front door there was a reception area with information displayed such as inspection reports, statement of purpose, residents' guide, annual review report, management of complaints and statutory instruments, for perusal. Advisory signage was displayed at junctions throughout the centre directing residents to rooms such as the dining room, day rooms and bedrooms.

The premises was found to be bright, warm, and homely decorated. Assistive equipment such as low-low beds, specialist mattresses and cushions, and a variety of hoists were available to residents. Bedroom accommodation comprised twenty one single and seven twin bedrooms. Of the twenty eight bedrooms, twenty six were en suite with shower, toilet and wash hand basin; one was en suite with toilet and wash hand basin; and one twin bedroom had a hand wash sink. Bedrooms were decorated in accordance with residents preferences; some resident had additional furniture such as a CD display unit and other shelving to display their ornaments and mementos, and were very personalised. All single bedrooms had double wardrobes for residents to store their personal clothing; residents in two twin bedrooms had double wardrobes each, and the remainder of residents in twin rooms shared a double wardrobe.

One twin bedroom did not meet the minimum size requirements as specified in the regulations; while a second twin bedroom met the minimum requirements, this bedroom did not accommodate two bedside chairs or two double wardrobes. The position of the privacy curtain around one bed-space excluded the bedside locker so

the privacy space available to that resident was limited to their bed.

There was a variety of communal day spaces including two dining room and a conservatory day room overlooking Tralee Bay, Fenit lighthouse and Brandon Head. There was a prayer room for residents' quiet reflection.

On the morning of inspection, some residents were up and about, some were seated in the day room areas while others were having their breakfasts in their bedrooms and in the dining rooms. A large white board opposite the entrance to the main dining room displayed the weekly activities calendar. There was a varied activities programme which included external providers, for example, exercise programme and music. The activities programme was seen to be provided over a six day period and residents gave such positive feedback about the activities. Interactions between residents and staff was positive, engaging, respectful and kind. One resident said that he 'dipped in and out' of the activities depending on what was going on. Residents were seen doing 4th July art work and the activities person had a fireworks displayed on the large flat screen TV in the conservatory day room with 'Elvis' singing in the background as part of the celebrations. One resident had lived in Boston for many years and enjoyed the 4th July commemorations. Residents were observed enthusiastically participating in group activities on both days of inspection. One-to-one activities were based on individuals' needs. Rosary was lead by one of the residents in the day room at 12:00 before lunch.

Breakfast, main meal and tea times were observed. Residents came to the dining room for their breakfast following personal care delivery and were offered choice. While a positive dining experience was promoted for residents, some residents with cognitive impairment remained in the dining room for long periods after their meal before being taken to the day room.

Residents reported that the food was good and that they were happy with the choice and variety of food offered. The daily menu was displayed which offered choice. The inspector observed that a variety of snacks and drinks were offered between meals times. Residents were appropriately supported at mealtimes and were served in accordance with their choice and assessed needs. There was home cooking and baking done with freshly baked brown bread and cakes seen. The chef prepared a tray of sandwiches, cakes and deserts for residents each evening for their tea at 20:00hrs; the inspector saw that they were stored appropriately in a designated fridge for serving later that day.

There were lots of photographs displayed of residents enjoying recent activities such as chair volley ball where a net was erected across the room and residents on either side enthusiastically volleying the ball from one side to the other. Resident said they really enjoyed this new game and it was lots of fun. The activities person was a qualified beautician and introduced beauty treatments as part of the activities programme which residents said they enjoyed, such as massage, manicure and nail treatments and seaweed foot spas. Equipment used for these treatments were seen to be ultra-violet appliances to enable appropriate cleaning between use.

One resident said the activities person recently took her shopping to Tralee and had

a great day; she bought loads and then they went for a meal afterwards to one of the hotels. The resident said that she was going out again the week following the inspection for a significant birthday, and she was looking forward to the trip to the restaurant where her nephew had organised a meal to celebrate her birthday.

Residents had access to an enclosed garden area and doors to the garden areas were open. Some residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air. Garden furniture was brightly coloured and painted by residents and staff; raised flower beds and garden pots were planted up with flowers. The water feature was a lovely addition to the enclosed garden. The herb and vegetable raised bed was flourishing outside the kitchen.

While the laundry room was small, staff had developed a system for the flow of soiled and clean laundry to minimise the risk of cross contamination. The inspector saw that systems were in place for the safe return of laundered personal clothing to residents.

Many doors including bedroom doors were fire safety doors, however, many of them were worn and chipped along with the door frames. Handrails along corridors were seen to be worn. Shelving in rooms such as the sluice room were very worn. Hand-wash basins were seen on the floor in several en suite bedrooms. There were store rooms available for general usage and linen storage. Rooms for linen storage were well organised and nothing was seen on the ground; the floor in the general storage room was covered with boxes and these were removed and items stored on the shelving when the issue was highlighted.

Emergency evacuation floor plans were displayed at reception and throughout the building and they detailed primary and secondary escape routes.

Advisory signage was seen on the treatment door indication oxygen storage. During the morning walkabout, one medicine trolley was locked and left unattended on the corridor for some time with the keys in the trolley. In the clean utility treatment room, medication trolleys were locked however they were not attached to a wall in line with professional guidelines. There was a lot of boxes of supplies on the ground in the treatment room with items such as disposable kidney dishes, masks dressing and oxygen tubing.

The household cleaners room had a high-low sink. The high sink was used for filling bucket for cleaning and the low sink for disposing dirty water following cleaning. Advisory hand hygiene signage with disposable hand towels were displayed over the high sink indicating that this sink was possibly dual purpose.

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

## Capacity and capability

Overall, residents reported that staff were kind, friendly and helpful, and observation showed that most staff understood a rights-based approach to care. Nonetheless, actions were required by the registered provider to address the governance and management of the centre, particularly in relation to fire safety and premises issues. Additional areas for improvement identified on this inspection included governance and management relating to risk management, monitoring and oversight of the service, implementation of Schedule 5 policies into practice, and aspects of infection control and risk management, size and layout of two twin bedrooms.

The Chief Inspector had been notified that all of the company directors of Aperee Living Camp Ltd, which is the registered provider of Aperee Living camp, had departed from the company, and as such it was unclear who was legally accountable for the care and welfare of the residents at the time of the inspection. These serious concerns in relation to the governance and management structure triggered an immediate risk-based inspection of the centre. The clinical management of the centre was clearly laid out, and was led by the person in charge (PIC) who was supported in her role by an assistant director of nursing (ADON), clinical nurse managers (CNMs), nursing staff, health care assistants, activity staff, kitchen staff, housekeeping, laundry staff, and administration staff. Operational support was provided from a regional clinical manager, operations manager, human resources (HR) business partner and a recruitment manager. Out of hours on call for emergencies was provided on a rotational basis by the person in charge, the assistant director of nursing and clinical nurse managers.

The registered provider had applied to re-register Aperee Living Camp. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to re-register. However, as outlined and actioned under Regulation 6: Changes of information supplied for registration purposes, information supplied for registration purposes was not correct.

In general, the inspector found that residents received a good standard of care that met their assessed needs. Nonetheless, immediate actions were issued on inspection regarding fire safety precautions relating to compartment evacuation as none had taken place other than for training purposes. A commitment was given by the chief operations manager that simulated evacuations would be completed on a weekly basis until such time as they were assured that all staff could safely and timely evacuate a compartment. The first evacuation was undertaken and the report submitted following the inspection. An external fire risk assessment of October 2021 identified red-rated risk and orange-rated risks, however, there was little evidence to demonstrate what remedial actions were taken to mitigate these risks. There was no action plan available from these fire risks to demonstrate actions and time-frames for completion.

Actions from the previous inspection were followed up and actions completed included the management qualifications of the person in charge, accessibility of



residents to a comprehensive activities programme, mandatory training, staff rosters and timely submission of notifications. Issues that remained outstanding from the last inspection included fire safety precautions, and residents' personal storage space in twin bedrooms as residents in five of the seven twin bedrooms only had access to a shared double wardrobe which was inadequate in a long-stay residential care setting.

Monthly governance meetings were facilitated and attended by the chief operations manager, clinical operations manager, HR and the person in charge. Set agenda items included key performance indicators, complaints, staffing, HR and audit findings. However, the audit schedule was quite limited and could not provide a comprehensive overview and monitoring of the service as many issues identified on inspection were not included in the audit programme.

The directory of residents was available, however, the cause of death was not routinely included as specified in Schedule 3. While this was updated on inspection, a system was necessary to ensure all the requirements of Schedule 3 were recorded.

While the policies specified in Schedule 5 were available to staff and up to date, some had not been implemented into practice such as the medication management policy. The policy relating to cleaning and infection prevention and control had a template which included the ability to record flushing of infrequently uses water outlets to mitigate the risk associated with legionella, however this had not been implement into practice. This template was introduced on inspection. The risk register was in place, however, the non-clinical register had not been updated following risks identified in the fire risk assessment report of October 2021.

The statement of purpose was updated on inspection to detail the occupancy of bedrooms in the room descriptors. Floor plans required editing to reflect the current layout of the centre.

There were sufficient staff available to meet the needs of residents on the day of the inspection. The sample of staff files examined showed that Schedule 2 information was available for those files seen. Appropriate training was facilitated for staff and mandatory training was up to date for all staff. Training was facilitated by on-line and remote learning as well as on-site training.

## Regulation 14: Persons in charge

The person in charge was a qualified nurse and had the necessary experience and management qualifications as specified in the regulations. She was full time in post.

Judgment: Compliant

## Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the care needs of residents in line with the statement of purpose.

Judgment: Compliant

## Regulation 16: Training and staff development

The training matrix was examined and mandatory training was up to date for all staff. Other training completed by staff included food safety levels 1 and 2 and infection control for example. A copy of the Health Act and regulations made thereunder were displayed at reception along with other regulatory and National Standards information for perusal. Staff were seen to be supervised in accordance with their role and responsibilities.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents was updated on inspection to include the cause of death of residents who had passed away.

Judgment: Compliant

## Regulation 21: Records

A sample of staff files were reviewed and information specified in Schedule 2 of the regulations were in place in the sample examined. All nurses had submitted their nursing PINs.

Judgment: Compliant

## Regulation 23: Governance and management

The management structure of the centre was not clearly defined, as at the time of

the inspection there were no identified company directors of Aperee Living Camp Ltd

Some of the management systems in place were not sufficiently robust to ensure that the service provided was appropriate, consistent, and effectively monitored as follows:

- an external fire risk assessment of October 2021 identified 8 red-rated risk and 18 orange-rated risks, however, there was not sufficient evidence to demonstrate that remedial actions were taken to mitigate these risks and there was no action plans or works schedule available of how these risks would be addressed.
- the non-clinical risk register was not updated following the significant findings of the external fire safety report of October 2021
- risks associated with medication management as detailed under regulation 29
- the audit schedule was not sufficiently vigorous to ensure oversight of the service such as legislative records to be maintained in the centre, and implementation of policies into practice
- risk was not assessed and mitigating actions put in place regarding issues such as the lack of water temperature controls to some hand wash sinks for example.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to reflect the room descriptors; the associated floor plans required updating to reflect the current layout of the centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifications were timely submitted in line with regulatory requirements. Incidents and accidents register reviewed correlated with notifications submitted.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints register was examined and showed that complaints were recorded in line with specified legislative requirement.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Schedule 5 policies were available to staff. However, some policies were not implemented in practice or did not reflect practice seen. For example, the medication management policy stated that transcription was undertaken in emergency circumstances, however, prescription seen showed that transcription was routinely undertaken. Other practices which were not in compliance with the policy included administration of medication without the appropriate prescription available as part of the medication kardex. The policy described that staff were to remain with residents until they had taken their medication, however, staff did not stay with a resident with cognitive impairment to ensure all their medications were taken. The risk management policy had a recording template that included legionella flushing regime, however, this had not been implemented prior to the inspection.

Judgment: Substantially compliant

#### Registration Regulation 6: Changes to information supplied for registration purposes

There had been changes to the directorship of the registered provider in that two directors had resigned their posts. The appropriate notice period of eight weeks was not given to the Chief Inspector as set out in the (Registration of Designated Centres for Older People) Regulations 2015.

Judgment: Not compliant

#### Quality and safety

Residents gave positive feedback about the care and attention they received and were very happy with the improved activities programme. The programme was varied and facilitated group and individualised programmes. The recently appointed activities co-ordinator had developed a comprehensive programme and residents explained that this was updated on a weekly basis following consultation with them.

Observation showed that staff actively engaged with residents and interacted in a

normal social manner and good fun, chats and laughter were heard throughout the inspection. Staff spoken with were knowledgeable regarding safeguarding and protection and said they would report anything untoward if necessary.

A sample of care documentation was reviewed and these showed mixed findings. While there was excellent narrative to inform the supports needed to achieve residents' individual personal goals and interests, and the degree of participation and involvement in activities, care plans and assessments were not completed or updated in line with regulatory requirements. Some behavioural support plans seen did not demonstrate understanding of the process to enable better outcomes for residents or mitigate recurrence of such episodes.

Residents had good access to GP services, acute care specialists and palliative care services. Residents' documentation showed they had access to allied health professionals such as occupational therapy, speech and language therapy and dietician services, chiropody and optician.

Controlled drugs were maintained in accordance with professional guidelines. There were several issues identified regarding medication management and these were detailed under Regulation 29, Medicines and pharmaceutical services.

Reports were seen following the bi-annual testing of water. Separate reports were available for legionella assessment and these were negative. Compliant environmental health reports were evidenced. Appropriate work-flows were described for the kitchen; items were labelled and dated in fridges in line with food safety requirements.

There was designated staff with responsibility for laundry. There were no issues identified regarding the laundry. There were two household cleaning staff on duty each day; there was a deep cleaning regime as well as a daily schedule for the centre.

There was evidence of daily and weekly fire safety checks. Fire safety equipment and the fire alarm had been serviced. There was a generator available and annual servicing reports were in place for this equipment.

## Regulation 11: Visits

Visiting was being facilitated in line with the June 2022 HPSC COVID-19 Guidance on Visitation to Residential Care Facilities. Visitors were seen in and out of the centre throughout both days of inspection and the administrator guided visitors through the infection control protocols.

Judgment: Compliant

## Regulation 12: Personal possessions

Wardrobe space in five of the seven twin occupancy bedrooms comprised a shared double wardrobe, which was inadequate personal storage space for people living in a long-stay residential care setting. This was a repeat finding.

Judgment: Substantially compliant

## Regulation 17: Premises

One twin bedroom (No8) did not meet the minimum size requirements as specified in the regulations; while a second twin bedroom (No1) met the minimum requirements, this bedroom did not accommodate two bedside chairs or two double wardrobes. The position of the privacy curtain around one bed-space excluded the bedside locker so the privacy space available to that resident was limited to their bed.

Judgment: Not compliant

## Regulation 18: Food and nutrition

Residents gave positive feedback about the quality of their meals and the choice and variety. Meals were seen to be pleasantly presented. Residents had access to allied health professionals to support their dietary needs.

Judgment: Compliant

## Regulation 27: Infection control

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

- the protective surface on hand-rails along corridors were seen to be worn preventing effective cleaning
- wash basins were seen on the floor in several en site bedrooms
- some hand-wash sinks had metal outlets
- the hand wash sink in the kitchen did not have a mixer element and was not temperature controlled resulting in scalding water
- the metal surfaces around the windows in the kitchen were rusting

- the high-low sink in the household cleaners' room was seen to be dual purpose usage which was contra-indicated in infection prevention and control.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

An immediate action was issued on inspection regarding simulated evacuations to be assured that all staff could safely and timely evacuation a compartment. Simulated evacuations have occurred since the inspection and records were submitted on a weekly basis with detailed information on the evacuation procedure completed along with staff feedback and learning form the exercise.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

A sample of medication kardex were examined. While prescriptions were signed by the GP, many were written/transcribed by nursing staff, however, the kardex did not allow for the transcribing nurse to sign and date when the transcription occurred or allow for the GP to date when they had signed the prescription. One kardex prescription was written by a nurse on 31 May, and to date, was not signed by the GP, consequently, staff were administering medication without an appropriate prescription. Another antibiotic was written up but not updated to reflect the e mailed prescription, filed in the office, and not available as part of the prescription kardex used for administration. This could lead to errors.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A sample of resident care documentation was reviewed and this showed mixed findings. While information relating to supports needed to achieve personal goals was excellent, some assessments and care plans were not updated or completed as specified in the regulation. For example, one resident admitted mid June 2022, was not comprehensively assessed within 48hrs of admission as some assessments were completed on 30th June. While there were some care plans in place to support the assessed needs, other assessed needs did not have supporting care plans to direct

individualised care.

Judgment: Substantially compliant

### Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. GP's attended the centre on a regular basis and as needed. Residents had access to a range of specialist and allied health professionals as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A sample of behavioural supports plans were seen for residents and a number did not demonstrate understanding of the process of prevention or reduction of responsive behaviours. There were limited interventions listed to prevent responsive behaviour and to distract residents with person centered interventions to enable better outcomes for residents or mitigate recurrence of such episodes.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Minutes of residents' meetings showed that lots of information sharing and interaction between residents and staff. The chef routinely attended these meetings to discuss menu choice as well as plan for their monthly special menu where residents designed the menu. Once a month there was a speciality meal where residents chose something different and minutes of residents meetings showed the discussion and decisions regarding meals, matching sauces and condiments. Meal-times were discussed and the current arrangements were deemed too early by residents as the main meal started from 12:00hrs and tea time 16:00hrs.

Other items discussed included the summer garden parties, BBQ, and other outings such as the trip to Sleah Head, the pet farm, Inch beach for afternoon tea and the Wetlands in Tralee for afternoon tea. Shopping trips were continuously being organised. Photographs of these outings as well as activities such as chair volley ball, card playing were shown to the inspector. Recently, they had commenced patchwork quilting and this was one of the activities seen on the second day of



inspection.

Minutes also showed that COVID-19 updates were provided such as information relating to the second COVID-19 booster and lifting of visiting restrictions which all were delighted with this improvement.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially 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 9: Residents' rights	Compliant



# Compliance Plan for Aperee Living Camp OSV-0005406

Inspection ID: MON-0036478

Date of inspection: 05/07/2022

## 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>The management structure has been updated in the Statement of Purpose to reflect changes in the directors of Aperee Living Camp.</p> <p>The outcome of the Fire Safety Risk Assessment shall act as a Register of the Fire Safety Risks within the residential centre. Where fire safety precautions have been identified as being required, but are not currently implemented, the Register shall be updated to detail a timebound list of actions to mitigate against any risks identified and reduce all identified risks to an acceptable level.</p> <p>The external fire risk assessment completed have been added to the homes non-clinical Risk Register.</p> <p>Audit schedule for legionella testing and resident directory now in place and monitored regularly by management.</p> <p>Ongoing management oversight to ensure that practices reflect policies in place.</p> <p>New kitchen hand wash sink installed and has temperature-controlled system in place.</p> <p>Medication Management as detailed under regulation 29</p>	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of	

<p>purpose: The Statement of Purpose was updated to reflect room descriptors, and updated associated floor plans were shared with HIQA post inspection.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The introduction of Nulife – electronic medication administration system in the home will support nurses in compliance with the Medication Management policy.</p> <p>When Nurse administers medication, they will remain with the resident until all medications are taken.</p> <p>Risk management policy is now in compliance with weekly legionella testing and documentation of same.</p>	
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: Notifications shall be submitted going forward within the specified timeframes and as required by the regulations.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Configuration of personal storage space for residents is currently under review by the Provider to ensure individual storage space for each resident in twin occupancy bedrooms.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Bedroom No8 has now been converted to single bedroom status.</p> <p>Configuration of Bedroom No 1 is currently under review to ensure residents can access their personal storage units in private. Where appropriate privacy curtains shall be re located and furniture updated to accommodate same.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A maintenance schedule is in place and in progress to address the hand - rails along the corridor to enable effective cleaning.</p> <p>Wash basins will not be stored on floors in resident bedrooms or ensuite and will have designated storage space in rooms.</p> <p>All hand wash sinks reviewed and where needed updated to ensure no metal outlets/overflow hole insitu.</p> <p>The hand wash sink in the kitchen has been replaced and new sink has a mixer element to allow for temperature-controlled water from same.</p> <p>Stainless Steel around the window near the wash up area in the kitchen which has very minor rust stain has been reviewed by Environmental Health Officers and reported that since it is not in direct contact with food, it is acceptable presently. However, we are currently sourcing a quotation for replacement of same.</p> <p>A new chemical system is being installed in Housekeeping room which will see an additional water tap housekeeping staff will use for cleaning purposes separate to the hand wash sink.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regular simulated evacuation drills have taken place with a variety of scenarios to facilitate staff familiarity and develop confidence and competence with fire evacuation procedures.</p> <p>Submitted to HIQA on a weekly frequency, records show that staff have a clear knowledge of how to evacuate residents safely and in a timely manner, along with staff feedback and learning from the exercise.</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> <p>A new electronic medication administration record system Nulife, is being implemented into our home. This is an integrated system between GP's, pharmacy, and our nurses. This system will allow for updated prescriptions to be updated to the resident's medication record in real time, and will prevent nurses transcribing, administering medications without GP signature and prevent possible medication errors. Training for Nurses on the Nulife system has been rolled out in the home by pharmacy, and will have all nurses trained by end of August with the aim to go live with this system in the first week of September.</p> <p>The medication trolley will not be left unattended unsecured. The keys to the medication trolley are held on a registered Nurse at all times.</p> <p>There are two different locking mechanisms for both medication trollies in the clinical room. Nurses will ensure that both trollies are securely locked to the wall in the locked clinical room when not in use.</p> <p>On the day of inspection, the medical supplies order had been delivered that morning and placed in the treatment room until that evening, where the practice is that the evening staff will sort through the supply delivery and place all items in their designated spaces. This was completed that same evening, and no supplies are stored on the floor.</p>	
Regulation 5: Individual assessment	Substantially Compliant



and care plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>On the day of inspection there was one resident in house which did not comply with assessments and care plan policy which instructs that all mandatory assessments and care plans must be completed within 48 hours of admission.</p> <p>Management will be responsible to ensure that all new admissions have assessments and care plans completed within 48 hours of admission.</p> <p>Monthly care plan audits are carried out in the home, and management are responsible to ensure that care plans are initiated and updated in a timely manner in accordance with the residents' assessments and MDT input.</p> <p>All nurses have been scheduled for additional training in managing behaviour that is challenging with emphasis on effectively using the ABC (Antecedent-Behaviour-Consequence) observational tool to enable better outcomes for residents or mitigate recurrence of such episodes.</p>	
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> <p>All nurses have been scheduled for additional training in managing behaviour that is challenging with emphasis on effectively using the ABC (Antecedent-Behaviour-Consequence) observational tool to enable better outcomes for residents or mitigate recurrence of such episodes.</p> <p>Residents who demonstrate behavior that is challenging will have a comprehensive, person-centered care plan in place.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	08/07/2022
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and	Substantially Compliant	Yellow	30/12/2022

	retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.			
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	30/11/2022
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	08/07/2022
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	30/09/2022

Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	07/07/2022
Regulation 29(5)	The person in charge shall ensure that all 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	Substantially Compliant	Yellow	30/09/2022

	appropriate use of the product.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/07/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/09/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	08/07/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the	Substantially Compliant	Yellow	08/07/2022

	designated centre concerned.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	01/09/2022