



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:	06 December 2021
Centre ID:	OSV-0004452
Fieldwork ID:	MON-0034883

About the designated centre

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

Deerpark House nursing home 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:	41
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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 6 December 2021	09:00hrs to 16:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. Overall, this was a good centre, where residents were enjoying a good quality of life. From what residents told the Inspector and from observations on the day, it was evident that residents were happy with the care they received within the centre, and were observed to be content in the company of staff. Care was seen to be given in a positive, respectful and warm manner.

On arrival at the centre, the Inspector was guided through the centre's infection control procedures which included hand hygiene and temperature checking, before entering the centre. The system in place was comprehensive, and the staff member the Inspector met on arrival was diligent in the risk assessment process.

Aperee Living Bantry is a single storey designated centre, registered to provide care for 50 residents. It is situated on the outskirts of Bantry town, in West Cork. There were 41 residents living in the centre on the day of this inspection. Bedroom accommodation consists of 42 single and four twin bedrooms, however, all twin bedrooms were being used to accommodate only one resident on the day of this inspection, and the second bed had been removed. The Inspector was informed that this arrangement was in place since the start of the global pandemic, to reduce the risk of cross infection. Bedrooms all had en suite facilities and the Inspector saw they were cleaned to a high standard. Some bedrooms were personalised with residents memorabilia from home, and all had adequate storage facilities for residents personal belongings. The Inspector saw that one resident had their own six foot Christmas tree in their room, which was beautifully decorated with ornaments and lights.

The Inspector observed that the communal rooms in the centre were laid out in a homely style. These rooms were observed to be comfortable and pleasantly decorated, and residents were seen relaxing and socialising in these areas. The main sitting room was where most residents spent their day and the activities took place. This room had two flat screen televisions, a fire place, comfortable seating and doors that opened onto a secure courtyard. Residents had access to two enclosed garden areas in the centre, and there was outdoor furniture provided for residents use. This inspection took place in December and the Inspector saw that the centre was beautifully decorated for Christmas with trees and lights. Staff were observed painting the dining room windows with Christmas images, such as pictures of Christmas trees and Santa Clause.

The Inspector spoke with the activities coordinator working on the day of this inspection. They were very knowledgeable about each residents personal preferences and abilities, and were passionate about the role. The local priest attended the centre on the day of inspection, and said mass for the residents in the main sitting room and visited some residents who did not attend in their bedrooms after. Residents were observed painting Christmas potted plants and watching a

movie during the day. The activities coordinator told the Inspector there was a scheduled visit arranged for the following day, where a miniature donkey and some farm animals were visiting the centre. Staff told the inspector that many of the residents came from farming backgrounds and they liked activities related to farming. Once weekly the activities coordinator streamed the mart from Macroom onto the television, which residents enjoyed. A Christmas activities schedule was on display in the centre with activities planned for the weeks ahead, which included carol singing and card making.

On the day of the inspection, the Inspector saw that resident and staff interactions were kind and respectful. Staff spoke compassionately about residents' needs and their personal preferences. It was evident that staff knew residents well. Many staff lived locally and were familiar with the residents' past lives and their community of families and friends. The Inspector saw, on arrival to the centre that some residents were up and dressed and other were in their bedrooms having breakfast. The atmosphere in the centre was relaxed and residents were observed mobilising freely around the centre and spending time in the communal areas. Some residents preferred to spend their time in their bedrooms, where they had access to television, radio, the Internet and local and national newspapers.

The Inspector observed that residents were offered choice at mealtimes, and were served snacks and drinks throughout the day. The inspector found the lunch serving was a pleasant, social and unhurried experience for residents. There was a choice of at least two meals at lunch, the food looked appetising, and portion sizes were generous. There was also a range of drinks available at mealtimes and throughout the day. The Inspector had the opportunity to meet and speak to one visitor on the day of inspection, they were complementary about the care and commitment of staff in the centre and satisfied with the service provided.

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

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Overall, this inspection found that Aperee Living Bantry was a well-managed centre, where the residents were supported and facilitated to have a good quality of life. Issues requiring improvement identified on the previous inspection of July 2020, had been addressed. Some improvements pertaining to the premises and infection control were found on this inspection.

The registered provider of Aperee Living Bantry is Aperee Living Bantry Ltd. This centre is part of the Aperee Living Group, which owns and operates a number of

nursing homes throughout the country. The organisational structure was clear and the lines of authority and accountability were outlined. The management team, within the centre consists of a person in charge and an assistant director of nursing. The management team had a positive attitude on this inspection and were committed to ensuring that residents living in the centre enjoyed a good quality of life and received safe care. The management team also had additional support from the groups senior management team which consisted of a group operations manager, human resources manager, director of quality and standards and regional and a clinical practice development manager.

A range of environmental and clinical audits were carried out by nursing management to ensure there was adequate oversight of the quality and safety of care delivered to residents. Areas that were audited on a regular basis included infection prevention and control, care planning and medication management. There were action plans associated with each audit that identified areas to be addressed. Key performance indicators were collected on clinical data such as weights, falls, medication errors, restraint and wounds which were reviewed weekly by the management team and used to inform quality improvement.

The centre had experienced a significant outbreak of COVID-19 in January 2021, where a number of residents and staff tested positive for the virus. A contingency plan, relevant policies and guidance, and appropriate personal protective equipment were in place, to support staff in the management of the outbreak. An outbreak review had been carried out by the provider, in the months following the outbreak, as per the recommendations of the Health Protection and Surveillance Centre (HPSC), which identified areas for improvement and learning.

On the day of this inspection there were adequate resources to ensure the effective delivery of care, in accordance with the centres statement of purpose, and to meet residents' individual needs. Staff had the required skills, competencies and experience to fulfil their roles. A review of training records indicated that there was a comprehensive programme of training, and staff were supported and facilitated to attend training relevant to their role. There were robust recruitment procedures in place when employing new staff, and all staff files reviewed contained information as required by the regulations.

Complaints were managed in the centre in line with regulatory requirements and as per the centres policy. There was also evidence that complaints received were used to inform quality improvement within the centre. Incidents were recorded and followed up appropriately and all had been notified to the Chief Inspector as required.

Regulation 15: Staffing

The number and skill mix of staff was appropriate having regard to the needs of residents living in the centre, and considering the size and layout of the centre. Staff

spoken with were knowledgeable of residents and of their individual needs.
Judgment: Compliant
Regulation 16: Training and staff development
Mandatory training was up-to-date for all staff, in key areas such as fire safety, moving and handling, safeguarding and responding to responsive behaviours. Additional training for all staff in response to the COVID-19 pandemic had also taken place. There were adequate supervision arrangements in place, and staff reported being well supported by the management team. A review of staff files found that newly recruited staff had completed a comprehensive induction programme.
Judgment: Compliant
Regulation 19: Directory of residents
The registered provider had established and maintained a directory of residence, which was available for review. It included all information as specified in Schedule three of the regulations.
Judgment: Compliant
Regulation 21: Records
Records were stored securely in the centre. A review of a sample of staff personnel files indicated that all met of the requirements of Schedule 2 of the regulations.
Judgment: Compliant
Regulation 23: Governance and management
The annual review of the quality and safety of care had been completed for 2020, and data was being collated to complete the review for 2021. A range of environmental and clinical audits were carried out by nursing management to ensure there was adequate oversight of the quality and safety of care delivered to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The centre logged incidents and accidents electronically and these were reviewed by the Inspector. All required notifications as outlined in Schedule 4 of the regulations had been submitted to the Chief Inspector. Incidents such as falls were regularly analysed and reviewed to identify any trends and minimise the risk of reoccurring at the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. The Inspector reviewed the complaints log, which included details of the complaint, investigation and outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately. Residents who spoke with the Inspector were aware how to raise a concern, or make a complaint at the centre.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the care needs of the residents were met to a high standard in Aperee Living Bantry. Residents' wishes and choices regarding their care and quality of life were respected, and were central to service provision in the designated centre. Residents reported being well cared for, and the Inspector observed care delivered to be respectful and person-centred. There was evidence of good consultation with residents, and arrangements were in place to ensure their social care needs were met. The Inspector found that some improvements were required in aspects of the premises and infection control during this inspection, which are discussed in detail under the relevant regulations.

Residents' health care needs were met to a good standard. There was good access to GP services including out-of-hours services. There were referral arrangements in place with access to services such as dietetics, speech and language therapy,

physiotherapy, occupational therapy and opticians. Improvements were noted in wound care practices since the previous inspection. Care was documented on an electronic nursing documentation system and available to all appropriate staff. Some improvements were required in residents care plans, which is discussed further under regulation 5.

Overall, residents' rights were found to be respected in the centre and residents were facilitated to have a voice in the centre. Residents reported feeling safe and well cared for. There was a good level of activities available to residents in the centre, which they reported they enjoyed. Regular residents meetings were facilitated and residents were encouraged to voice their concerns, wishes and preferences. For example, residents had requested a pizza night and a burger night and this had been arranged by staff. Meetings were well documented with action plans identified. Access to independent advocacy was facilitated when required.

There were appropriate arrangements in place to monitor for the risk of COVID-19 being introduced into the centre. There was signage available throughout the centre reminding staff, residents and visitors of the protocols to follow in maintaining effective infection prevention and control measures. Throughout the inspection these measures were observed to be adhered to by staff. Housekeeping staff were knowledgeable and seen to be competent in decontamination cleaning and general infection control measures. However, areas for improvement were identified on this inspection pertaining to infection control, which are detailed under regulation 27.

The risk management policy in place met the regulatory requirements. The centres risk register was found to be updated on a regular basis, however, some risks identified required to be addressed as discussed under regulation 26. There was a positive focus on fire safety within the centre. Each resident had a current personal emergency evacuation plan. Records indicated a system for the preventive maintenance of fire safety equipment. Fire drills of compartments were taking place regularly. An emergency plan was in place with an appropriate response for identified emergency situations.

Regulation 11: Visits

Visits were taking place in the centre in line with national guidance for residential centres. Staff guided visitors through appropriate COVID-19 safety checks at the centre, which were comprehensive.

Judgment: Compliant

Regulation 17: Premises

A number of maintenance and infrastructural issues were identified, that required to

be addressed, for example:

- there were inadequate sluicing facilities on the premises, as there was only one sluice room for the centre. This resulted in staff having to bring bedpans across the centre, and through the reception area. The location of the dirty utility rooms should minimise travel distances for staff from resident rooms, to reduce the risk of spillages and cross contamination, and to increase working efficiencies.
- storage in the centre required review. The general store room accommodated all the clinical supplies in the centre such as wound care products, medications, wound care dressings and a medication refrigerator. This room also was used to store equipment such as hoists and was also where the hairdressing sink was situated. Residents equipment such as hoists and wheelchairs were seen to be stored inappropriately in bathrooms and some wheelchairs were stored in the dining room.
- some areas of the premises required painting, mainly bedrooms and door frames, as paint was chipped and scuffed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The nutritional status of residents was assessed regularly using a validated nutritional screening tool and residents weights were monitored monthly, or more frequently if required. There was evidence that dietitians and speech and language therapists were consulted as necessary, and their recommendations were implemented.

Judgment: Compliant

Regulation 26: Risk management

Improvements required in relation to risk included:

- as per the risk register residents using oxygen should have appropriate safety signage in place, however, the Inspector saw that this was not in place for a residents using oxygen.
- the risk register did not address the increased risk of infection due to inadequate sluicing facilities in the centre and the absence of a bed pan washer and the measures and controls in place to control this risk.

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements were required in relation to the infection prevention and control, including:

- there was no bedpan washer or macerator in the centre and assurances were not provided at the time of the inspection that the decontamination of urinals and bedpans was being managed in line with best practice. Bedpans and urinals were manually decontaminated by staff. Manual bedpan cleaning and disinfection must be avoided as the risk of contamination is too high
- there was no wash hand basin in the sluice room.
- the clinical hand wash sinks in the centre did not comply with current recommended specifications.
- some furniture such as dressing trolleys and bedside tables were cracked, therefore cleaning of these could not be assured.
- the location of the hair dressing facilities, beside the clinical facilities, where clinical dressing products, clinical equipment and the medication refrigerator was located, posed a risk of cross infection.
- there were no dedicated housekeeping facilities for storage and preparation of cleaning trolleys and equipment and these were stored inappropriately in the dirty utility.

Some of these issues, pertaining to the physical environment had been identified in the Infection prevention and Control outbreak report of March 2021, however, they had not yet been actioned by the provider.

Judgment: Not compliant

Regulation 28: Fire precautions

Certification was evidenced regarding fire safety equipment and daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Floor plans identifying zones and compartments were displayed. Fire safety training was up to date for all staff. Training records evidenced that drills were completed, including the evacuation of a complete compartment, cognisant of night time staff levels.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The Inspector reviewed a sample of four care plans and found the following :

- Two end of life care plans did not give detail in relation to residents preferences at end of life and were generic in nature.
- Two residents receiving wound care required their care plans to be updated to reflect their current care requirements.

Judgment: Substantially compliant

Regulation 6: Health care

Improvements were noted regarding the access to general practitioners since the previous inspection. The Inspector saw that there was good access to medical staff with a regular review recorded in residents' files. In addition, residents had access to psychiatry of old age, palliative care services, dietitian, speech and language therapist and tissue viability nurse expertise as required. A physiotherapist and occupational therapist were also employed by the provider and they attended the centre monthly. There were also improvements in the management of wounds since the previous inspection and wounds were seen to be managed in line with national guidelines.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff delivered care appropriately to residents who had responsive behaviours. The least restrictive practice was seen to be used in accordance with national policy as published on the website of the Department of Health. Where restraint was in use there was evidence that consent was obtained and restraints were monitored appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were respected in the centre and their feedback sought to improve services. There was a varied activities programme available to residents. Residents were supported to access the independent advocacy services. The privacy and dignity of residents were respected. The centre had adequate arrangements for residents to communicate freely and had access to radio, television, newspapers and

other media.

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
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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Bantry OSV-0004452

Inspection ID: MON-0034883

Date of inspection: 06/12/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The provision of an additional sluice facility will be reviewed as a part of the capital development plan for the Nursing home in 2022.</p> <p>Minor capital works such as painting and wear and tear of furnishing was addressed immediately after the inspection.</p> <p>Additional storage areas will be identified in the Home for equipment. We will move the hairdressing service to an alternate location when on site.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Risk register has been updated.</p> <p>Oxygen signs was placed on the doors where Oxygen is in use.</p>	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection	

control:

We follow the HSE Guidelines on Infection Prevention and Control for Community and Disability Services for the manual cleaning and decontamination of urinals and bedpans in the absence of a bed pan washer. This includes a full decontamination of each item.

The provision of a bed pan washer, housekeeping cupboard and storage will be part of the next capital development works in the Nursing Home.

HTM compliant sinks will be reviewed as a part of capital development works in the Home. There are plentiful sinks available in all rooms and in the corridor / entrance to the Home for hand washing. There are multiple alcohol hand rub stations throughout the Home and in every Residents bedroom.

All furniture that requires repair will be repaired. Replacement of furniture that cannot be repaired will occur.

The hairdressing service will be moved to an alternate location.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All care plans have been reviewed and where required and appropriate updated. Not all end of life care plans required review at the time of inspection, however, the Residents will be provided with the opportunity to discuss their end of life wishes at a time that is appropriate to their care.

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	30/04/2022
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	21/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Not Compliant	Orange	30/04/2022

	infections published by the Authority are implemented by staff.			
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	07/12/2021