



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Churchtown
Name of provider:	Aperee Living Churchtown Limited
Address of centre:	Churchtown, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	25 May 2023
Centre ID:	OSV-0000266
Fieldwork ID:	MON-0032398

About the designated centre

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

Aperee Living Churchtown is a purpose built nursing home and is located close to the village of Churchtown in Co. Cork. The centre is built on large landscaped grounds with adequate parking for visitors and staff. The centre is registered to accommodate fifty residents in forty four single bedrooms and three twin bedrooms. All bedrooms are en suite with toilet, shower and wash hand basin. The centre provides long-term nursing care, predominately to people over the age of 65, but can also provide convalescent and respite care. The centre caters for residents with varying degrees of dependency from low to maximum. The person in charge is responsible for the day-to-day operation of the centre with the support of an assistant director of nursing and a clinical nurse manager. Care is provided by a team of nurses, healthcare care assistants, activity staff, catering staff, and housekeeping staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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 25 May 2023	09:15hrs to 17:00hrs	Caroline Connelly	Lead
Thursday 25 May 2023	09:15hrs to 17:00hrs	Robert Hennessy	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 three sets of visitors throughout the day, who generally reported easy access to visit their family members and satisfaction with the care their love one received. However, a number of relatives stated that they felt the upkeep and decor of the premises had deteriorated over the last number of years and felt there had been no investment in the premises. Although 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 provision of sufficient resources to run a safe service.

The inspectors arrived unannounced to the centre. Following an opening meeting the inspectors were shown around the centre by the person in charge. The centre was purpose built in 1996 and is situated on the outskirts of the village of Churchtown in North Cork. The centre is currently registered for 50 residents and there were 46 residents living in the centre on the day of the inspection. Resident's bedroom accommodation consists of forty four single bedrooms and three twin bedrooms. All bedrooms have en suite facilities including toilet, shower and wash hand basin. Communal areas comprised of three separate sitting rooms, a lounge and a dining room. The inspectors observed throughout the inspection day that the majority of the residents spent large parts of the day in the large foyer in the middle of the home which was the main focal point for residents. There was a large TV screen and comfortable seating available to residents here. However, as identified in previous inspection reports there were times for much of the day when this area was very noisy as all the corridors of the centre led to this area. The day of the inspection was a warm sunny day and the atrium glass roof covering this foyer made this area very warm and residents told inspectors it could be uncomfortable at times in this area.

Inspectors noted that the premises was decorated with many attractive features, such as a shop front appearance for the hairdressers rooms, an antiques shop which had an inbuilt glass cabinet containing interesting artefacts. There was also an area which houses two budgies and an open fish pond which contained four large goldfish. Corridor walls were adorned with photographs, paintings and caricatures which added colour and life to the corridors. An antique piano was available for residents in one of the day rooms. Artwork was on display extensively throughout the building. A number of bedroom doors had been painted a specific colour at the request of the resident and also assisted them to identify their own bedroom. The inspectors saw that there were two garden areas which allowed easy access for residents to the outdoors. One of the outdoor areas was adjacent to a small field in which there are two donkeys originally sourced from the donkey sanctuary. These

are visible from many areas of the centre and provide entertainment and distraction for residents. The second outdoor area has raised plant beds, a barbecue and bird feeder boxes. The maintenance man was securing a fence in this area during the inspection to make it more secure for residents use. Inspectors observed that whilst this area was a great outdoor facility it required some painting and further upkeep to make it more inviting.

Overall inspectors saw that many aspects of the upkeep of premises that required attention. In the hallways and corridors the carpet was seen to be worn and difficult to clean. Some of the bedroom furniture was dated and worn, certain bedrooms had staining on the ceiling and some rooms had holes in the walls and ceilings which needed addressing. There was inappropriate storage of linen trolleys on the corridors as storage was limited these are further discussed under Regulation: 7 of the report.

The inspectors observed the lunchtime experience and found that the meals provided appeared appetising with an added emphasis on presentation of all types of textured food being served. Resident spoke about the "lovely food" and told the inspectors that "food is very good". Staff were seen to assist residents in an unhurried manner and gave residents choice at mealtimes. Staff and residents were seen to interact well at lunchtime with lively chatting going on. There were two sittings at meal times to facilitate all residents to attend the dining room if they wished some residents were seen to have their meals in their bedrooms but the majority of residents came to the dining room.

There were two staff allocated to providing social stimulation for residents and residents told inspectors of their trip out on the previous day which was much enjoyed by all. There were plentiful activities happening in the centre during the inspection and inspectors saw that residents had made cookies for world cookie day and were later seen to enjoy some served with a generous helping of ice cream. In the afternoon a lively session took place with a quiz and proverbs and finished with music and dancing and again staff were seen to engage and dance with residents and lots of laughter was heard.

During the walkaround of the centre inspectors saw that fire doors along the corridors continued to have large gaps which would not contain the spread of smoke. Inspectors also identified that there was a limited number of dedicated hand wash sinks in the centre. These and other aspects of fire safety and infection control issues will be addressed further in the report.

Visitors were seen coming and going throughout the day into the centre. While overall visitors were happy with care received by their family members and friends. A visitor explained they had great activities for the residence in the centre. Another visitor however, expressed a disappointment in the lack of investment in the upkeep premises and felt there had been a high turnover of staff in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how

these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Inspectors were concerned about the governance and management of the centre particularly in relation to 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 and make the necessary resources available to sustain a safe service. This concern was heightened due to failure of the provider to implement recommended fire safety works and upgrade works to maintain the premises.

The provider conducted a fire safety risk assessment of the premises in January 2022 which identified a number of red and orange rated fire safety risk. However there had been little action taken to address or mitigate these risks. The previous inspection of the centre in May 2022 also identified serious fire risks. The provider committed in their action plan response to address these risks by 30 September 2022 however, the inspectors found that many of these risks had not been addressed. 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, and did not hold any monies belonging to residents' in the company account. However, inspectors found that the centre does not have a separate residents/client account if they were in the possession of residents money and the system in place for money and valuables handed in for safekeeping in the centre was not sufficiently robust. This is further detailed under the quality and safety section of this report.

Aperee Living Churchtown is operated by Aperee Living Churchtown 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 in April 2023 that this person was no longer in the employ of the provider. The current governance structure which, as outlined above, comprised two newly appointed regional managers, a finance team and a chief operations officer. On site, the management team comprised the person in charge, clinical nurse manager, care team and accounts manager. The inspectors were informed that the regional manager attended the centre on a regular 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. There was evidence of a lack of resources in the centre with premises and fire issues not addressed and the centre had a long list of outstanding creditors as shown to the inspectors during the inspection.

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. The person in charge and 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. Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre, as per regulatory requirements.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the relevant experience and qualifications as specified in the regulations. They demonstrated a good knowledge of their responsibility in promoting a rights-based approach to care and was very active in the governance and overall day-to-day management of the centre.

Judgment: Compliant

Regulation 15: Staffing

Based on the assessed needs of the 46 residents living in the centre and the size and layout of the centre, the inspectors were assured that there were a sufficient number of nursing, health care, cleaning and catering staff present on the day of the inspection. Two nursing staff were on duty both day and night time.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to online training and face to face training appropriate to their role. Training was effectively monitored and staff were up to date with mandatory training in the area of fire safety, manual handling and safeguarding of vulnerable adults. The person in charge spent large parts of the day on the floor supervising

and training staff and had robust systems in place for the supervision of staff in the absence of the person in charge.

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. They were securely stored and kept up to date.

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 Churchtown 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.

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.
- The systems in place for the management of residents monies and properties handed in for safekeeping required review. The current systems in place did not ensure residents monies and properties were fully safeguarded. This is further detailed under Regulation 08 Protection.

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 January 2022. 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.

- the centre had a significant list of creditors, a number whom had refused to continue services to the centre until payment was received.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of contracts of care and saw that residents had a written contract of care that detailed the services provided and the fees to be charged, including fees for additional services. They also included the room to be occupied and occupancy of that room.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the chief inspector in accordance with the requirements of regulation and all appropriate information was supplied

Judgment: Compliant

Quality and safety

Overall, residents in Aperee Living Churchtown were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. They generally received a good standard of healthcare and 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. A number of improvements were required with the premises and infection control which remained outstanding and had not been addressed since the previous inspection. Action was also required in the management of residents' valuables and monies handed in for safekeeping to ensure residents were protected at all times.

The electronic care planning system ensured that information about residents was accessible and pertinent. There was evidence of ongoing assessment of residents'

needs with corresponding person-centred care plans. Residents where possible were seen to be involved in the development of their care plans. Residents' healthcare needs were met with good access to individual General Practitioners GPs and consultants where necessary. Documentation from members of the wider medical team was seen in residents' files and it was apparent that there was timely and appropriate intervention available for infections, falls, and wound care.

A review of medication management practices indicated that there were adequate measures in place to ensure that medicines were prescribed, administered and stored in line with recommended practice.

The inspectors found that there were good opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There was staff available to support residents in their recreation of choice and there was a good social programme available in the centre. Overall, staff were knowledgeable about the residents and were familiar with their preferences for activities, and their ability to participate. Residents meetings were held and surveys were undertaken which were seen to have positive comments on the service and the staff. Staff were found to be knowledgeable about residents needs and were seen to be respectful to residents.

In general, there were a number of systems in place for the maintenance of the fire detection and alarm system and emergency lighting. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded, such as the sounding of the fire alarm on a weekly basis. Residents all had Personal Emergency Evacuation Plans (PEEPs) on file and these were updated regularly. A number of detailed fire drills were recorded. Nonetheless, serious fire safety risks had been identified including significant gaps in fire-safe doors and other fire safety upgrade works had not been completed these are addressed in more detail under Regulation 28.

Residents had adequate space to store personal belongings including locked storage space in their bedrooms. Action was required by the provider to set up a residents client account in the case they have to hold any monies belonging to residents. The system in place for the management of monies and belongings handed in for safekeeping was not sufficiently robust and required action for the protection of residents and this is outlined under Regulation: 8 Protection

There was a nice mix of communal spaces available for residents to sit and enjoy the day alone or in the company of others. Bedrooms were generally personalised, however the maintenance of the premises required action which is detailed under regulation 17: Premises

As was found on previous inspections the food for residents was seen to be nicely prepared and served. Mealtimes were seen to be happy social occasions. The chef was experienced and was known to residents. Two sittings for mealtimes were accommodated. This meant that mealtimes were more leisurely and residents were afforded a choice if they wished to attend the early or later mealtime.

Regulation 11: Visits

Visitors were observed coming freely in and out of the centre and told inspectors that there was no restrictions on visiting.

Judgment: Compliant

Regulation 17: Premises

There were a large number of outstanding issues to be addressed in relation to premises as found on previous inspections:

- There was a lack of storage available: for example, for the laundry trollies and for clinical items. This meant that laundry trollies were stored in the hallways.
- some areas of the premises, such as bedrooms, required redecoration as the paintwork was damaged
- lockers and wardrobes in a number of bedrooms were old and scuffed which impeded effective cleaning.
- door handles were broken on some doors on wardrobes and chest of drawers.
- carpeted floor in parts of the centre was worn and required replacement ,
- The fabric covers of some resident's chairs could not effectively cleaned and were seen to be stained.
- Stains were seen on the ceiling in a number of rooms
- the garden area required some cleaning up and painting to make it a more inviting space
- the foyer where many residents sat and where some activities took place had a glass ceiling and became too hot and uncomfortable for residents to sit in as there was no shade.

Overall there had been a lack of investment in the premises over the last number of years.

Judgment: Not compliant

Regulation 18: Food and nutrition

There was a good choice available to residents at meal times. Residents were happy with the choices and the food looked appetising. Residents were assisted as and when required by staff and staff interacted well with residents during dining times

offering alternative options to the residents. There were three options for main meal and desert. There were two sittings catered for during lunchtime which allowed residents options of the time they would have lunch and allowed adequate space in the dining room for residents.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required to comply with regulation 27.

A number of maintenance and infrastructural issues were identified which had the potential to impact on infection prevention and control measures. For example;

- Some surfaces, finishes and flooring were worn and as such did not facilitate effective cleaning.
- There were no dedicated housekeeping facilities for storage and preparation of cleaning trolleys and equipment.
- items in a store room were stored on the floor which meant this area could not be properly cleaned

Barriers to effective hand hygiene practice were identified. For example:

- There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's ensuite bathrooms were dual purpose used by residents and staff. This was contrary to the centres own infection prevention and control policy which stated that hand wash sinks should be independent of residents ensuite sinks.
- The stainless steel hand hygiene sinks did not comply with HBN-10 specifications as recommended in the centres own infection prevention and control policy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider conducted a fire safety risk assessment of the premises in January 2022 which identified a number of red and orange rated fire safety risk. However there had been little action taken to address or mitigate these risks. The previous inspection of the centre in May 2022 also identified serious fire risks. The provider committed in their action plan response to address these risks by 30 September 2022. 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:

A number of risks relating to fire safe doors which were identified again on this inspection

- fire safe doors were noted to be held open due to residents' seating arrangements in some communal rooms and some bedroom doors held open with chairs or other means.
- visual gaps were present in the surrounds of some fire-safe double doors meant to contain fire and smoke
- there was no self-closing device on a number of doors and a large number of fire-safe bedroom doors were not closing properly.
- there was damage noted to some of these doors such as broken locks,
- there was no intumescent strip and intermittent intumescent strips on some doors.

Other issues red and orange rated risks identified in the providers own fire safety risk assessment that had been completed included:

- the removal of storage/obstacles from protected corridors
- the upgrading of fire rating to roof window tunnels
- the provision of additional emergency lighting over double doorsets
- completion of emergency lighting upgrades
- provision of passive fire protection to all ventilation outlets passing through fire rated construction
- provision of external emergency lighting as required based on lux level testing

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of care plans were reviewed by the inspectors who found there was good evidence of person centred care planning for residents in the centre. Care plans were found to have the detail required to support care in a person-centred manner. Care plans were reviewed every four months or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to local GP services and allied health professionals including dietitian, speech and language therapist, physiotherapist, occupational therapist and tissue viability nurse. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were addressed.

A review of residents' medical records found that recommendations from residents' doctors and other health care professionals such as the dietitian, the speech and language therapist (SALT) and the dentist were integrated into residents' care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A number of residents with responsive behaviour (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had appropriate care plans in place which identified potential triggers for behaviour escalation and any actions that best supported the resident.

The use of bedrails and other restraint was implemented in line with the national standards and alternatives were found to be used where appropriate. Restraint use was subject to audit in and revision and the person in charge and staff were working towards a restraint free environment.

Judgment: Compliant

Regulation 8: Protection

The system in place for the management of monies and valuables handed in for safe keeping by residents was not sufficiently robust to protect residents.

- Items handed in for safekeeping were maintained in the safe however there was no comprehensive log maintained of the items handed in. Double signatures were not in place for all transactions.
- Different sums of money were seen written on envelopes with no rolling balance maintained so it was difficult to establish what was in place for each resident.
- The inspector did a count of four residents properties and although they were correct there were no double checking or auditing of these accounts taking place

- the centre does not have a separate residents/client account if they were in the possession of residents money to ensure it was safeguarded from the main current account,

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were generally promoted in the centre:

- the minutes of residents meetings were reviewed which showed that residents meetings took place regularly and residents were fully involved and informed in relation to aspects of the running of the centre particularly in relation to activities and food.
- suitable and meaningful activities were provided for residents throughout the day
- residents had access to televisions, radio and newspapers
- residents had easy access to the outdoors and to trips out

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Churchtown OSV-0000266

Inspection ID: MON-0032398

Date of inspection: 25/05/2023

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>“The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations”</p> <p>The lines of accountability and authority in Aperee Living Churchtown will be clearly defined at individual, team and service level, all staff will be informed of the management structure and facilitated to communicate regularly with management. The organizational structure will be outlined in the Statement of Purpose.</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 ensure all outstanding risk identified in the homes fire safety risk assessment shall be addressed. As the required works are implemented, the RPR in conjunction with the DON shall take steps to mitigate the issues and implement any controls or improvements required.</p> <p>The policy for management of personal property, personal finances and possessions has been updated in line with National Guidance to include the process for managing residents personal valuables / money arrangements in the centre.</p> <p>Where a resident wants to give money or valuables over to Aperee Living Churchtown for safe keeping, a safe is available. There will be a complete record of all money/ valuables deposited by the resident for safekeeping; this is a live document and kept up to date as changes occur. The record of all transactions will be signed and dated by an authorised staff members and co -signed by the resident where possible or the person designated by the resident. Where the resident is unable to co- sign the record of transaction, a second staff member will witness and sign the record.</p>	

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

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The Director of Nursing in conjunction with the Maintenance Personnel have developed and implemented a programme of routine maintenance and refurbishing of the physical environment of the home, to include findings in most recent inspection and incorporating painting, fixtures, furnishings and fittings. Progress will be documented and frequently reviewed by the DON.

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

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

Adequate storage space shall be provided to ensure that equipment and assistive devices are stored in a discreet and safe manner.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 The Director of Nursing shall conduct an infection control audit to identify gaps in infection prevention practices and ensure active controls are implemented to mitigate against risks. All identified non conformances shall be reported and managed.

Surfaces, finishing and flooring that are worn or otherwise damaged shall be repaired or

replaced.

Dedicated housekeeping facilities are currently under review.

All items stored on the floor in a store room have been removed. Equipment and supplies shall be kept tidy, quantities stored shall be kept to the minimum amount needed.

Handwash sinks in Residents bedrooms will not be used as dual purpose by staff.

An audit of all clinical hand wash sinks is currently underway.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
"The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations"

The Registered Provider commits and undertakes to complete all outstanding risks identified in the Fire safety risk assessment and current Inspection findings – completion date no later than October 30th.

A door performance assessment shall be completed by a competent person to confirm door sets that may not provide the required fire performance. Subsequent to same, a repair/replacement programme shall be implemented.

Fire doors shall not be propped or wedged opened with items other than suitable hold open devices. Routine inspections shall be conducted by the DON or designated member of staff to ensure continued compliance.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 "The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations"

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

residents personal valuables / money arrangements in the centre.

Where a resident wants to give money or valuables over to Aperee Living Churchtown for safe keeping, a safe is available. There will be a complete record of all money/ valuables deposited by the resident for safekeeping; this is a live document and kept up to date as changes occur. The record of all transactions will be signed and dated by an authorised staff members and co -signed by the resident where possible or the person designated by the resident. Where the resident is unable to co- sign the record of transaction, a second staff member will witness and sign the record.

The process of opening a separate Client Resident Account is currently in process.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/08/2023
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	21/07/2023

	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	30/08/2023
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	30/10/2023
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	30/10/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape,	Not Compliant	Orange	30/10/2023

	including emergency lighting.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/10/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/10/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/08/2023