



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:	Deerpark Care Home Ltd
Address of centre:	Seafield, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	29 August 2025
Centre ID:	OSV-0004452
Fieldwork ID:	MON-0048062

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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
Friday 29 August 2025	10:05hrs to 16:30hrs	Ella Ferriter	Lead
Friday 29 August 2025	10:05hrs to 16:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This unannounced risk inspection by two inspectors took place over one day. The purpose of this inspection was to monitor the care and welfare of residents living in the centre. There were 27 residents living in the centre on the day of this inspection and all of these residents had been living in the centre for over two years, as there had been no admissions since July 2023. The inspectors met with all residents living in the centre and spoke with 12 residents in more detail, to gain an insight into their lived experience and their quality of life. Residents told inspectors that people working in the centre were very kind and that they were well cared for by the team. Some residents spoken with were aware that the centre was in receivership and told inspectors that they were kept informed by the staff. Visitors spoken with, five in total, conveyed to inspectors that they were very happy with the care provided to their loved one in the centre however, stated they were apprehensive about the centres future.

Aperee Living Bantry is a designated centre for older people, in the town of Bantry, West Cork. The centre is divided into three corridors Beara, Mizen and Sheep's Head, all named after local places around West Cork. Bedroom accommodation in the centre consists of 42 single and four twin bedrooms, all with en-suite facilities. The inspectors observed that the four twin bedrooms continued to function as single bedrooms, similar to the findings of the previous eight inspections. These bedrooms had been reconfigured to comfortably accommodate one resident, with the removal of the second bed. Communal space in the centre comprises of a quiet room, two living rooms and two dining rooms. The inspectors noted that when the total communal area was calculated, it did not provide 50 residents with the recommended amount of communal space, per resident. However, the communal space in the centre was sufficient, when the centre operated with the twin bedrooms as single rooms, as they had been doing for over four years. Inspectors saw that flooring had been replaced along one of the corridors since the previous inspection and in some bedrooms. Nonetheless, some further bedroom flooring was observed to be stained and dented, which is actioned under Regulation 17. Resident had access to two well maintained internal courtyards, one of which had recently been enhanced with flowers and vegetable patches, at residents requests.

The inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner. The inspectors saw that staff respected the privacy and dignity of residents in their bedrooms, as they were seen knocking on bedroom doors prior to entering and asking for permission to come in. Residents appeared to be well-cared for and neatly dressed according to their preferences.

The inspectors observed the lunch time meal in the two dining rooms, one of which had been renovated and had its decor upgraded in the past year. Dining room tables

were observed to be nicely dressed with table cloths and a menu was available for residents to choose their meals from. Overall, the majority of residents spoken with said the food was good and that there was always choice. However, a few told inspectors that in the evening the food can sometimes be cold and they would like additional choices and variety. A review of resident's complaints evidenced that this had been brought to the attention of the management team.

There was a varied schedule of activities for the week displayed in the centre. Residents appeared to be enjoying activities on the day of the inspection and it was evident that the person assigned to the activities programme knew residents well. There were designated staff for activities each day. Residents had enjoyed attending the Friday Market in Bantry town over the summer with staff, where they met friends from the local area and enjoyed coffee in the town square.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced risk inspection carried out by two inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). Findings of this inspection were that the on site management team were ensuring that the care provided to residents was safe and of a good standard and residents living in the centre reported they had a good quality of life. However, the Chief Inspector was informed that the registered provider company was placed in receivership, on 31 July 2024 and that the appointed receiver were now responsible for the operational and financial management of the designated centre, with the powers of the current directors suspended. Therefore, significant concerns remained with regards to the governance and management of the service and the financial viability of the centre.

Aperee Living Bantry is operated by Deerpark Care Home Ltd the registered provider. The previous eight inspections of the centre, between July 2022 and November 2024 identified significant areas of concern relating to the governance and management of the centre and fire safety. As a result the Chief Inspector had issued a notice of proposed decision to cancel the centres registration relating to serious concerns about the registered providers fitness to operate the centre and their failure to complete the fire safety works within the agreed time line. At the time of this inspection the centre had a restrictive condition on its registration, which had been attached in July 2023. This had been applied to the centres registration, by the Chief Inspector, in accordance with Section 51 of the Health Act. This was applied to the centres registration to hold the provider to account, for non-

compliance with the Act and regulations, specifically in relation to fire precautions since 2022.

The person in charge of the centre was aware of the restrictions imposed. From discussion with the person in charge, review of the residents admission dates and review of the directory of residents it was evident that there had been no new admissions to the designated centre since July 2023. There was a clearly defined local management structure in place with identified lines of accountability and authority. The centre was being managed by an appropriately qualified person in charge who had been working in the centre for over 15 years. They were supported in their role by a part time assistant director of nursing, a clinical nurse manager and a team of registered nurses, healthcare assistants, administrators, catering, maintenance and household staff. From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

There was a training programme in place for staff, and records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had access to additional training to inform their practice, such as infection prevention and control, and human rights.

The registered provider had appointed a person participating in management who attended the centre weekly to support the person in charge and they attended this inspection. Regular management meetings took place and good communication systems had been established between the receiver, the regional manager and the person in charge, to discuss operational issues such as staffing, recruitment, incidents and risk.

A summary of the complaints procedure was displayed in the centre and a record of complaints raised by residents and relatives was maintained as required. It was evident that complaints were addressed and residents were met with when concerns came to the attention of the person in charge. However, the complaints process did not always adhere to the requirements of the regulations, with regards to the provision of a written response, which is actioned under Regulation 34.

There were management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits, weekly monitoring of quality of care indicators and trending of incidents involving residents. These had been enhanced since the previous inspection to include additional monitoring of infections and falls to inform quality improvement plans. A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Regulation 15: Staffing

On the day of this inspection inspectors found there were sufficient staff on duty in the centre, to meet the assessed needs of residents given the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were supervised in their roles daily by the management team.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contact of insurance in place against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered providers governance structure was not in line with the commitments provided to the Office of the Chief Inspector or the Statement of Purpose, on which the centre was registered in 2023. Coupled with this, significant concerns remained with regards to the governance and management of the service. Specifically, the Office of the Chief Inspector remained concerned regarding the provider's management of the centre's finances, as the centre was in receivership since July 31st 2024. Therefore, concerns remained regarding the financial resources available to the provider.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered providers governance structure was not in line with the commitments provided to the Office of the Chief Inspector or the Statement of Purpose, on which the centre was registered.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints log in the centre found that complaints were not consistently managed in line with the requirements under regulation 34. Specifically, there was not always evidence that the registered provider had provided a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, improvements recommended and details of the review process. From a review of complaints and from discussions with residents it was evident that action plans had not been developed in response to complaints pertaining to food, to ensure improvements could be implemented if required.

Judgment: Substantially compliant

Quality and safety

Residents living in Aperee Living Bantry received care and support from a dedicated team of staff and they enjoyed a good quality of life. This inspection found that provider had taken action, after significant delays over a three year period, to ensure residents' safety in relation to fire precautions.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed needs. Care plans viewed by the inspectors were individualised, person centred and reflected care delivery. They provided staff with detailed guidance on the care to be provided.

There was a reported low incidence of wound development and the inspectors saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. Daily progress notes demonstrated appropriate monitoring of the residents care needs and the effectiveness of the care provided.

As discussed earlier in this report, significant concerns with regards to fire precautions and safety had been identified on eight inspections of the centre, over a three year period. A programme of work, identified in the provider's fire safety risk assessment, dated November 2021 had been recently completed and signed off by a competent person, to provide assurance that these works had been completed to the appropriate standard. On the day of this inspection inspectors reviewed the arrangements in place within the centre, relating to fire safety. Inspectors found that regular fire safety checks in the centre were completed and recorded.

There were daily, weekly and monthly checklists which included testing of fire equipment, fire alarm testing, emergency lighting, means of escape and fire exit doors, all of which were up-to-date. The centre was equipped with a fire detection and alarm system. The provider had taken action to ensure that fire containment measures, means of escape, and that arrangements were in place for the safe and timely evacuations of residents in the event of a fire emergency, were in line with the requirements of the regulations.

It was evident that residents' rights were protected and promoted in the centre and their choices and preferences were seen to be respected. Residents' meetings were held monthly, which provided a forum for residents to actively participate in decision-making and provide feedback for a variety of areas of the service provision.

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre on the day of this inspection.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises required to be addressed to conform with Schedule 6 of the regulations:

- Although some flooring in corridors and bedrooms had been upgraded, there remained to be a number of bedrooms where flooring was observed to be stained, dented and damaged.
- The door into the quiet room had two leafs and was difficult to open. This may prevent residents being able to use this communal space independently. This was also a finding on the previous inspection of November 2024. However, it had not been appropriately addressed by the registered provider.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A programme of work, identified in the provider's fire safety risk assessment, dated November 2021 had only recently been completed and signed off by a competent person. A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The service records for these systems were up to date. The fire register for the centre included in-house maintenance checks, and these were completed by the maintenance team and staff. Fire drills were held monthly and included full evacuation of compartments, when staffing levels were at their lowest. Documentation of these drills evidenced that learning was identified from drills and communicated to staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of records and speaking with residents and staff it was evident that the standard of care planning was good. Validated risk assessments were regularly and routinely completed, to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. Assessments and care plans were updated when residents' condition changed or every four months, as per regulatory requirements. As there had been no admissions to the centre for over two years, the inspectors did not assess the systems in place to ensure an assessment of personal and social care needs of a residents was carried out, before admission to a designated centre.

Judgment: Compliant

Regulation 6: Health care

The health and well-being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. Residents were provided with unrestricted access to local general practitioners as required or requested. Where residents were identified as requiring additional health and social care professional expertise, there was a systems of referral in place. There was one resident with a pressure ulcer and on review of the file it was evident that there was an adequate wound assessment and wound care records in place. There was evidence of consultation with a tissue viability nurse when required.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection. There were robust systems in place to protect residents' finances. Financial records were maintained electronically. The provider was not acting as a pension agent for any residents living in the centre at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Bantry OSV-0004452

Inspection ID: MON-0048062

Date of inspection: 29/08/2025

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> <ul style="list-style-type: none"> • A Receiver was appointed on 31 July 2024 and the Receiver has assumed full financial control of the centre. • The company continues to trade, and the receiver operates under the companies act 2014-2026, as agent for the company. • A dedicated financial management structure is in place, including: <ul style="list-style-type: none"> • Weekly cashflow monitoring • Budget review and cost control measures • Oversight of payroll and supplier payments • Funding streams remain active and operational. • Payroll, supplier contracts, utilities, and insurance arrangements are secured. • A financial contingency plan has been developed to ensure uninterrupted service delivery. • The provider will immediately notify the Chief Inspector of any material financial risks. • A revised governance structure (organogram) will be implemented and shared with HIQA. • Monthly governance meetings occur with documented minutes and action tracking. • A compliance monitoring framework is in place, including: <ul style="list-style-type: none"> • Incident oversight • Complaints monitoring • Staffing review • Premises and maintenance oversight • The centre is in process of being sold and will remain in receivership until the sale is complete. This should be complete in 2026 based on information available to the Receiver. <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>	

Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The centre is currently operating under receivership, and changes to governance arrangements occurring during this period have been formally updated in the Statement of Purpose and clearly communicated in line with regulatory requirements. The role of the Receiver is also detailed • Operational oversight arrangements were put in place to ensure continuity of care and resident safety. The governance organogram reflects these interim arrangements. • The Office of the Chief Inspector will be kept informed of any proposed change to provider status or operational control will be formally notified in advance. • A schedule has been introduced to review the Statement of Purpose monthly while the centre remains in receivership to ensure continued accuracy. <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>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • A revised complaints management procedure has been implemented to ensure a written response is issued in all cases, clearly stating: <ul style="list-style-type: none"> ▪ The outcome (upheld/partially upheld/not upheld) ▪ Reasons for the decision ▪ Actions taken or planned ▪ Details of the independent appeals process ▪ Contact details of ombudsman • Evidence of communication is retained in the complaints file. • The Registered Provider reviews the complaints log monthly to ensure compliance with Regulation 34. Complaints will be a standing agenda item at management meetings. • Quarterly audits will assess: <ul style="list-style-type: none"> o Timeliness of responses o Quality of written outcomes o Evidence of action plans o Resident satisfaction with complaint handling • Audit findings will inform the centre's Quality Improvement Plan. 	

- All Staff will receive communication on the updated Complaints policy.

Regulation 17: Premises

Substantially Compliant

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

The refurbishment plan for the centre has been updated in January 2026 which included

- a full environmental audit of all flooring to identify areas requiring repair or replacement. Arrangements will then be made with a qualified contractor for the repair or replacement of damaged flooring with appropriate healthcare-grade, non-slip, easy-to-clean flooring.
- Replacing the double doors into the quiet room with a single door which is easily operable to ensure residents can access the room independently promoting their independence and choice.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2026
Regulation 23(1)(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	26/02/2026
Regulation 23(1)(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	26/02/2026

	specifies roles, and details responsibilities for all areas of care provision.			
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.	Not Compliant	Orange	30/11/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	26/02/2026