



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
Address of centre:	Seafield, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	24 January 2024
Centre ID:	OSV-0004452
Fieldwork ID:	MON-0042519

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:	38
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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
Wednesday 24 January 2024	09:00hrs to 16:00hrs	Ella Ferriter	Lead
Wednesday 24 January 2024	09:00hrs to 16:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day by two inspectors of social services. The purpose of this inspection was to monitor the care and welfare of residents in this centre and to follow up on serious concerns regarding the registered providers ability to provide a safe service and ensure serious fire risks were addressed in the centre. There were 37 residents living in the centre on the day of the inspection and 13 vacant beds. The centre was legally restricted from admitting any new residents to the centre for the last six months. This was due to a restrictive condition which had been placed on the centres registration by the Chief Inspector.

Inspectors met with the majority of residents during the inspection and spoke with ten residents in more detail. Residents living in the centre gave positive feedback and were complimentary about the staff and the care provided. They told inspectors that that staff were attentive, very kind to them and caring.

Aperee Living Bantry is a designated centre for older people, registered to provide care to 50 residents, in the town of Bantry, in West Cork. Bedroom accommodation in the centre consists of 42 single and four twin bedrooms, all with en-suite facilities. The inspector observed that all four twin bedrooms in the centre continued to function as single bedrooms, similar to the findings of the previous four inspections. These rooms had been reconfigured to comfortably accommodate one resident, with the removal of the second bed.

Inspectors arrived to the centre in the morning. The person in charge was not yet in the centre and the inspectors met with one of the registered nurses on duty. They gave the inspectors the requested clinical information pertaining to the residents living in the centre. The two inspectors were familiar with the layout of the centre and walked around the premises, while the nurse resumed their morning duties. Some residents were seen to be up in the day room while others were being assisted with their personal care needs.

Inspectors observed that there was structural work being carried out in the attic and to bedroom doors and that there were five external contractors on site. Discussions indicated that work had commenced mid December, however, there was no definitive time line for completion of all required fire work. This will be further detailed under regulation 28 of this report.

On the walk around of the centre the inspectors observed that some areas of the centre were visibly unclean such as floors in bedrooms and on corridors. A review of rosters and cleaning schedules evidenced that there had been gaps in cleaning over the past two weeks and a reduction of staff allocated to cleaning duties. These findings are actioned under regulation 27. Some areas of the premises also required upgrading such as flooring to communal rooms and floors of some of bedrooms. The management team informed the inspectors that they were aware of this and there

were plans for replacement of floors in the coming months. Inspectors also saw some paint was worn off walls and chipped in some areas of the centre. These and other findings are actioned under regulation 17.

Communal space in the centre comprises of the Sheep's head lounge, 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 twin bedrooms as single room occupancy, as they had been for over three years.

It was evident to inspectors that residents were familiar with the staff and the inspectors observed respectful interactions, and a good, personal rapport between staff and residents. Residents told inspectors that staff looked after them well and they could ask for anything and it was never a problem. Residents spoke positively about the food and told inspectors they always had choice with regards to times they would like to get up, go to bed and if they would like to partake in activities. On the day of the inspection the inspectors observed that there was minimal social stimulation or activities for residents until after lunch. Residents were observed sitting in the lounge on chairs with little to occupy them. Inspector were informed that the person rostered to activities for the day was not available for work at short notice. In the afternoon inspectors saw that a member of the health care team was allocated to supervision of the main sitting rooms and providing social stimulation for residents, however, further monitoring of this was required, as action under regulation 23.

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

Capacity and capability

This was a risk inspection to monitor the care and welfare of residents as the centre was currently in escalation. The previous four inspections of Aperee Living Bantry identified significant areas of concern relating to the governance and management of the centre, fire safety and the protection of residents' finances. 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.

Following receipt of this notice to cancel registration of the centre the provider submitted legal representation to the Chief Inspector, outlining actions the company was taking to address the serious regulatory non compliance and requesting that the Chief Inspector reconsider the decision. The representation submitted outlined a revised organisational structure and detail of the action being taken to bring the

centre into compliance with fire precautions. On this inspection inspectors found that the organisational structure within the centre did not reflect that outlined in the representation submitted. Although inspectors acknowledge that some actions had been taken to commence essential fire works, significant fire work remained incomplete on the day of the inspection, which continued to pose a risk to residents. The provider had also committed to in this representation, to provide the Chief Inspector with weekly updates detailing fire works completed, however, to date no correspondence relation to this had been received.

Aperee Living Bantry is operated by Aperee Living Bantry Limited, the registered provider. The centre was part of the Aperee Living Group, which operates a number of centres around the country. The Chief Inspector had been notified of a complete change to the company directors in November 2023. However, the inspectors found that the governance structure remained weak and did not reflect the commitments given to strengthen it as identified in the legal representation. In particular there was not as of yet a director of care quality and a regional manager to provide additional clinical oversight.

At the time of this inspection the centre had a restrictive condition on its registration, which had been attached in July 2023. This was applied to hold the provider to account, for non-compliance with the Act and regulations. This condition stated that the registered provider shall ensure that no new resident is admitted to the designated centre until the designated centre is brought into compliance with regulation 28- fire precautions and the works to improve fire safety were completed in full. Inspectors found that the provider was complying with this restriction and there had been no admissions to the centre since July 2023. The directory of residents was maintained and reviewed by the inspectors which detailed the date on which residents were first admitted to the centre.

Within the centre care is directed by a suitably qualified person in charge who had been in this post for over five years. They are supported by an assistant director of nursing and a team of nursing, healthcare, domestic, activity, maintenance, administration and catering staff. Inspectors found that although there were adequate staff employed in the centre on the day of the inspection, deficits in domestic staff over the past few weeks had resulted in the centre not being cleaned to an appropriate standard and there was not adequate oversight of cleaning. These findings are actioned under regulation 23 and 27. The provider had continued to roster an extra staff member at night as part of their risk management plan to mitigate the risk to residents while fire risks remained in the centre.

In response to previous inspection findings the provider had enhanced their financial systems to ensure residents were safeguarded. Specifically, a separate resident bank account had been established. Internal financial systems were reviewed by inspectors and found to be robust. These were being monitored by a full time administrator. However, as found on the previous inspection contracts of care required updating to ensure that they included details with regards to the services provided for additional fees, as actioned under regulation 24.

Incidents occurring in the centre were recorded electronically and there was good

oversight and monitoring of incidents by the person in charge. All incidents had been reported to the Chief Inspector, as per regulatory requirements. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant. There was evidence that complaints were analysed for areas of quality improvement and that the learning was shared with the staff. The complaints procedure had been updated in response to the changes in legislation in March 2023, however, some further amendments to the policy were required to ensure that it clearly outlined the procedure to be followed, which is actioned under regulation 4. Risk was being monitored within the centre by the person in charge via a risk register, which reflected the fire safety issues and work to the premises and its effect on residents.

Regulation 15: Staffing

The numbers of housekeeping staff on duty on the day of the inspection was adequate for the size and layout of the centre. However, a review of the roster found that in the previous week, there were six days when only one housekeeper was on duty. This impacted on effective infection prevention and control and the quality of environmental hygiene in the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents, which included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well maintained and contain the requirements of schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Significant concerns remained with regards the governance and management of the service and the registered providers ability to ensure that the service provided was safe. This was evidenced by the following :

- as found on four previous inspections a number of red (high) fire safety risks in the centre remained. Although work to the premises had commenced in the centre the uncompleted structural work to the premises still presented a risk to residents living in the centre. The provider had failed to address these risks in a timely manner as they had been identified for over two years and had yet to be completed. The provider had failed in its commitments to the Chief Inspector to address these risks following inspections of July 2022, November 2022, May 2023 and September 2023. These is further detailed under regulation 28, fire precautions.
- the management structure of the provider was not clearly defined to identify the lines of authority and accountability and to specify roles and detail responsibilities for all areas of care provision. Senior management roles within the organisation remained vacant such as the Regional Manager and Director of Quality. The provider had committed to strengthening the management structure via the representation submitted, in response to the notice of decision to cancel the centres registration. However, this had not been actioned to date.
- the registered provider had committed to in their representation, nine weeks prior to this inspection, to provide the Chief Inspector with weekly updates on progress of the fire works required. However, at the time of this inspection no such updates had been received.

The management systems in place to monitor and improve the quality of the service required action to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example;

- the allocation of staff resources was inadequate to ensure that there were adequate staff delegated to cleaning the centre.
- the systems in place to monitor environmental hygiene was inadequate as it did not ensure that the centre was cleaned to an appropriate standard. This posed a risk to residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Although they all contained information with regards fees to be paid they did not all include the details with regards to the services that will be provided. This is a requirement of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Inspectors reviewed the accident and incident log and found that adequate action was taken in response to individual accidents and incidents. All incidents had been reported to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Action was required to ensure Schedule 5 policies and procedures were reviewed and updated to reflect legislation, for example:

- the policy in place for the management of residents personal possessions and finances required updating to reflect the requirement to return monies to the resident's estate when they passed away, in addition to the time-lines for return of money and property to residents' estates
- the complaints policy required updating to reflect the change in legislation relating to Regulation 34: Complaints Procedures.

Judgment: Compliant

Quality and safety

The inspectors found that residents living in Aperee Living Bantry received care and support that was of an good standard and were supported to enjoy a good quality

of life by kind and compassionate staff. However, the registered providers failure to implement effective fire management systems continued to impact on the quality and safety of care and put residents at risk. Some actions were also required in relation to infection control, care planning and the premises. These will be actioned under the relevant regulations of this report.

Residents had access to appropriate medical and nursing care in the centre. There were a number of general practitioners providing medical services to the centre and an out-of-hours service was also available. Allied health services, such as dietitians and speech and language therapists, reviewed residents regularly. The inspectors reviewed a sample of assessments and care plans. Validated risk assessments were regularly and routinely completed to assess various clinical risks, including risks of malnutrition, pressure sores and falls. These assessments informed the residents' care plans. However, some care plans reviewed did not reflect guidance on the current care needs of the residents, which is actioned under regulation 5.

As mentioned throughout this report, significant action was still required with regards to fire safety in the centre as red rated (high) risks remained and the registered provider had failed to address these in a timely manner. Although structural work to the premises had commenced there was not a definitive time line for completion. In response to the findings of the previous inspection the person in charge had ensured that staff partook in and practiced more frequent evacuation drills. An additional staff member remained rostered at night, to mitigate the risk if there was a fire emergency and if residents required to be evacuated from a compartment at night. Appropriate certification was evidenced for servicing and maintenance of fire equipment and fire safety training was up-to-date for all staff. Residents all had personal emergency evacuation plans (PEEPs) in place, and these were updated regularly. These identified the different evacuation methods applicable to individual residents for day and night evacuations.

Inspectors found that there were inadequate procedures in place in relation to the management of infection prevention and control in the centre. This particularly related to the oversight of cleaning and the staff resources allocated to cleaning the centre. This finding is further detailed under regulation 27.

There were systems in place to protect residents finances and improvements had continued since the previous inspection as a residents account had been established. Residents and relatives were invoiced on a monthly basis for service fees and a breakdown of any additional charges, including pharmacy and prescription levies.

Overall, the centre ensured that the rights and diversity of residents were respected and promoted. Advocacy services were available to residents as required. Residents' choice, privacy, dignity and independence were safeguarded.

Regulation 17: Premises

Action was required as some areas of the premises did not conform with Schedule 6

of the regulations, for example:

- flooring in some areas of the centre such as the main day room, the dining room and some residents bedrooms was observed to be damaged and discoloured. This was also a finding on the previous three inspections, however, it had not been addressed by the provider.
- some furniture in use was chipped and stained.
- there was inappropriate storage in the general purpose room, which also served as a clinical room. This room appeared cluttered and the excess supplies in this room prevented effective cleaning of the floors.

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy that complied with regulations and an up to-date safety statement. There was a risk register that addressed clinical and non clinical risks. This register was being monitored by the person in charge and risks pertaining to fire work on the premises were being monitored.

Judgment: Compliant

Regulation 27: Infection control

Significant action was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by:

- some areas of the premises were visibly not clean such as sinks and floors, which increased the risk of cross infection. The risk of this was high as the centre had experienced an outbreak of an infection, therefore, enhanced cleaning was required to prevent onward transmission to other residents.
- some clinical sinks in the centre did not comply with the recommended Health Building Note 00-10: Part C standards.
- there was a deficit in staffing resources allocated to cleaning the centre. A review of cleaning schedules evidenced that there was gaps in cleaning of some rooms such as the dirty utility and toilets on some days over the past two weeks.
- there was inadequate monitoring of infection control via audit. There was one infection control audit on record for 2023. However, this was not completed in full and did not clearly identify areas that required to be actioned to improve the service.
- a refrigerator in the centre, for staff use, situated in the residents dining

room, was observed not to be clean. Discussions with staff indicated that there was not a person responsible for overseeing the cleaning of this equipment.

Judgment: Not compliant

Regulation 28: Fire precautions

Notwithstanding that work had commenced significant action remained outstanding to ensure the safety of residents living in the centre. Specifically the following work remained to be completed and there was no clear time line for completion of the following red rated risks:

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

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector found mixed findings in relation to care planning and action was required to ensure that they accurately reflected residents' care needs and to direct care delivery. For example:

- pain assessment tools were not always use when a residents condition indicated that they were required. This was required to monitor the severity of pain and administer effective interventions.
- a residents care plan had not been updated to reflect changes in their dependency level and ability to mobilise. Therefore, this could not direct care requirements.
- a resident requiring enhanced monitoring of their skin did not have this accurately described in their care plan.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner who attended the centre as required or requested. Residents were also supported with referral pathways and access to allied health and social care professionals. In the sample of files reviewed, information regarding the assessment, involvement and recommendations of these services was reflected. Inspectors were satisfied that weight changes were well managed. Wound care practices within the centre were in line with evidence based nursing practice.

Judgment: Compliant

Regulation 8: Protection

In response to the findings of the previous inspection the provider had set up a residents account, to enhance financial systems within the centre. The inspectors saw that any monies belonging to residents were transferred to this account. The provider was not a pension agent for any of the current residents living in the centre. Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights and choices were promoted and respected in the centre. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions.

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially 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-0042519

Date of inspection: 24/01/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We had two new household staff recruited, who commenced work on 22nd of January.</p>	
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><i>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.</i></p> <p>Fire rectification works are recommencing on Monday 29th April 2024 and based on the current schedule of works all internal works will be completed by 31st May 2024, with the remaining external works being completed by June 30th 2024. A detailed update will be submitted to the Inspector on a weekly basis from Friday 3rd May until completion of all works. A Fire safety engineer is overseeing all works and will be providing the necessary compliance certification upon completion of the works.</p> <p>Currently 2 very experienced Area Managers support the Homes Directors of Nursing. Based on the positive feedback with regard to Resident care in the report this is very effective.</p> <p>Our new Head of Care, Quality and Compliance commenced on April 22nd.</p>	

Currently HR support is provided by an external firm of consultants.

Detailed Weekly updates will be provided for the remaining duration of the Fire rectification works, commencing on Friday 3rd May 2024.

- We had two new household staff recruited, who commenced work on 22nd of January.
- House keeping supervisor is allocated time to supervise the cleaning of the nursing home. An audit template is used to help maintain clean and hygienic nursing homes to help reduce the spread of infection. Corrective actions are taken if required depending on the results of the audit.
- The upgrage to the clinical sinks will be completed as part of the ongoing capital plan.
- Household staff are trained to complete the cleaning schedules on a daily basis. These cleaning schedules are reviewed to ensure there are no gaps.
- An infection prevention and control audit has been conducted by DON and identified corrective action taken. Environmental cleanliness audit completed weekly.
- Responsibility for cleaning the staff refrigerator has been assigned to the kitchen staff. There is a cleaning schedule sign off template in place to ensure compliance. An audit template has also been developed

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 A review of the contract of care was undertaken and the details of the additional charges now listed.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- As part of the capital works, we have a refurbishment plan to replace the flooring in the main dayroom, dining room and some bedrooms. To minimize the risk of damage to these new floors our plan is to replace the flooring once the fireworks are completed.
- The chipped furniture in the dining room is now cleaned and repainted.
- The General-purpose room has been re-arranged and deep cleaned. Items that were

inappropriately stored have now been removed.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- House keeping supervisor is allocated time to supervise the cleaning of the nursing home. An audit template is used to help maintain clean and hygienic nursing homes to help reduce the spread of infection. Corrective actions are taken if required depending on the results of the audit.
- As part of the capital works, a refurbishment plan has been created to upgrade our clinical sinks.
- Household staff are trained to complete the cleaning schedules on a daily basis. These cleaning schedules are reviewed to ensure there are no gaps.
- An infection prevention and control audit has been conducted by DON and identified corrective action taken. Environmental cleanliness audit completed weekly.
- Responsibility for cleaning the staff refrigerator has been assigned to the kitchen staff. There is a cleaning schedule sign off template in place to ensure compliance. An audit template has also been developed.

Regulation 28: Fire precautions

Not Compliant

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.

Fire rectification works are recommencing on Monday 29th April 2024 and based on the current schedule of works all internal works will be completed by 31st May 2024, with the remaining external works being completed by June 30th 2024. A detailed update will be submitted to the Inspector on a weekly basis from Friday 3rd May until completion of all works. A Fire safety engineer is overseeing all works and will be providing the necessary compliance certification upon completion of the works.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none">• All Residents assessment and care plans reviewed, updated and any interventions acted immediately including pain assessment, dependency level and skin integrity. Staff education given on individual assessment and care planning. <p>To ensure there has been a transfer of learning audits on individual resident care plans are carried out in conjunction with the resident's named nurse</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/01/2024
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	31/05/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	30/01/2024

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	31/03/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2024
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	26/03/2024
Regulation 27	The registered	Not Compliant	Orange	31/05/2024

	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.			
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	31/05/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/05/2024
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	31/05/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/05/2024

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2024
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	30/04/2024