



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Camp
Name of provider:	Aperee Living Camp Ltd
Address of centre:	Knockglassmore, Camp, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	01 August 2023
Centre ID:	OSV-0005406
Fieldwork ID:	MON-0041047

About the designated centre

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

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

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 1 August 2023	10:15hrs to 19:00hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

Aperee Living Camp is located on an elevated site on the road near Camp village. It is within a two storey building, with all resident areas located on the ground floor. There are staff facilities and storage areas at first floor. The centre comprises six twin rooms, five of which have ensembles and 22 single ensuite rooms. There are a number of communal spaces including sitting rooms, dining rooms and a prayer room. The building was developed incrementally with varying standards of construction. There were 33 residents living in the centre on the day of inspection.

There was an introductory meeting with the person in charge at the start of the inspection, at which the purpose of the inspection was outlined. Following the introductory meeting, the inspector, accompanied by the person in charge, did a walk through of the centre. A person participating in management joined the inspection later in the day.

Although two fire doors in poor condition, had been replaced, the inspector saw repeated deficits to fire doors in the centre. For example, the kitchen and laundry doors didn't close fully and the laundry room door was found to be open. These are further discussed under regulation 28.

The escape routes in the centre were configured to allow escape in alternative directions. There was an ample number of exits along the perimeter of the building. Escape routes, including internal routes were free of obstruction. The inspector saw there was paper lining to a number of ceilings, which may contribute to the spread of fire. Exit doors had a raised lip at the door threshold which may impede escape.

The fire alarm panel was located inside the main entrance and this was free of fault. The inspector saw head lamps, hi vis vests and two sets of keys for use in an emergency. The assembly point was located in the front carpark.

The inspector saw two extension cords externally in the soffit of the roof and were not appropriate external sockets. In the kitchen, the extract canopy over the cooker had been professionally cleaned recently. The automatic spark to ignite the gas rings on the cooker was not working and required the use of a lighter. This was poor practice and may result in the gas being left on. The stainless steel wall lining had a rust residue. The inspector saw a number of recessed light units throughout which penetrated the fire rated ceiling. One fitting was hanging crooked and was in need of repair.

There was a relaxed atmosphere in the centre; residents were up and about and were seen moving freely through the centre, supported by staff who were caring and did not rush residents when assisting them. There was an internal secure garden area which was accessible along one corridor, with furniture for residents to enjoy the garden.

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

Capacity and capability

The overall findings of this inspection were that the local management team in Aperee Living Camp nursing home had adequate systems of fire safety management in the centre, however improvements were required in the day-to-day identification of fire safety risks, as detailed in the quality and safety section of this report. The inspector found that action was required in relation to fire precautions

Aperee Living Camp Ltd was the registered provider for this designated centre. The clinical management of the centre was led by the person in charge (PIC) who was supported by the assistant person in charge and a team of nursing, care and administration staff.

Following the lack of progress by the provider to address serious fire risks identified in their fire own external fire safety risk assessment undertaken in October 2021, a restrictive condition was attached to the registration of the centre requiring the registered provider to have the fire safety works completed by February 2023 to ensure the safety of the residents.

Notwithstanding the actions taken locally by the person in charge to address fire safety risks within their control, the registered provider still had not taken action to address known fire safety risks since October 2021, four of which were red rated risks. The inspector found that the required fire safety works had not yet commenced, nor was there any schedule of works or start date available to the inspector. The outstanding red risks were dependent on the registered provider to address, including;

- provision of compartment walls including within attic areas of the building to coincide with compartment doors at ground level
- upgrading of ceilings within building to fire rated ceilings
- the servicing and/or replacement of inadequate fire doorsets
- upgrading of fire rated enclosure to areas of special fire risk, i.e. the laundry/kitchen/plant rooms

Regulation 23: Governance and management

In consideration of the findings of the fire safety risk assessment of October 2021 and the findings of this inspection in relation to Regulation 28, the inspector found that the provider had failed to ensure that the management systems in place ensured the safety of residents in the centre. This was evidenced by;

- failure to date to address, and failure to have a time bound plan of action for, the fire safety risks identified in the aforementioned fire safety risk assessment dated October 2021
- failure to adhere to a restrictive condition imposed by the Chief Inspector
- day-to-day fire safety risks not being identified, as detailed in this report

Judgment: Not compliant

Quality and safety

While good practices in relation to fire safety contributed to managing the risk of fire, they did not fully mitigate the risk of fire to residents living in the centre. Significant action was required by the provider to come into compliance with the regulations in relation to fire precautions.

The person in charge had implemented a weekly fire safety huddle. This included issues identified during evacuation drills, how to read fire alarm panel and to ensure straps are securely in place for ski sheets under the mattress. This was relayed to a small number of staff each week, however there were some weeks missed when reviewing the records.

Staff in the centre were not provided with definitive information as to the size and extent of fire compartment boundaries. Staff spoken with were knowledgeable on the adopted horizontal evacuation strategy, but without correct information on the fire compartment boundaries may result in residents being moved to an area during a fire, which is not safe.

There were systems in place to audit ski sheets. While the inspector noted one to be not fitted to the mattress, most of those checked were in place and well fitted. The person in charge submitted an audit the ski sheets, conducted on the day following the inspection, to ensure all were correctly in place.

Fire evacuation drills were being practiced by staff and the reports for these identified where the procedure went wrong or where improvements were required. A ski sheet demonstration in July raised concerns in relation to the number of compartments and the number of staff at night. Deficits to the premises and fire safety systems compounded the fire safety risk in the centre.

Fire doors were fitted with devices that would close the door on activation of the fire alarm. They were acoustically operated and powered by batteries. The inspector

saw an example where the doors batteries were expired and the door was held open by the device when it was not engaged.

The inspector noted a boiler room which was excessively warm and did not have appropriate ventilation to dissipate heat.

Regulation 28: Fire precautions

Under this regulation, the provider was required to address an immediate risk that was identified on the day of inspection. The safety valve on an oxygen cylinder was open, which meant that the flow of oxygen was easily turned on, and the expiry date had passed, creating a risk to residents. The manner in which the provider responded to the risk on the day of the inspection did provide assurance that the risk was adequately addressed.

Improvements were required by the provider to ensure adequate precautions against the risk of fire and for reviewing fire precautions:

- the area behind the laundry equipment created a risk; there was a trailing extension cord across the back of the dryer which was hot, there was a build up of dry lint and there was no fire detection in this space
- doors to high risk rooms were left open, resulting in uncontrolled spread of smoke and fire
- there were some potentially dangerous electrical risks identified, such as extension cords hanging from the external soffit of the roof
- the person in charge arranged for an electrician to come on site, the day after the inspection
- a store room in Marigold had electrical panels with combustible storage adjacent. This risk was identified in the fire safety risk assessment
- there was a small amount of storage in the plant room. Plant rooms should be free of storage

The arrangements for providing adequate means of escape including emergency lighting were not effective:

- there was a lip at the threshold to some exit doors, for example the exit from Snowdrop. This meant that egress may be hindered where mobility aids and evacuation aids were used
- the arrangements for the management of keys to exits were not adequate. While there was a key in a break glass unit near the exit, it was not always clear which exit the break glass unit was for. Furthermore, staff didn't carry a copy of the key. The fire safety risk assessment indicated that keylocks to external escape routes should be replaced
- the provision of exit signage was not adequate. In some areas of the centre, exit signage was not visible. There was an exit sign from one corridor which guided occupants through the laundry room

- the provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety
- the means of escape from the dining room was through a sliding door. Sliding doors are not a suitable exit. Furthermore the mechanism to open the door required two actions and was not easily openable
- escape corridors did not provide a fire protected means of escape, as detailed below
- the corridor in 'forget me not' was longer than recommended and was not effectively sub-divided by fire doors to restrict the spread of smoke along its length
- there was a paper lining to a number of ceilings, which may contribute to the spread of fire.

The arrangements for evacuating residents required improvement:

- The size and extent of fire compartment boundaries were not assured and practiced drills did not reflect potential compartment sizes; this may lead to residents being assisted to an area of the building which is not safe. Confirmation was required from the registered provider that the correct fire compartment boundaries have been identified to inform evacuation practice in the centre
- assurance was required that evacuation aids in use, would fit through exits and could be manoeuvred along external escape routes. This had not been tested in evacuation drills or training.

The measures in place to contain fire were not effective. Four of the eight red risks identified in the fire safety risk assessment related to fire containment, none of which were actioned;

- In the main, fire doors were not adequate and would not be effective to contain the uncontrolled spread of fire and smoke. Most doors were not fitted with smoke seals
- there was inadequate containment of fire to high fire risk rooms
- there were service penetrations through fire resisting construction which were not adequately sealed up, particularly in the boiler and electrical room
- ceilings throughout had recessed light fittings and attic hatches, which compromised the fire containment of the ceilings. Light wells through ceilings were also not adequately fire rated
- doors to some fire risk rooms were not fire doors. For example the hair salon and treatment room
- there were holes in the plasterboard of the electrical room, resulting in a potential unseen breach of the fire rated construction where services go through the concrete walls and the floor above

The measures in place to detect fire were not adequate:

- the area behind the laundry equipment was not provided with fire detection detection

- although a separate building, the building containing the food store, general store and boiler were not connected to fire detection and alarm system. If a fire started in this area, it would go undetected and may spread to areas of the main building nearby

The arrangements for maintaining fire equipment were not effective:

- While there was documentary evidence to show that the emergency lighting system had quarterly servicing completed, there was no annual certificate within the last twelve months available for review
- fire doors were not being maintained in good working order. For example, screws were missing to some hinges, impacting the stability of hinge in the event of a fire, heat and smoke seals were damaged or missing and doors and frames were damaged

The arrangements for staff of the designated centre to receive fire safety training required action:

- five staff were due fire safety training

Floor plans were displayed to inform evacuation, however they did not contain correct information regarding the compartment boundaries.

Judgment: Not 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 23: Governance and management	Not compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Aperee Living Camp OSV-0005406

Inspection ID: MON-0041047

Date of inspection: 01/08/2023

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: <p style="text-align: center;"><i>The registered provider declined to submit a compliance plan in response to the findings of this inspection</i></p>	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <p style="text-align: center;"><i>The registered provider declined to submit a compliance plan in response to the findings of this inspection</i></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 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	
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	
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	
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	
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire	Substantially Compliant	Yellow	

	prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where	Not Compliant	Orange	

	necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	