



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Aperee Living Ballinasloe
Name of provider:	Health Service Executive
Address of centre:	Bridge Street, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	05 December 2024
Centre ID:	OSV-0000361
Fieldwork ID:	MON-0045228

## About the designated centre

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 5 December 2024	10:00hrs to 16:10hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

The inspector observed that residents living in this centre received a good standard of care and support. Residents were complimentary about the staff in the centre and the care they provided. Staff were observed to deliver care and support to residents which was respectful, and in line with their assessed needs.

Aperee Living Ballinasloe is a purpose-built, two-storey facility, located in the town of Ballinasloe, County Galway. The centre provided accommodation for 60 residents. On the day of the inspection, there were 22 residents accommodated in the centre.

Following an introductory meeting, the inspector completed a tour of the centre with the person in charge. Some residents were observed relaxing in communal areas and bedrooms, while others were receiving assistance with their personal care needs. Staff were observed assisting residents in a relaxed and attentive manner. There was a pleasant atmosphere throughout the centre, and friendly, familiar chats were overheard between residents and staff.

Residents' bedrooms were spacious and provided residents with sufficient space to live comfortably, and with adequate space to store personal belongings. Many bedrooms were personalised and decorated according to each resident's individual preference. There were a number of communal areas available to residents, including day rooms, dining rooms, a relaxation room, and a lobby area. All areas were appropriately styled and furnished to create a homely environment for residents. Corridors provided adequate space to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was bright, warm, and well-ventilated throughout. Call-bells were available in all areas and answered in a timely manner. The centre were was very clean and tidy.

On the day of the inspection, one corridor on the first floor was closed due to refurbishment.

Throughout the day, the inspector spent time observing staff and resident interaction in the various areas of the centre. The majority of residents were up and about as the day progressed. Residents were observed to be content as they went about their daily lives. They were relaxed and familiar with one another and in their environment. Residents moved freely around the centre, and were observed to be socially engaged with each other and staff. Other residents were observed sitting quietly, relaxing and observing their surroundings. It was evident that residents' choices and preferences in their daily routines were respected. The inspector observed that personal care was attended to a good standard. Staff supervised communal areas and those residents who chose to remain in their bedrooms were

supported by staff. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

The inspector chatted and interacted with a large number of residents during the course of the inspection. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. Those residents who spoke with the inspector were happy to chat about life in the centre. One resident told the inspector that they were 'happy with everything' and that they trusted the staff looking after them. Another resident said 'I can't fault the place' and they told the inspector that they had everything they needed for a comfortable life. 'Staff are on the ball', 'excellent care', 'the food is great' were among some of the comments made by residents.

There were opportunities for residents to engage in recreational activities of their choice and ability. There was a schedule of activities in place which included, exercises, baking, card games and bingo. The inspector observed residents participating in various activities throughout the day. Staff were available to support and facilitate residents to be as actively involved in activities as they wished. There was a music session in the afternoon, provided by a local community group which was very well attended by residents. The inspector observed a very lively atmosphere with lots of singing and laughter.

The centre provided residents with access to adequate quantities of food and drink. Residents had a choice of meals from a menu that was updated daily. Snacks and refreshments were available throughout the day. The residents' dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Staff were observed to provide assistance and support to residents in a respectful manner.

The inspector observed many visitors being welcomed to the centre throughout the day of the inspection.

In summary, this was a good centre with a responsive team of staff, delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the provider to support the service and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced monitoring inspection carried out by an inspector 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).

The Health Service Executive (HSE) became the registered provider of this designated centre in June 2024 following the cancellation of the registration of the previous provider.

On the day of the inspection, there were a number of fire safety and premises issues that did not meet the requirements of the regulations. However, the provider had appropriate risk management systems in place to mitigate the known risks.

The findings of this inspection were that the overall governance and management arrangements was stable and effective. The centre was well-managed and the quality and safety of the services provided to residents were of a good standard. There there was an established and clear management structure in place in the centre, with identified lines of authority and accountability. There was a person in charge in post who facilitated the inspection and who demonstrated a very clear understanding of their role and responsibility. The clinical management team consisted of the person in charge supported by an assistant director of nursing and a clinical nurse manager. The management of the centre was further supported by a full complement of staff, including nursing and care staff, housekeeping, catering, administrative, activity and maintenance staff. The person in charge was a visible presence in the centre and was very well known to the residents and staff. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge. The person in charge was also supported by a regional management support team.

The designated centre had adequate resources available to ensure the day-to-day care and support received by residents was of good quality. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. The clinical management team provided clinical supervision and support to all the staff. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents.

There were a number of management systems in place to monitor the quality and safety of the service. There was a schedule of audits which evaluated practices such as, care planning, infection prevention and control, medication management, nutrition and falls management. Action plans were developed and completed where areas for improvement were identified. Regular staff meetings had taken place. Minutes of meetings reviewed by the inspector showed that a range of relevant issues were discussed including fire safety, clinical issues, staffing and complaints.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

Staff were facilitated to attend training, appropriate to their role. This included fire safety, manual handling, safeguarding, and infection prevention and control training. The inspector found that staff had completed training in the areas appropriate to their role.

The centre had a risk register in place which identified clinical and environmental risks to the safety and welfare of residents, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame.

### Regulation 15: Staffing

There was sufficient staff on duty, with appropriate skill mix, to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were strong governance arrangements in the centre. There were adequate resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality and safety of the service was effectively monitored.

Although significant work was required to ensure compliance with Regulation 17: Premises and Regulation 28: Fire precautions, the provider had controls in place to reduce any risk associated with the works required.

Judgment: Compliant

### Regulation 4: Written policies and procedures



Up-to-date policies and procedures as outlined in Schedule 5 of the regulations were available, were accessible to all staff and were specific to the centre.

Judgment: Compliant

## Quality and safety

The inspector found that residents living in Aperee Living Ballinasloe received care and support that was of a good standard. Residents were satisfied with the service they received, and reported feeling content living in the centre.

Some areas of the premises were in a poor state of repair, particularly in relation to the roof, and work was also required to ensure full compliance with fire safety regulations. One corridor on the first floor was not in use on the day due to an issue with the roof. Access to this area was restricted to ensure residents' safety.

A number of fire safety works required to address significant known fire risks in the centre including inadequate compartmentation required completion. Staff spoken with demonstrated a good understanding of the on-going risks relating to the premises and fire safety. The provider had enhanced fire safety management systems in place to ensure the safety of residents, visitors and staff. Fire safety education sessions took place weekly and fire safety was discussed at all staff and resident meetings. Personal emergency evacuation plans were in place for each resident. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available, and serviced, as required. There were regular in-house fire safety checks completed and recorded. Evacuation drills were undertaken regularly, and staff were knowledgeable about what to do in the event of a fire.

Nursing and care staff were knowledgeable about residents' care needs and this was reflected in the nursing documentation. A sample of residents' files were reviewed by the inspector. Residents' care plans were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity and malnutrition. Individual care plans were comprehensive, with person-centred information that was updated every four months, or as changes occurred, to reflect residents' changing needs and to provide very clear guidance to staff on the supports required to maximise the residents' quality of life. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise.

The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose. There

was a schedule of recreational activities in place and there were sufficient staff available to support residents in their recreation of choice. Residents had the opportunity to meet together and discuss relevant management issues in the centre. Residents had access to an independent advocacy service.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents, assessed as at risk of malnutrition, were referred for further assessment by an appropriate health professional.

### Regulation 11: Visits

The registered provider had ensured that arrangements were in place for residents to receive visitors. Residents who spoke with the inspector confirmed that visiting was unrestricted.

Judgment: Compliant

### Regulation 17: Premises

Work to repair the roof was outstanding. As a result, one corridor containing resident accommodation on the first floor was closed and access to this area was restricted.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents had access to sufficient quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily to ensure that each resident had a choice at mealtimes including those on a modified diet.

There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

### Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements, as set out in Regulation 26.

Judgment: Compliant

### Regulation 28: Fire precautions

While the provider had controls in place to reduce the known fire safety risks, the required fire safety works remained outstanding. This included;

- Appropriate compartmentation had not been carried out. This did not ensure containment of the spread of fire within the centre. Furthermore, it did not facilitate progressive horizontal evacuation of the centre.
- The laundry chute, which penetrates the ground and first floor, was not fire protected
- There were a number of penetrations in the ceiling of the linen room. This compromised effective containment of fire and smoke in the event of a fire emergency.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Aperee Living Ballinasloe OSV-0000361

Inspection ID: MON-0045228

Date of inspection: 05/12/2024

## 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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• The current occupancy of the home is 21. All residents are staying in the downstairs of the building, currently with no occupancy upstairs.</li> <li>• As the provider of the last resort, HSE will maintain the property until a permanent provider is established for the operation of the center.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• Fire drills are continued weekly as per the night complementation of staffing. Fire huddles are also continued weekly. All staff have completed fire and safety training.</li> <li>• The laundry chute is permanently closed and not in use at present.</li> <li>• As the provider of the last resort, HSE will maintain the property until a permanent provider is established for the operation of the center.</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2025
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	31/03/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/03/2025



Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/03/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/03/2025