



**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 Galway
Name of provider:	Health Service Executive
Address of centre:	Ballinfoyle, Headford Road, Galway
Type of inspection:	Unannounced
Date of inspection:	22 November 2024
Centre ID:	OSV-0000331
Fieldwork ID:	MON-0045230

## About the designated centre

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

Aperee Living Galway is a purpose built facility located on the Headford Road, Co Galway. The Health Service Executive is operating the centre. The centre provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on three levels. There are a mix of double and single bedrooms. There is adequate sitting and dining space to accommodate all residents in comfort. The provider employs a staff team consisting of registered nurses, care assistants, administration, housekeeping and catering staff.

**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
Friday 22 November 2024	09:30hrs to 16:00hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector found that Aperee Living Galway was well-run, the rights of residents were actively promoted and residents were enjoying a good quality of life. The feedback from the residents who spoke with the inspector was positive. Many residents had high praise for the staff as individuals and as a group. Residents felt that the staff knew them well. Residents were happy with the length of time it took to have their call bells answered, and had high praise for the activity schedules in place, with one resident telling the inspector that the activity schedule provided lots of variety with plenty of choice on how to spend the day.

Following an introduction meeting, the inspector walked through the centre. The atmosphere was very relaxed. Many residents were sitting in the communal sitting rooms having finished their breakfast and were waiting for the activity of the day to commence. Most areas of the centre were observed to be clean and clutter free. Residents rooms were personalised with items of significance to residents, such as pictures and ornaments. The inspector observed that the Fountain wing, on the second floor of the building was closed for refurbishment and access to this area was restricted.

On the ground floor of the centre, there was a large communal sitting room that had recently been renovated. The furniture had been repainted and there was comfortable armchairs. The room was warm and inviting. Adjacent to this room was a large oratory. Mass was held monthly in the centre. A remembrance tree had been put up during a mass held in November for deceased residents and friends.

The inspector found that there was a very high value placed on activities in the centre. All staff spoken with displayed knowledge of the importance of social engagement with residents. One resident told the inspector how their opinion of activities had completely transformed following admission into the centre and how much they valued the efforts made by staff. Group and individual activity sessions were held. The activities board named a "Bored Board" was in place on each floor. Each board had a mixture of activities printed out such as crossword puzzles, word search and art works for residents to take and complete at a time of their choosing. Along the corridors there was pictures that showed a variety of social events that had been held recently. During a reminiscence activity, some residents had worn uniforms that reflected their professional status prior to retirement. The photos on display showed residents, staff and visitors thoroughly enjoying the occasion.

## Capacity and capability

This was a one day unannounced 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 current registered provider of this designated centre is the Health Service Executive (HSE). The HSE took control of the centre following the cancellation of the registration of Aperee Living Galway Limited in August 2024. The centre had a restrictive condition to cease all admissions to the centre, in place at this time.

This inspection found that the designated centre had appropriate management structures and systems in place to ensure resident safety and that residents received a high quality of care.

Since the last inspection, the registered provider, (HSE) had a significantly positive impact on the overall operation of the centre. The centre was adequately resourced and management structures and systems had been strengthened. The organisational structure was clear, and the pathways for the person in charge to escalate concerns and risks to the registered provider were effective.

Issues relating to fire safety and the premises remained outstanding. A review of the risk register found that the provider had controls in place to address risks to residents.

Within the centre, the person in charge was supported by an assistant director of nursing, a clinical nurse manager, an administration team and a team of nurses, carers and support staff. The person in charge and the assistant director of nursing had a strong presence in the centre. The management team demonstrated a clear awareness of their roles and responsibilities, and had worked hard to ensure the residents received a high level of care in an environment that was homely and safe. Staffing levels were adequate to meet the assessed needs of residents and for the size and layout of the building.

The inspector reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. There was a clear system on induction in place for all new staff.

Records reviewed confirmed that staff training was provided. A strong emphasis of the importance of staff training was observed. All staff had completed role-specific training. Staff spoken with demonstrated excellent knowledge of the training received. For example, staff responses to what action to take in the event of the fire alarm sounding was clear and consistent. Staff confirmed that they had attended fire drills.

There was evidence of quality and safety management meetings to provide governance and oversight of the service. There was a risk register which identified risks in the the centre and the controls required to mitigate those risks. This register was a live document and was kept updated by the person in charge. The quality and safety of direct care delivered to residents was monitored through a range of audits. The person in charge, supported by the assistant director of nursing, were

completing audits. The system included monitoring of wound care, nutritional management, care plan documentation, and the management of resident falls. In the main, the inspector found that the audit system in place was effective to support identification of risk and deficits in the quality and safety of the service.

The person in charge held responsibility for the review and management of complaints. At the time of inspection, all logged complaints had been managed through the complaints policy and were closed.

Policies and procedures were available in the centre providing staff with guidance on how to deliver safe care to the residents. All policies were currently under review to ensure they reflected the HSE as the registered provider.

Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

A directory of residents was maintained in the centre which contained all information, as specified under Schedule 3 of the regulations.

### Regulation 15: Staffing

There was adequate levels of staffing on duty to meet the assessed needs of residents and for the size and layout of the centre on the day of this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling. Staff spoken with demonstrated appropriate knowledge in relation to the action to be taken in the event of a fire emergency.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre which contained all information, as specified under Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was assured that the registered provider had adequate resources to ensure safe staffing levels, to ensure the safe and continuous delivery of direct care. The governance and management and supports structures had been significantly strengthened. Roles and responsibilities were known to staff. The system and pathway on how known risk was escalated was clear.

While the inspector found that significant works remain outstanding to ensure compliance with Regulation 17: Premises and Regulation 28: Fire precautions, the inspector was assured that mitigating factors to minimise the risk was in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints procedure in place which met the requirements of Regulation 34. The complaints policy and procedure had been recently updated to reflect changes to the reporting structures in the centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies required by schedule 5 of the regulations were in place. A review of all of the policies was in progress to reflect changes in the governance and management of the centre.



Judgment: Compliant

## Quality and safety

Overall, the inspector found that the care and support that residents received from the staff team was of a good quality, and that staff strived to ensure that residents were safe and well-supported. There was a person-centred approach to care, and residents' wellbeing and independence was promoted. The provider had adequate resources in place to ensure that residents engaged in activities that they enjoyed. Residents told the inspector that they were aware of the recent changes that had occurred in the governance and management of the centre and reported that they felt they had received appropriate levels of communication from the person in charge. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Outstanding issues relating to fire precautions and the premises are detailed under the relevant regulations.

All residents had an updated assessment of their needs completed to ensure the service could meet their health and social care needs. Each resident file reviewed had a range of clinical assessments completed using validated assessment tools. The outcomes were then used to develop an individualised care plan for each resident which addressed their individual health and social care needs. Care plans were sufficiently detailed to guide care, and contained information that was holistic and person-centred. Daily progress notes were recorded and detailed the current health care status of all resident files reviewed.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their healthcare needs. Arrangements were in place for residents to access the expertise of health and social care professionals. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by professionals were implemented.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. Records reviewed showed that appropriate risk assessments had been completed.

Safeguarding of residents was promoted through staff training, regular review of incidents that occurred, and where required, the development of personal safeguarding care plans.

The inspector observed that management and staff ensured that residents' rights were respected and upheld. Residents were free to exercise choice about how they spent their day. Residents were provided with regular opportunities to consult with management and seek assurances on the on-going changes that had occurred in the centre. Residents attended resident meetings and contributed to the organisation of the service. Residents confirmed that their feedback was used to improve the quality

of the service they received. Visitors were openly welcomed in the centre and residents were happy with the arrangements in place.

The premises was designed and laid out to meet the needs of residents. The centre was visibly clean on inspection. Ongoing non-compliance, such as damaged floors, are detailed under Regulation 17: Premises.

A review of the fire safety systems in the centre found that there were systems in place to ensure that fire detection and emergency lighting were maintained at scheduled intervals. Arrangements were in place to ensure means of escape were unobstructed. Staff demonstrated good knowledge of the procedures in place to respond to the fire alarm, or in the event of a fire. Annual fire training had taken place in 2024. The provider had reinstated the appointment of a night time porter with responsibility to complete hourly fire safety checks.

Outstanding issues relating to fire safety including the requirements for fire door replacement and ensuring appropriate compartmentation of the centre were known to the HSE and mitigating controls were in place. However, until such time as all fire safety work has been completed, the finding of this inspection was that Regulation 28: Fire precautions remained not compliant.

### Regulation 11: Visits

Visiting was facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 17: Premises

Resident accommodation and all communal resident rooms on the Fountain wing were closed and restricted access was in place to ensure residents did not enter this space. The area was closed and awaiting the recommencement of fire safety upgrade works.

In addition, the inspector observed the following aspects of the building that were in a poor state of repair. For example:

- Flooring to some areas of the centre was damaged, heavily stained and unsightly, particularly the kitchen area. This meant that the floor was not amenable to effective cleaning.

Judgment: Not compliant

### Regulation 28: Fire precautions

There were inadequate arrangements in place to maintain the building fabric impacting on the arrangements for containment of fire, in the event of an emergency. While controls are in place to mitigate the risks, requisite fire safety works had not progressed.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

### Regulation 6: Health care

Resident had access to appropriate health and social care. Residents were referred to allied health and social care professionals through a system of referral, as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

## Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector observed that the privacy and dignity of residents was respected by staff. Throughout the day of inspection, the staff were observed to interact with residents in a caring, patient and respectful manner. Residents were not rushed.

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Independent advocacy services were available.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Aperee Living Galway OSV-0000331

Inspection ID: MON-0045230

Date of inspection: 22/11/2024

## 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
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Deep cleaning will be completed in the kitchen and maintenance will be provided internally until such a time that a permanent provider is established for the operation of the center. A risk assessment will be in place to outline the mitigations in management of the floor until such a time that replacement is possible. Such as sealing of any cracks, Temporary covers and floor specific cleaning schedule.</p> <p>Contracted cleaning will be sourced for buffing and polishing of floors throughout the center.</p> <p>The HSE is currently in the process of procuring a full structural survey of the building to inform an options appraisal.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In its holding capacity as provider of last resort, the HSE has completed a full fire risk assessment and has identified that a new Fire alarm system and emergency lighting system needs to be provided as a mitigating measure to support the operational service.</p> <p>The registered provider of last resort has committed to install an addressable fire alarm system and to install an emergency lighting system. A conventional Emergency Light system, LED units to main board with contactor and CTU Unit will be installed. This work has commenced on the 27th November 2024 with an estimated completion time of January 30th 2025.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/01/2025
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	30/01/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/01/2025

