



**Health
Information
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Authority**

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:	Aperee Living Ballinasloe Ltd
Address of centre:	Bridge Street, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	01 February 2024
Centre ID:	OSV-0000361
Fieldwork ID:	MON-0042623

About the designated centre

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

Aperee Living Ballinasloe is a purpose built two storey nursing home situated in the town of Ballinasloe in Co. Galway. The centre is registered to accommodate 60 residents. The accommodation comprises 52 single and four twin bedrooms. All bedrooms have en suite shower and toilet facilities. A variety of communal rooms are provided for residents' use on each floor, including sitting, dining and recreational facilities. There is a lift provided between floors. Residents have access to an enclosed garden. Aperee Living Ballinasloe accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, palliative care, respite and post-operative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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 1 February 2024	10:00hrs to 15:40hrs	Fiona Cawley	Lead
Thursday 1 February 2024	10:00hrs to 15:40hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Inspectors observed that staff in the centre on the day of the inspection were familiar with the residents, their care needs and their preferences. Residents told the inspectors the staff were kind and caring.

This was a monitoring inspection to review the progress made by the provider in relation to the fire safety works committed to, and required in the centre. Inspectors observed that no fire safety work had been carried out to address the significant fire safety issues in the centre. This meant that there was an ongoing risk to the safety and welfare of residents in this centre.

Aperee Living Ballinasloe is a purpose-built facility, located in the town of Ballinasloe, County Galway. The centre is comprised of 52 single rooms and four twin rooms, all of which are en-suite. The living and accommodation areas are spread over two floors, which are serviced by an accessible lift. A variety of communal spaces are available for residents to use including day rooms, dining rooms, an activity room, and a lobby area. Inspectors observed that the majority of residents were accommodated on the ground floor and there was a plan in place to ensure that residents on the first floor would be accommodated on the ground floor when bedrooms became available. This control was put in place by the person in charge in an attempt to mitigate the significant fire safety risks in the centre.

On the day of the inspection, there were 25 residents accommodated in the centre and 35 vacancies. The centre was bright and warm, and was clean and tidy throughout. The building was laid out to meet the needs of residents. Communal areas were appropriately furnished and resident bedrooms provided adequate space to live comfortably. Corridors were sufficiently wide to accommodate residents with mobility aids to mobilise safely. Call bells were available in all areas, and answered in a timely manner. The inspectors observed a number of bedroom ceilings that were stained and appeared to have water damage. This was also a finding on a previous inspection.

Inspectors spoke with individual residents and also spent time in communal areas observing resident and staff interaction. Inspectors observed staff engaging in kind and respectful interactions with residents. Residents told inspectors that they were well looked after and that staff were good to them. Residents who were unable to speak with the inspectors were observed to be content and comfortable in their surroundings. Inspectors observed that residents had their personal care needs delivered to a good standard.

As the day progressed, the majority of residents were observed in the various communal areas, watching TV, chatting to one another and staff, participating in activities or sitting quietly watching the comings and goings in the centre. A small number of residents chose to spend time in their bedrooms. Staff supervised communal areas and those residents who chose to remain in their rooms were

monitored by staff throughout the day. The inspector observed that residents had their personal care needs delivered to a good standard.

Friends and families were facilitated to visit residents, and inspectors observed visitors coming and going throughout the day.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). This inspection also reviewed the action taken by the provider to address significant areas of risk in the centre relating to governance and management, fire safety and the management of resident finances.

The findings of this inspection were that the provider had failed to take the required action to ensure compliance with regulations and significant action continued to be required in relation to the governance and management of the centre, the arrangements in place to manage residents' finances and to ensure that residents were protected from the risk of fire in the event of a fire emergency. On the day of this inspection, inspectors found the majority of high risk issues identified in a fire safety assessment, dated November 2021, had not been addressed. The staff in the centre were not aware of any plans as to when works might begin to address the high risks identified.

Further, and repeated findings of non-compliance were identified in relation to the premises.

An inspection of the centre in November 2022 found significant and repeated non-compliance in governance and management, fire safety and the management of residents' finances. As a consequence of the providers' failure to take action to address significant risks to residents, and repeated non-compliance in February 2023, the Chief Inspector issued a Notice of Decision to stop admissions to the centre. A subsequent inspection in April 2023 found that minimal action had been taken to address the areas of non-compliance. In July 2023, a notice of proposed decision to cancel the registration of this centre was issued to Aperee Living Ballinasloe Ltd.

In August 2023, the provider submitted a representation regarding the notice of proposed decision to cancel the registration of the centre. This representation detailed the provider's commitment to addressing the non-compliant issues, noting

that the majority of issues had been completed.

An inspection of the centre in November 2023 was completed to review the arrangements in place to manage residents' finances, as described in the provider's representation. On this inspection it was found that the provider had failed to put in place management systems to ensure the safe governance and oversight of residents' finances. This inspection also confirmed that no fire safety work had commenced.

Aperee Living Ballinasloe was operated by Aperee Living Ballinasloe Limited, the registered provider. This registered provider forms part of the Aperee Living group of nursing homes. The organisational structure of Aperee Living Ballinasloe Ltd had changed since the last inspection. Following a change in the directorship of the company that is the registered provider, further information was submitted to the Chief Inspector on 1 January 2024 detailing a new organisational structure and committing to addressing issues relating to the management of residents' finances.

A review of the governance meeting records within the centre confirmed that the new directors had attended the centre twice. Inspectors were informed that directors also attended the centre individually however, there was no documented record of these visits. The provider was in the process of developing structures to ensure oversight of the service. However, on the day of the inspection, the pathways for the person in charge to escalate risk to the provider, and to receive communication in relation to the progress of compliance plans, particularly in relation to fire safety, was not clear. Records of governance meetings showed that while the provider had given the person in charge an assurance that fire safety work would commence in the centre in the last week of January 2024, there was no evidence that fire safety remedial works had commenced. Additionally, there was no documentary evidence of any schedule of these planned works or any communication with the fire works contractor available for review on the day of this inspection. In addition, no representative of the registered provider was available to attend a meeting to receive feedback from the inspection.

The inspectors found that, within the centre, the person in charge had taken action to mitigate some of the on-going risks to residents. Residents were found to receive a good quality of care from a responsive team of staff. There were adequate levels of staffing in the centre on the day of the inspection.

The person in charge facilitated this inspection. They demonstrated a clear understanding of their role and responsibility, and were a strong presence in the centre. They were supported in this role by an assistant director of nursing, a clinical nurse manager, nursing and care staff, activity coordinator, housekeeping, catering, administrative and maintenance staff. The failure of the registered provider to implement a robust governance structure resulted in a continued over-reliance on the person in charge to provide the governance and leadership for this service.

Similar to findings of the previous inspection, while the day-to-day service delivered to residents was satisfactory, the governance and management of the centre was not robust, and did not meet the requirements of Regulation 23: Governance and

management. There were insufficient resources available to ensure the effective delivery of care, in accordance with the statement of purpose. This was evident on the day of the inspection by the lack of progress made in relation to the actions required to address significant fire safety work, and premises issues.

Inspectors found that there were systems of monitoring and oversight of the service in place on the day of the inspection. There was a schedule of audits completed, and were seen to identify areas for improvement. However, the lack of progress in addressing areas of identified risk evidenced that the management systems in place were not effective.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account the reduced occupancy, and the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to, and had completed appropriate training. Staff demonstrated an awareness of the actions to be taken in the event of a fire in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ineffective systems of governance and management to ensure the delivery of care in a safe environment. This is evidenced by the providers' ongoing failure to;

- address on-going and significant fire safety issues.
- implement the centre's risk management policy. For example, the planned annual review and oversight of serious risks in relation to fire safety. This did not reflect the urgency of the requirement to address the risks.
- maintain the premises to safe standard. For example, addressing the leaks associated with the roofing, as identified in two previous inspections of the centre.
- ensure safe systems were in place for the management of residents' finances.

- ensure the centre had adequate resources available to ensure safe staffing levels at all times.

Judgment: Not compliant

Quality and safety

The provider had repeatedly failed to address serious issues relating to the fire safety systems in the centre and, while the day-to-day care needs of the residents were being met, care was delivered in a designated centre that was not safe and did not protect residents from the risk of fire.

A number of bedrooms on the first floor of the centre were in a poor state of repair. Some of the ceilings were stained and had evidence of water ingress. This was a repeated finding from two previous inspections and no action had been taken by the provider to address the issues related to a roof that required significant structural work.

A review of the system in place to manage residents' finances found that the provider had not taken all reasonable measures to protect the residents from financial abuse. The centre had two bank accounts, a current account used for the day-to-day transactions, such as receipt of fees and payments to suppliers. A second account was in place and had previously been used to hold residents' monies. However, this was a business account in the name of a previous registered provider and did not serve to protect residents' finances, in line with best practice guidelines. Furthermore, there were no clear procedures in place to ensure that residents could access their monies in a timely manner. There was funds in this account that could not be accounted for.

As stated above, inspectors observed that the care needs of the residents were met. A sample of residents' assessments and care plan records were reviewed. Following admission to the centre, a range of clinical assessments were carried out, using validated assessment tools, to identify areas of risk specific to each resident. These assessments were used to develop an individualised care plan for each resident which addressed the residents' abilities and assessed needs. Care was observed to be delivered in line with the residents care plans.

Residents had access to medical and health care services. Systems were in place for residents to access the expertise of health and social care professionals in line with their assessed need.

There was a low level of restrictive practices in place on the day of the inspection. Any restrictive practice in place was managed with respect to residents' rights and safety

Residents' meetings were held, and residents' satisfaction surveys were carried out. Residents had access to an independent advocacy service. There was a programme of activity scheduled daily and inspectors observed residents who were active and socially engaged throughout the day of the inspection.

Regulation 17: Premises

There were a number of areas in the centre that did not meet the requirements of Schedule 6 of the regulations. For example;

- there were a number rooms on the first floor that had visible damage to the ceilings due to water getting into the ceiling space
- the flooring in a small number of areas was in a state of disrepair

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had failed to ensure that residents were fully protected from the risk of fire. This was evidenced by;

- Work to address the significant risk posed by inadequate 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.
- Floor plans displayed in the centre to aid evacuation were not accurate.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

Regulation 6: Health care

Residents had access to their General Practitioner (GP). Allied health professionals including dietitian, speech and language therapy services, psychiatry of older age and tissue viability specialist were accessible to residents, as needed.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had not taken all reasonable measures to protect residents from potential abuse. For example, inspectors were not assured that the provider had implemented effective oversight arrangements and had not completed a full review of the system in place to manage residents' finances.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors found that residents' rights were upheld in the designated centre and that their privacy and dignity was respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
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 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Ballinasloe OSV-0000361

Inspection ID: MON-0042623

Date of inspection: 01/02/2024

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The planned annual review is updated with fire and safety concern and included in improvement plan. Risk pertaining to fire work on the premises is monitored and updated in environmental fire risk assessment and reviewed weekly . Fire drills are continuing weekly for staff.</p> <p>A second bank account for the centre is in place from 06.02.2024 for safe guarding residents finances.</p> <p>The Home has appropriate staffing in place as per the current occupancy, and as acknowledged in Outcome under Regulation 15. Staffing is reviewed by the provider at monthly meetings.</p> <p>This issue will be addressed and the Contractor is currently mobilizing his crew to be onsite in April 2024.</p> <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A contractor is mobilizing his crew to be on site in April 2024, with an expected completion date of June 2024.</p> <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire works to rectify all Fire compliance matters will commence in April 2024 with the same contractor and the anticipated completion time is 4 months from commencement.</p> <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: A full and robust system is in place to protect residents finances, with full oversight by the company directors. The 2nd Bank account for Resident finances was opened on February 6th 2024.</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	30/06/2024
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	31/08/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability,	Not Compliant	Orange	30/04/2024

	specifies roles, and details responsibilities for all areas of care provision.			
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 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	31/08/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/08/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/03/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	31/08/2024

	containing and extinguishing fires.			
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	31/03/2024
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.	Not Compliant	Orange	31/03/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	06/02/2024