

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

Issued by the Chief Inspector

Name of designated centre:	Atlanta Nursing Home
Name of provider:	Atlanta Nursing Home Limited
Address of centre:	Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	15 April 2025
Centre ID:	OSV-0000010
Fieldwork ID:	MON-0046582

About the designated centre

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

The centre is based in a town with access to shops and other amenities such as restaurants and cafes. The centre was originally two private residences and has been converted in to a three- storey centre offering places for up to 43 residents. The centre offers a service to male and female residents over 18 years of age, following an assessment to ensure their needs can be met in the centre. The centre supports residents with low to maximum dependency needs for full time residential care, respite care, convalescence and post-operative care. There are a mixture of single rooms with en-suite, double rooms, and one triple room. There are 10 rooms on the ground floor, eight on the middle and 10 on the top. There are no day services provided in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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How we inspect

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 15 April 2025	08:15hrs to 16:15hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

Residents in Atlanta Nursing Home said that it was a lovely place to live, with one resident saying 'we're lucky to live here'. The centre comprises of two connected older houses, and a newer ground floor extension. The centre had recently undergone significant fire safety works and premises refurbishment, and on the day of inspection, it was seen to be clean, well maintained, and attractively decorated.

The ground floor had a large sitting room to the front, where residents were watching TV. A dining room in the middle section of the house led to a second large sitting room and a smaller sun room to the rear of the building. There was lively conversation taking place between the activities co-ordinator and residents in the sitting room, while other residents relaxed quietly in the sun room. The sun room opened out to a well-tended, enclosed garden which had colourful planting and flowers, seating areas, and safe pathways so that residents could safely enjoy the outdoors. Residents on the ground floor, whose rooms opened onto the garden, said they loved the view and the easy access to the outdoors.

The centre had a mix of single and twin occupancy rooms, and one triple room. All the double bedrooms seen on the day of inspection allowed sufficient private space for residents. The triple room had recently been reconfigured, however the inspector was not assured that this room could provide a sufficient amount of personal space to comfortably include a bed, a chair and personal storage, for two of the residents in that bedroom. While the overall room size did provide sufficient space, the concern was the configuration of the room. The centre had some areas where residents were required to use the lift or stairs to access a bathroom. The inspector found that there were five residents in these areas who needed significant assistance, and accessing a bathroom on another floor did not appropriately support their needs. These are repeat findings and will be discussed further in the report.

Throughout the day, staff were seen to interact in a kind and respectful manner with residents, and residents were highly complimentary of the staff. One resident described them as 'the kindest' and said 'you can tell they enjoy their job'. Residents said staff were attentive to their needs and they felt well cared for. They said there was always something going on, and that the activities staff worked hard and were 'great craic'. Many residents spoke enthusiastically about the arts and crafts that took place each week, and their artwork was on display throughout the centre. Inspectors observed lunch being served and it was a relaxed affair, with music playing and friendly conversation.

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 relevant regulations.

Capacity and capability

Overall, this was a well-run centre, which had a good management structure that ensured clear lines of accountability. While there were good audit systems in place, enhanced oversight was required in care plans, and to ensure actions from previous compliance plans were completed.

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2025 (as amended). The registered provider of Atlanta Nursing Home is Atlanta Nursing Home Limited. The person in charge worked full-time in the centre, and was supported by the Person Participating in Management (PPIM), who is present in the centre most weekdays. Both were present on the day of the inspection and were seen to be known by the residents. The person in charge was supported in their role by a team of nurses, health care assistants, activities staff, household, laundry, kitchen, and maintenance staff. There was evidence of regular management and staff meetings, and areas for improvement identified through audits were discussed at these meetings. Notwithstanding the good system of audits, which had learning outcomes attached, not all actions identified in the compliance plan from the last inspection had been completed. This is further discussed under Regulation 23: Governance and Management.

An Annual Review for 2024 was available, and this was seen to have been developed in consultation with residents and families through feedback questionnaires. The review highlighted areas of focus for the following year, and there was evidence that these were being followed through. For example, a plan to enhance Dementia care services in the centre was underway, with staff training sessions which focused on dementia held in January.

The inspector reviewed five contracts of care. All contracts were correctly signed, and stated the room number and occupancy, and detailed the funding in place.

Residents spoken with said that they knew who to raise a complaint with, and said that staff were responsive to their concerns. While the complaints procedure was on display in the centre, this did not contain the correct details for the Complaints Officer and Review Officer, and did not give information on response time frames. This will be explained under Regulation 34: Complaints.

Regulation 21: Records

Records as set out in Schedule 2, 3 and 4 were kept in a safe and accessible

manner, and retained appropriately.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place did not ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Better oversight arrangements were required in the following areas:

- Care plan audits did not identify that care plans were incorrectly completed, and did not contain updated information on the care needs of the resident. This meant that the provision of care was not effectively monitored.
- Actions from the previous inspections compliance plan had not been completed. For example:
 - There were maximum and medium dependency residents on a floor where there was no access to a bathroom. These arrangements did not ensure that the service provided to all residents was appropriate or consistent.
 - The electrical service board was awaiting a fire proof casing since 30th September 2024.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

All contracts were correctly signed, and stated the room number and occupancy, and detailed the funding in place.

Judgment: Compliant

Regulation 34: Complaints procedure

- The complaints procedure displayed in the centre was not in line with the registered providers complaints policy. Response time frames were not outlined, and the current Complaints Officer, and Review Officer were not identified.
- No training records for the Review Officer was available, at the time of inspection.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All Schedule 5 written policies and procedures were available and reviewed within the past three years. They were found to be in line with regulations.

Judgment: Compliant

Quality and safety

Overall, the residents at Atlanta Nursing Home received a high standard of care from staff who were respectful, and familiar with their likes and dislikes. Many friendly interactions were observed on the day, and residents said they felt well cared for. Residents said they were able to receive visitors at any time, and inspectors saw private areas and pleasantly decorated bedrooms where the visits could be held.

A sample of six care plans were reviewed by the inspector. While they were found to be reviewed on a four monthly basis, and staff spoken with were familiar with the residents care needs, the care plans were not revised at the time of review or completed within 48 hours following admission. These will be discussed further under Regulation 5: Individual assessment and care plan.

The inspector saw lunch being served, and the meals appeared hot and appetising. There were two lunch sittings, which afforded a calm, unhurried atmosphere. Residents were assisted appropriately, and staff encouraged and supervised residents as required. A menu was on display, and residents said the food was 'better than the Shelbourne'. The provider had engaged an external company to conduct an audit of the food and menus, and the report was positive. Some improvements had been suggested, and the provider had implemented these.

There had been significant efforts to improve fire safety in the centre, and the inspector saw evidence of regular fire drills, and maintenance and testing of fire equipment. Most of the remedial works required following previous inspections had been completed, and the centre had unobstructed fire exits which had appropriate signage, and emergency lighting. Records showed full compliance with fire training, and staff spoken with on the day displayed a good knowledge of fire evacuation procedures.

Training records also showed full compliance with training in safeguarding vulnerable adults, and the centre had a comprehensive safeguarding policy in place. The inspector spoke with staff from different departments, and they displayed a

good understanding of their responsibility in safeguarding residents, how to identify abuse, and how to report incidents or allegations of abuse. On the day of inspection, the provider was not a pension agent for any residents.

Regulation 11: Visits

There was an appropriate Visitor's Policy in place and the centre had private areas for residents to receive visitors.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had good access to, and choice of, drinks and snacks. There was adequate staff to assist at mealtimes. Meals were nutritious, and met the dietary needs of the residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire, including providing means of escape, maintaining and testing fire equipment, staff training, and conducting fire drills. The fire evacuation procedure was on prominent display.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Not all care plans were completed within the statutory time frame of 48 hours following admission, or updated and revised at intervals not exceeding four months. For example:

- One resident's care plan was found to have irrelevant information on their pressure ulcer status, meaning the care plans did not reflect the assessed needs of the resident.
- A recently admitted resident did not have their care plan completed until three weeks after their admission.

- These are both repeat findings.

Judgment: Substantially compliant

Regulation 8: Protection

The provider took all reasonable measures to protect residents from abuse.

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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Atlanta Nursing Home OSV-0000010

Inspection ID: MON-0046582

Date of inspection: 15/04/2025

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• The curtains in the triple room have been reconfigured• A more robust auditing system for care plans is now in place• All residents have been assessed re mobility. Residents who are unable to use the 3 steps to the bathroom will be moved to a more appropriate floor.• Supplier instructed to fit bespoke casing	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: <ul style="list-style-type: none">• Complaints procedure amended to reflect our complaints policy and added to Atlanta Website• In addition to her 40 yrs experience as a nurse and as a company director, the review officer has now been enrolled on a complaints management course for 13th August 2025	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- A more robust auditing of care plans is now in place

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(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	12/05/2025
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	31/05/2025
Regulation 34(2)(d)	The registered provider shall	Substantially Compliant	Yellow	12/05/2025

	ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).			
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	13/08/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	12/05/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with	Substantially Compliant	Yellow	12/05/2025

	the resident concerned and where appropriate that resident's family.			
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