Health Information and Quality 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:	Teach Altra Nursing Home
Name of provider:	Newmarket Nursing Home Limited
Address of centre:	Scarteen, Newmarket, Cork
Type of inspection:	Unannounced
Date of inspection:	18 September 2025
Centre ID:	OSV-0000297
Fieldwork ID:	MON-0048247

About the designated centre

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

Teach Altra is a nursing home operated by Newmarket Nursing Home Ltd which is situated in Newmarket County Cork. The centre is registered to provide care to 43 residents. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care. The centre is located within mature grounds and within walking distance from the local town. The centre comprises 24 single bedrooms and nine twin bedrooms. Communal space comprised a large conservatory sitting room, dining room, a library, an oratory, numerous quiet areas and outdoor space in the form of enclosed gardens and walkways around the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39

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
Thursday 18 September 2025	09:10hrs to 16:30hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

The overall feedback from residents who spoke with the inspector was that they were happy and liked living in Teach Altra. Residents were highly complimentary of the centre and the word kindness in relation to staff was spoken by many on the day of the inspection. During the day, the inspector met with many of the 39 residents living in the centre and spoke to ten in more detail. The inspector spent time observing daily life in the centre to gain an insight into the lived experience of residents in Teach Altra. Residents praised the staff and management team and one resident stated that "the attitudes of staff was very positive at all times, and the staff would bend over backwards for you here", with another resident commenting how they would have deteriorated away at home but now has friends to pass time with in the centre.

The inspector spoke to seven visitors and all commented on the professionalism of staff in the centre. One visitor commented that their relative is always happy when they arrive and they leave the centre knowing that their relative is safe in the care of the staff.

On arrival to the centre, the inspector was greeted at reception where the inspector was guided through the risk management procedure of signing in and hand hygiene. The statement of purpose, residents guide and complaints booklet were all available to visitors to review inside the hallway. A tablet on a stand, with an application to enable visitors to provide comments on the centre was also available. Following an initial walk through the centre, the inspector, person in charge and clinical nurse manager had a short introductory meeting.

Teach Altra Nursing home is situated on a mature site with an avenue entrance onto landscaped gardens to the front of the building. The nursing home is a single storey building with a basement; the main building accommodated all residential facilities while the basement housed the laundry facilities. The wheelchair accessible main entrance led into a large reception area with comfortable seating for visitors and residents. Secure double doors led into the residents area. Residents accommodation, dining room, day room, oratory, clinical room and the office of the person in charge were located beyond this door. Family members who visited the centre regularly and were known to staff were offered fob devices in order to access the centre freely. Residents who had capacity to come and go from the centre were also assisted to access through this secure doorway.

The centre was brightly decorated, the corridors had tasteful artwork and beautiful plaques that were gifted from families of previous residents displayed on the walls throughout the centre.A large dining room, with an adjoining day room was filled with light from the conservatory style windows which led out to a balcony where some residents grew tomatoes and liked to plant flowers in pots during the summer time. The oratory was recently refurbished with new flooring and ornate wooden

furniture with a beautifully crafted altar was used by residents daily.

Residents bedroom accommodation comprised 24 single bedrooms and nine twin bedrooms, most with en suite facilities. Bedrooms were being painted as part of an upgrading programme and were seen to be painted using a calm palette of colours. There was new furniture also provided in the rooms. New electronic beds for residents were being purchased as part of these upgrading works. Call bells were available to residents throughout the centre. Four seating areas were available for residents to sit and view the enclosed courtyard areas which were accessible from both sides of the centre or simply to receive visitors if they desired. The courtyards had garden furniture for residents to sit out in fine weather and enjoy the fresh air and surroundings.

Residents were seen to come and go throughout the day to the dining room and day room, some assisted by staff and some independently. Residents were observed to be sitting and watching TV in the morning time and refreshments were seen to be offered to residents.

Interactions with residents and staff were observed to be kind and respectful and staff appeared to know residents well as they conversed with them. Supervision of the communal day room area was sufficient and staff were observed to be attentive to residents.

There was a weekly activity schedule with the activities of the day displayed on a large TV in the day room for residents to see. Residents were observed to be listening to music and playing bingo in the afternoon of the inspection. Two residents reported to inspectors that they would like to see more activities in the morning time as they often spent time watching TV and felt it could be improved. The inspector was informed at the time of inspection there was a new activity coordinator was recruited as a second activities staff to ensure a full seven day cover, but this person was awaiting garda vetting clearance and at present care staff were fulfilling the role.

Residents were facilitated to communicate freely and were seen to access their phones, TV, radio and daily newspapers. The North Cork publication "The Corkman" was delivered to residents on a Thursday which some residents looked forward to. Residents meetings were held at intervals and the minutes of these meeting were recorded and action plans documented.

The dining room had sufficient space for all residents who wished to dine in the communal setting. Tables were set for lunch with condiments on each table. Meals served at lunchtime looked appetising and one resident commented that "the kitchen staff will get you anything you would like if you don't fancy what is on the menu". Lunchtime was observed to be very social with residents seen to be chatting with each other and to staff. Meals were well presented and there were choices available.

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate 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 centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

The findings of this inspection reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents living in the centre. The governance and management was organised and the centre was sufficiently resourced to ensure that residents were supported to have a good quality of life.

This was an unannounced inspection by one inspector over the course of one day to monitor compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the actions from the previous inspections and found actions were taken in relation to governance and management systems, infection prevention and control, staffing and training and staff development.

Teach Altra Nursing home is operated by Newmarket Nursing Home Ltd. The organisation structure comprised two directors of the company, a regional operations manager, human resources manager and an accounts manager. The centre is registered to accommodate 42 residents.

The person in charge was supported by a clinical nurse manager, nurses, health care assistants, household, catering, maintenance and administration staff. On examining rosters, there was adequate staffing levels having regard for the size and layout of the centre. A recent increase to household staff was evident which was an action from the previous inspection. The provider was committed to reviewing staffing rosters as required based on the changing needs of residents.

Training records were reviewed and indicated that staff received training appropriate to their roles including safeguarding vulnerable adults, managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or their discomfort with the social or physical environment), manual handling, infection prevention and control and fire safety. Staff spoken with were clear and knowledgeable on their roles and responsibilities from the training they received.

Information for the annual review of the quality and safety of care for 2024 had been collated. Complaints management and key performance indicators such as falls prevention management were reviewed and discussed at staff forums. Evidence of a collaborative approach to care involving residents and families was reflected. The centre had a robust audit schedule and all non compliance's were reviewed and actioned accordingly.

Records of regular staff meetings were reviewed and found that information about the centre and information on residents' needs were communicated effectively to all staff.

Incidents and accidents were recorded and were notified to the office of the Chief Inspector, as required. Complaints were well managed in the centre. At the time of the inspection, all logged complaints had been resolved and closed.

Regulation 15: Staffing

Staffing rosters were reviewed and were adequate for the size and layout of the centre. Rosters are kept under review to address changing care needs of residents in the centre.The centre has a robust induction programme which supported new staff to attend on commencement of their respective roles. Residents and visitors spoke very positively about staff stating the kindness that is shown at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed were well maintained and demonstrated that staff were facilitated to attend training required to enable them to perform their respective roles. Staff had completed training in fire safety, manual handling, safeguarding vulnerable adults and managing behaviour that is challenging. Recent chemical safety awareness training and Infection Prevention and control training was completed.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a clearly defined governance and management structure in the centre, with clear lines of accountability and authority.

Robust systems of oversight and management was evident to ensure the service was safe, consistent and effectively monitored. There was clear evidence of an ongoing commitment to enhance the lives of the residents through the services provided. Where issues requiring improvement were identified, a plan was in place to address issues, actions and reflective learning were disseminated among staff through a robust reporting and scheduled staff meeting structure.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all required incidents were notified to the Office of the Chief Inspector within the specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A robust procedure for managing complaints was in place in the centre. The complaints procedure was displayed in the front hall and throughout parts of the centre. The inspector found that there was a comprehensive recording of complaints with good evidence of follow up, learning and feedback discussions with the complainant.

Judgment: Compliant

Quality and safety

Residents living in the centre received a high standard of care and support which ensured they were safe, and that they could enjoy a good quality of life. There was a person centred approach to care, and residents' wellbeing and independence was promoted. Staff demonstrated good knowledge of resident care needs and interactions were kind and respectful.

The centre had an electronic resident care record system. Residents who were admitted to the centre had a range of clinical assessments carried out using validated assessment tools. These assessment tools were used to inform resident individualised care plans to address the residents individual health and social care needs. Care plans were reviewed regularly and updated as per regulatory requirement time frames or when there was a change in residents needs.

Residents had regular access to a general practitioner (GP) regarding their health care needs. Arrangements were in place for residents to access the expertise of health and social care professionals such as physiotherapy, tissue viability, dietetics, speech and language therapy as required.

Laundry was well managed and the centre was observed to be very clean on the

day of inspection. Staff were seen to adhere to good infection control practices, in relation to cleaning, hand hygiene protocols and the use of hand gel. Clinical hand wash sinks were available for staff working in the centre and hand gel dispensers were available at points of care. Upgrades to bathrooms and bedrooms was evident on the day of inspection and shared bathrooms reviewed were clean and tidy with cleaning schedules clear to review. An increase in household staffing since the last inspection had impacted the cleanliness of the centre as there was cleaning staff available seven days a week to ensure infection prevention and control practices were addressed daily.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. There was an ongoing programme of works; including new flooring laid in the oratory and bedroom updating which were being done incrementally. Shared bathroom areas were observed to be undergoing renovation works with the addition of PVC wall panelling to provide easy to clean surfaces. A new assisted bath had replaced the old bath in the centre and on the day of inspection was awaiting commission as it had only been installed. This bathroom, had also been upgraded to contain a hairdressing station with large mirror and seating area and the addition of a hairdressing sink to ensure easy access for residents to have an enjoyable hairdressing experience.

There was an active review system in place to monitor the use of restrictive practices in the centre, through assessment of residents' changing needs. The registered provider had measures in place to safeguard residents from abuse. The provider acted as a pension agent for one resident. Records reviewed detailed residents payments and surplus amounts were available to review also. There was a procedure available and a video on one of the centres information TV screens based on safeguarding vulnerable adults and how to report any alleged abuse. Training records showed that all staff had updated safeguarding training and staff on the day of inspection were knowledgeable on signs of abuse and how to report it. Advocacy arrangements were in place for residents to access if required.

Fire training was up to date for all staff in the centre. Fire evacuation floor plans were colour coded to reflect the different fire zones in relation to the fire alarm. The provider had added zone inclusion information at each compartment stating the rooms that each zone includes, enabling a quick glance, easy access to identify compartments in the event of requiring to evacuate. Fire Drills recorded the compartment, number of residents, staff and length of times for evacuation of the largest compartment and were simulated with both night time staffing levels and day time staffing levels.

Systems were in place in the centre to ensure residents received a varied and nutritious diet based on choices and nutritional requirements. There was sufficient staff on the day of inspection to assist residents with dining. Residents who required modified and fortified diets were seen to be facilitated, with meals prepared, as recommended by the dietician. Meals were nicely presented and there was good quantities of food available to residents.

Residents had access to television, radio and newspapers and internet services

within the centre. A review of documentation evidenced that there was opportunities for residents to be consulted about, and participate in, the organisation of the designated centre by attending resident meetings which were held regularly. For example, the inspector reviewed meeting records and any agenda items of concern were actioned and discussed with residents.

Activities was provided in the centre to residents seven days a week. Activities on the day of inspection included bingo, watching TV, ball and net games and many residents attended the oratory daily after their lunch for the rosary. Notwithstanding these positive findings, the activity programme in the centre for some residents needed review to ensure that activities were tailored to some residents' individual capacity and interests. This will be actioned under Regulation 9: Resident rights.

Regulation 12: Personal possessions

Improvements in storage capacity was observed throughout the centre; every resident had access to a new double wardrobe, chest of drawers and bedside locker provided for the storage of their personal belongings.

Laundry services were on site and operated daily and residents clothes were laundered regularly and returned to each resident.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises met the residents' individual and collective needs. The centre was well maintained internally and externally. An ongoing programme of works was evident throughout the centre. A new assisted bath had replaced the older bath with the addition of a hairdressing sink and hairdressing area. Shared bathroom areas were in the process of being upgraded and were clean and tidy. Bedrooms were of a suitable size and layout for the needs of residents living in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices throughout the day of the inspection. Menus were displayed on a large TV screen in the dining room and a pictoral menu board was also available to view. Residents who required

assistance or required modified textured diets were assisted discreetly with sufficient staff observed to assist them. Residents hydration and nutrition intake was reviewed with evidence of referral if required to Dietetics.

Judgment: Compliant

Regulation 27: Infection control

Staff were supported to implement the national standards for the prevention and control of healthcare infections. Training was delivered in all aspects of infection control.A staff member had assumed the role of Infection Prevention and Control link nurse and was available to staff for information and support.

Since the last inspection, improvements were observed in the centre such as:

- engineered safety needles were now in place in the centre to reduce the risk of needle stick injuries.
- Residents care plans had the addition of MDRO information to direct care for staff.
- Staff meetings were observed to have discussion points around catheter care and the "skip the dip" initiative was in place to prevent overuse of antibiotics.
- Shared bathrooms were being upgraded and a sample were seen on inspection to be clean and tidy. PVC panelling was added to the bathrooms and were easy to clean for staff. Showers were cleaned and there was a recent increase in household staff which enabled deep cleaning of residents' bedrooms and bathrooms once a week.
- Chemical safety training was completed by all relevant staff in relation to correct preparation of cleaning chemicals.
- Alcohol hand gel dispensers were seen throughout the centre at points of care.

Judgment: Compliant

Regulation 28: Fire precautions

Fire records were reviewed and updated regularly. Annual fire certifications were present and up to date. Evidence of ongoing fire drills with staff were available with drills of the largest compartment with both day staffing numbers and night staffing levels recorded.

Compartment and zones were well differentiated throughout the home with colour coding of zones and posters with included rooms per zone added as a quick glance

guide for staff in the event of an evacuation.

Training records were reviewed and Fire safety training was up to date for all staff at the time of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall, residents care planning documentation was maintained to a good standard. Care plans were initiated within 48 hours of admission to the centre and informed the care provided by staff. Daily progress notes were sufficiently detailed and were well maintained by nursing staff. A current update in the centre was ongoing with the introduction of electronic records of daily care recording for care staff who were up to this, recording paper documents.

A sample of care plans reviewed on the day of inspection, were updated as per regulatory requirements or sooner if required. Validated assessment tools were in use in the centre and these informed the care plans for each resident.

Judgment: Compliant

Regulation 6: Health care

Residents' health and well-being were promoted and residents had timely access to general practitioners(GP), specialist services and health and social care professionals such as physiotherapy, dietician and speech and language therapy as required. Access to national screening was available at the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff in the centre had up to date knowledge and skills, appropriate to their role, to manage and respond to residents displaying responsive behaviours. There was good oversight and management of restrictive practice in the centre with regular MDT(multidisciplinary team) review and evidence of resident participation in decision making reviewed in care plans.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training for all staff was up to date. Staff spoken with were clear about their roles and responsibilities in protecting residents from abuse. Residents reported feeling safe in the centre. Incidents of allegations of abuse had been thoroughly investigated in line with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

While in general, residents were happy and they felt that their rights were respected and promoted, the inspector found that their was aspects of the activity programme required action. For example,

- Two residents who spoke with the inspector voiced that there was a lack of meaningful activities in the morning times in the centre. On the morning of inspection, residents were watching TV in the day room.
- a small number of residents did not have tailored activities programmes suitable to their interests or capacity.

Judgment: Substantially 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	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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	Substantially compliant

Compliance Plan for Teach Altra Nursing Home OSV-0000297

Inspection ID: MON-0048247

Date of inspection: 18/09/2025

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 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: As discussed on the day of inspection, our new activity staff member has commenced with Teach Altra and a full review of our activities programme has now been completed. Our activity staff have commenced a "Sonas" programme, running from the 8th October until the 25th November. A special emphasis on activities for our under 65's is in place with particular focus on the choices & selections for these Residents. We are able to facilitate both age groups in the different areas of the home to ensure that all Residents have access to meaningful activities of their choice. The activity timetable has been structured to ensure inclusion for all. We will continue assessing & reviewing the "key to me" document to ensure that we do have the most up to date preferences recorded for our Residents & that Staff are aware of these or any changes that may come from time to time. Through our regular Resident meetings & any feedback received we will continue to adapt our activity plan to ensure that we are catering for the wishes of all.	

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 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/10/2025