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

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|---|---|
| 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: | 20 May 2026 |
| Centre ID: | OSV-0000297 |
| Fieldwork ID: | MON-0044049 |

## 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 42 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.**

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| Number of residents on the date of inspection: | 42 |

## 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 |
|---|---|---|---|
| Wednesday 20 May 2026 | 09:00hrs to 18:00hrs | Erica Mulvihill | Lead |

## What residents told us and what inspectors observed

This unannounced inspection took place in the designated centre over one day. The inspector met with most residents on the day of the inspection and spoke with twelve residents in more detail, and five visitors. Residents who spoke with the inspector were very complimentary and gave positive feedback about the staff and service provided; one resident stated if they were twenty years younger and were looking for an older persons centre for their future selves, Teach Altra would be the one to choose as its "exceptional". Another resident said that they provided " the best care" and that the residents were "so lucky" to have a bed there. Visitors who spoke with the inspector, also gave positive feedback about care and the safety of their relative in the centre. It was evident that management and staff knew residents well and interacted with residents in a respectful manner.

On arrival for the inspection, the inspector completed the sign in process and hand hygiene. Following a short walk through the centre, an introductory meeting was held with the person in charge and clinical nurse manager (CNM) to outline the purpose of the inspection.

Teach Altra is situated on a large site just outside the town of Newmarket, in North Cork. The nursing home has a basement which houses the centres' laundry and a single story building which accommodated all the residential facilities. The main entrance led into a large reception area with a seating area for both residents and visitors. A secure double doors led into the main corridor of the centre which consisted of offices, visiting rooms, oratory, clinical rooms and the residents dining room and day room, residents' accommodation was set out on adjoining corridors extending from this.

The centre was very clean and tidy and was brightly decorated. A large dining room, with an adjoining day room offered residents a bright and airy space where the activities staff centred the social engagement sessions in the centre. The oratory was across the corridor from the dining room and was a beautifully decorated quiet space where residents were observed saying the rosary after lunch on the day of the inspection.

On the morning of the inspection, some residents were seen to be getting ready to attend an outing via bus to a nearby community hall where bingo and dancing was being held, with lunch for the residents provided. The inspector observed those departing on the bus and observed the joyous interactions between residents and staff who were going on the trip.

For residents who did not wish to attend the outing, an activities staff member held an exercise class and a movie was planned for residents in the afternoon. An impromptu music session was held when two visitors came to visit their loved one and brought instruments which they played and sang songs with residents prior to

the movie. Residents were observed to sing along and enjoy the afternoons entertainment. A number of pleasant staff and resident interactions were noted throughout the course of the inspection.

Daily menus and activity schedules were displayed in prominent places outside the main dining room and on TV screens in the day room. Advocacy services and information around safeguarding was displayed on a large TV which was displayed on the corridor outside the nurses station for residents and families.

During the inspection, residents were offered drinks and snacks during the day. The inspector observed the lunch time and evening meal and saw that it was a sociable dining experience for residents. The majority of the residents enjoyed their meals in the centres' dining room. Residents who required assistance were offered this in an unhurried and respectful manner. There was a choice of main course available to residents for the lunch time meal and evening meal and feedback from residents was positive regarding the quality and choice of food available.

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.

## Capacity and capability

This was an unannounced inspection, carried out by an inspector of social services over 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. Findings of this inspection were that while residents were provided with a good standard of nursing care, some management systems in place in the centre were not fully effective to meet regulatory requirements. Further action is required in relation to Regulation 23: Governance and Management and Regulation 5: Individual assessment and care plan.

Teach Altra Nursing Home is a residential care setting operated by Newmarket Nursing Home Ltd. The organisation structure comprised two directors of the company, an operations manager, the regional operations manager, human resources manager and financial manager. The centre is registered to accommodate 42 residents, and 42 residents were living in the centre on the day of the inspection.

The person in charge was supported on site by a clinical nurse manager, nurses, health care assistants, domestic, activity, catering, maintenance and administration staff. Healthcare assistant and nurse staffing levels were appropriate having regard for the size and layout of the centre.

Training records were reviewed and it was evident that staff were facilitated to attend training in fire safety, safeguarding of vulnerable people, and supporting residents living with dementia. Staff demonstrated an appropriate awareness of their training, with regard to their role and responsibility in recognising and responding to residents assessed needs.

Communication systems were in place between the registered provider and management within the centre and between management and staff. Staff who knew residents well, were facilitated to raise concerns in relation to the quality and safety of care and support provided to residents at a daily forum with management. Notwithstanding this positive finding, management who were responsible for pre admissions of new residents, did not ensure, under the capability of the service, in accordance with the statement of purpose, that the centre could provide appropriate care and services to some residents being admitted. This is actioned under Regulation 23: Governance and Management.

There was an auditing schedule in place to support the management team to identify deficits and risks to residents. This included audits of the quality of care provided to residents, clinical documentation, falls prevention, nutrition and infection prevention and control.

An electronic record of accidents and incidents was maintained in the centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented where appropriate. The person in charge informed the Chief Inspector of notifiable events, in accordance with Regulation 31; Notification of Incidents. A record of complaints viewed by the inspector, demonstrated that the management of complaints was in line with the requirement of regulation.

## Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 42 residents living in the centre, on the day of the inspection. There was a minimum of two registered nurses working in the centre at all times.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of the inspection, staff were appropriately trained and the training records reviewed showed evidence of ongoing refresher training planned. Staff were knowledgeable of their roles and responsibilities.

Judgment: Compliant

## Regulation 23: Governance and management

The management systems in place to ensure that the service was safe and effectively monitored required action to ensure compliance. This is evidenced by:

- A lack of oversight to prevent deficiencies in the pre-admission screening process which resulted in inappropriate resident admissions to the centre who required additional professional expertise.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

A review of the contract of care found that the terms relating to the bedroom to be provided to the resident and the number of occupants of the bedroom was clearly stated as per regulation requirements.

Judgment: Compliant

## Regulation 3: Statement of purpose

Action was required in relation to the Statement of Purpose of the designated centre to ensure information in Schedule 1 of the regulations was accurately reflected. For example:

- The statement of purpose had not been updated to reflect the new senior manager who was the person participating in management of the designated centre.
- Information in relation to arrangements for religious services and hairdressing stated every 2 weeks but the person in charge confirmed mass is held monthly and the hairdresser is on site every eight weeks.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres' policies.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had an accessible and effective procedure for dealing with complaints, which included a review process. The required timelines for the investigation into, and review of complaints was specified in the procedure. The procedure was displayed in the reception area of the centre for review. A record of complaints was maintained in the centre in line with the requirements of the regulation.

Judgment: Compliant

## Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider had notified the Chief Inspector in writing of the change of person participating in management (PPIM) of the centre. All necessary information in regard to the matters set out in Schedule 2 were supplied to meet the regulation.

Judgment: Compliant

## Quality and safety

The inspector observed that the interactions between residents and staff were kind and respectful throughout the inspection. Residents expressed satisfaction with the standard of care provided and they gave positive feedback about the staff and management team.

The centre was warm and homely, and residents were supported to personalise their bedrooms. Residents bedrooms and communal areas were well laid out providing adequate space for residents to partake in activities or space for quiet reflection as per their preference.

The centre had an electronic resident care record system. A review of a sample of resident records demonstrated that while some care plans were person centred and

updated to reflect the changing requirements of the resident in line with regulatory requirements, one resident record showed that a careplan in relation to a resident who displayed responsive behaviours had a care plan created to direct care for staff. This is actioned under Regulation 5: Individual assessment and care plan.

Residents had timely access to a General Practitioner (GP) and access to multidisciplinary teams such as physiotherapy, tissue viability nursing, dietetics, speech and language therapy were available for residents who required these services.

Staff had completed up to date training in the prevention, detection and response to abuse. Staff were knowledgeable of their roles and responsibilities in this regard.

Residents were supported to participate in meaningful activities and a weekly schedule was available for residents to enable them to take part in activities as per their choice and capabilities. On the day of the inspection, whilst some residents attended a social outing, a dedicated activity staff member provided fulfilling social engagement for residents, with an exercise class, music session and a movie afternoon with snacks and drinks provided to residents throughout the day. Residents had access to television, radio and newspapers. Residents were also supported to express their feedback about the quality of the service provided through regular resident meetings with management and also through resident questionnaires.

Advocacy services were available to residents as required. Residents had access to religious services and resources and daily rosary was ongoing in the centre for residents who wished to take part.

Food in the centre appeared nutritious and in sufficient quantities drinks and snack rounds were observed morning and evening outside of snacks and drinks given during activity sessions. Residents who spoke to the inspector gave positive feedback regarding the choice and quality of food provided especially the home baked goods in the centre.

## Regulation 18: Food and nutrition

The inspector saw that residents were offered a choice of courses for the lunch time meal and many residents were complimentary regarding the quality and variety of food provided. Residents who required assistance received it, in an unhurried and respectful manner. It was evident that residents who required review by a dietitian or a speech and language therapist, were referred and assessed, in a timely manner.

Judgment: Compliant

## Regulation 26: Risk management

The registered provider maintained policies and procedures to identify and respond to risks in the designated centre. The risk management policy met the requirements of Regulation 26.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Comprehensive systems were seen to be in place for medicine management in the centre. Medication administration was observed to be in line with best practice guidelines. Medication administration was observed to be in line with best practice guidelines. Controlled drugs were carefully managed in accordance with professional guidance for nurses.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Although some care plans reviewed were person centred and contained detailed information to direct care, some action was required to others as evidenced by the following:

- A detailed care plan was not developed for a resident who experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical and social discomfort to their surroundings) in order to direct care for staff.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had good access to medical assessment and review by their General Practitioner (GP). A range of allied health professionals were also available to residents such as a physiotherapist who attended the centre fortnightly.Dietetics, speech and language therapy and Tissue viability nursing were available. These services were based on referral and evidence of these referrals was available on the day of the inspection. Records reviewed showed that residents had access to a high

standard of evidence based nursing care in accordance with professional guidance. Wound care assessments and reviews were carried out to ensure up to date information was available to direct care for staff.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff 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 practices with good evidence of discussion around reductive measures where necessary.

Judgment: Compliant

## Regulation 9: Residents' rights

A meaningful activities schedule was available throughout the centre for residents to choose what they wished to attend during the day. Residents had access to religious services and a daily rosary session took place in the centres oratory. Resident meeting minutes were reviewed and evidence of resident participation and action planning from management to ensure a quality improvement was put in place in response to any concerns or feedback given by residents.

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 | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Registration Regulation 6: Changes to information supplied for registration purposes | Compliant |
| **Quality and safety** | |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Teach Altra Nursing Home OSV-0000297

## Inspection ID: MON-0044049

## Date of inspection: 20/05/2026

**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:<br>A comprehensive review of the current pre-admission assessment and admission process will be undertaken to ensure all prospective residents are assessed against the centre's Statement of Purpose, staffing levels, available skill mix, and resources. | |
| Regulation 3: Statement of purpose | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 3: Statement of purpose:<br>A full review of the statement of purpose has now been completed and has been updated to reflect the new senior manager, the person participating in management and timeframe for Mass and hairdresser. | |
| 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 review of all residents' care plans will be undertaken to ensure that residents who experience responsive behaviours have individualised and detailed care plans that reflect their current assessed needs and provide clear direction for staff.

## 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)(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. | Substantially Compliant | Yellow | 31/07/2026 |
| 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 | 31/07/2026 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the | Substantially Compliant | Yellow | 03/07/2026 |

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| | information set out in Schedule 1. | | | |
| 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 the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 31/07/2026 |