



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:	22 November 2021
Centre ID:	OSV-0000297
Fieldwork ID:	MON-0034170

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 Homes 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, eight twin bedrooms and one three bedded room. There is good communal space provided with large sitting room and dining rooms, 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
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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
Monday 22 November 2021	08:50hrs to 17:50hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with six residents in more detail, and two visitors. Residents spoken with gave positive feedback and were complimentary about staff and the care provided in the centre.

There were 39 residents residing in Teach Altra at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by the nurse, which included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

Teach Altra Nursing Home was located within a large site surrounded by mature gardens and driveway. It was a single storey facility with a basement where the laundry and storage facilities were located. The main entrance was wheelchair accessible. There was COVID-19 advisory signage, hand sanitiser, temperature check and sign-in sheets available here. Entrance to the building beyond reception was key-code access to facilitate COVID-19 precautionary measures on entering the building to ensure the safety of residents and staff.

There was a lovely seating area by reception with fireplace and complementary soft furnishings. Residents accommodation, the office of the person in charge, library and visitors room and clinical treatment room were located beyond the secure entrance to the centre.

Information on vaccinations, nursing home general information and the residents' guide were displayed for residents' perusal. The visitors' room or library as some residents knew it, was beautifully decorated and had comfortable seating. The library room was one of the locations where window visits could be facilitated if there were a few in the family calling.

At the start of the inspection, as one of the two nurses on duty was with a resident who was receiving urgent medical attention and the second nurse was administering medications, the inspector walked around the centre on their own.

The centre was set out in two parallel corridors with adjoining corridors. Residents bedroom accommodation comprised single, twin and one multi-occupancy three-bedded room, with en suite facilities. Personal storage space in some bedrooms comprised a single wardrobe with chest of drawers and bedside locker. In the multi-occupancy bedroom, all wardrobes continued to be within the space of one resident and a distance away from the second resident.

Along the corridors there were four wide seating areas for residents to sit and relax. One space called the coffee dock, had dining furniture and a dresser as well as

comfortable seating. There were three other seating areas, two of which had new arm chairs and coffee tables. New custom-made wooden presses were seen within these wide areas which they provided discrete storage for trolleys used for personal care delivery; new trolleys for segregation of dirty linen were available and stored separately. This was an improvement on previous inspection findings.

There were two enclosed courtyards which were accessible from both corridors. One courtyard had a smoking area for residents and the second had a smoking area for staff. These were well maintained and had garden furniture for people to relax and enjoy the outdoors. One of the courtyards had a large crafted wooden chair which complemented the ambiance of the outdoor space.

During the morning walk-about, the inspector noted that all residents had their breakfast in their bedroom; the kitchen staff collected breakfast trays from residents bedrooms around 10am. Residents were observed coming to the day room from 09:30hrs and as per their morning routine, they watched mass live-streamed on the television.

The inspector chatted with residents in the day room, dining room and seating area along the corridor, and they gave positive feedback about the staff. Residents were observed to amble about the centre at their leisure; those requiring assistance were helped in a respectful and kind manner. Residents and relatives said that staff were exceptional; that they were kind and thoughtful and helped them when they needed assistance. When asked about the activities programmes, they said 'sometimes is wasn't great'. The duty roster was seen and this showed that there was one activities co-ordinator on the roster and she was on annual leave, with no replacement identified on the roster. She was asked to come on duty for the inspection and was seen to actively engage with residents. It was clear that residents had a lovely relationship with her and visa versa. Another care staff joined her during the afternoon; age appropriate music was playing and the care staff encouraged and assisted residents to dance and sing along to the music and residents enjoyed the session. Other residents read the news papers and chatted with their friends in a relaxed manner.

Visitors were seen with their relative in their bedrooms, sitting in the day room chatting and the new seating area, others went for a walk around the centre in the lovely mature garden. While it was a cold day, the activities co-ordinator accompanied several residents, who were well wrapped up, and went out for a walk and enjoyed the crisp fresh air and bright sunshine. The inspector saw that this was a daily jaunt for residents and they looked forward to it.

The oratory had beautiful hand crafted furniture and stained glass windows and was a peaceful haven located opposite the dining room. The dining room was well prepared for residents prior to coming to the dining room for meals. Tables were set with delFTWARE, cutlery, condiments and small milk jugs. Residents were asked would they like to have a protective bib for their clothing before staff donned them. The inspector chatted with eight residents in the dining room while waiting to be served their dinner. They all reported that the quality of food was good and relayed the menu choice available on the day for their main meal. Observation showed that

meals were well presented and looked nutritious. Menus with the choice of the day were displayed on both sides of the dining room. The person in charge explained that they had ordered pictorial displays to assist residents with choosing the menu to further enhance the dining experience for residents, in particular those with a cognitive impairment. Beverages and snacks were offered to residents mid morning and mid afternoon in the day room and in residents' bedrooms. Staff spoke kindly to residents and interacted in a normal social way which provided comfort and assurance to residents.

Throughout the day the inspector observed staff interaction with residents, including those with specific care needs relating to behaviours and communication needs, and measures put in place to support residents were respectful and kind, and included discussion with residents to see what they would like. However, the inspector observed there were long delays noted throughout the day when answering call bells at different times throughout the inspection. For example, in the morning one call bell rang for over five minutes and this was brought to the attention of the person in charge who addressed it immediately. Throughout the day there were similar episodes with delays to residents' call bells being answered.

Observations regarding cleanliness and hygiene were mixed findings. Overall, the centre was visibly clean and household cleaning staff spoken with were knowledgeable regarding cleaning regimes and protocols. However, the waste bin outside the bedroom door of a resident who was recently admitted to the service, was a domestic bin with a clinical waste bag in-situ, which was not in keeping with infection prevention and control guidance. Parts of the centre had been painted since the previous inspection. However, many surfaces, finishes and flooring throughout the centre were worn and could not facilitate effective cleaning. The clinical room behind the nurses station was very cluttered and did not have a hand-wash sink in line with national standard guidance. Ancillary rooms including the dirty and clean utilities were small sized, poorly ventilated and could not facilitate effective infection prevention and control measures.

CCTV was in the centre and there was a screen on both corridors with four observation panels displaying pictures of residents in the day room and dining room. This was identified on the previous inspection as an infringement of residents' right to privacy and dignity. This was brought to the attention of the regional manager who immediately disconnected them so that there was no longer displaying images.

Residents using oxygen had the appropriate signage indicating its presence in their bedrooms. However, on the door outside one resident's bedroom there were fluid balance charts in a clear plastic pouch for anyone to view; the last entry on these charts was August 2021. Many of the charts had fluid intake recorded by the night duty staff, and very little and sometimes nothing recorded for the resident's fluid intake during the day. These documents were removed from the resident's door during the inspection.

Emergency floor plans were displayed throughout the centre. While they had a point of reference indicating 'when you are' and exits identified, they did not show the evacuation routes available; some were not orientated in line with their relative

position in the centre. This was brought to the attention of the regional manager who input the escape routes to the evacuation floor plans and orientated the plans correctly.

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 the quality and safety of the service being delivered.

Capacity and capability

This is the third inspection of this centre in 2021. This unannounced inspection was to follow up on the non compliance findings in February 2021 and June 2021. While some improvements were noted relating to fire safety, and cleaning regimes, there continued to be significant concerns regarding the governance and management of the service. Repeated non compliance was identified in regulations associated with assessments and care planning, staff training, and some infection control practices. Other issues outstanding from the previous inspection were remedied by the regional manager when they were brought to her attention during the inspection. However these issues should have been addressed prior to the inspection.

Teach Altra Nursing Home was a residential care setting operated by Newmarket Nursing Home Ltd. The organisation structure comprised two directors of the company, an operations manager, the recently appointed regional operations manager, human resources manager and financial manager. There was a nurse appointed to the position of person in charge, however, she did not have the necessary experience as required in the regulations. The post of assistant person in charge (ADON) had become vacant in the previous month and the registered provider was in the process of recruiting an ADON. As such, the registered provider did not have management systems in place with the appropriate authority, accountability and responsibility for the service. Nonetheless, as support to the governance structure, the regional operations manager was on site two days a week and the national operations manager was on site three days a week.

The last inspection findings identified that the monitoring and oversight of the centre by management was not effective in all areas. This continued to be evident. A post COVID-19 outbreak review was completed prior to the current nurse in charge taking up post. It included broad information, set at a high level, and did not detail remedial actions to be implemented to mitigate risk associated with an outbreak. Cognisant that this service was subject to a significant COVID-19 outbreak earlier in the year, a thorough review of what worked and what could be better, would provide guidance to staff in the future. The regional operations manager confirmed that a thorough review would be undertaken, and that actions already implemented would be included in the report to guide staff.

While Schedule 5 policies and procedures were in place, many were out of date.

The previous inspection highlighted that the complaints procedure did not adequately inform residents and visitors how to make a complaint; in addition, the advocacy person included in the complaints procedure was no longer available to the service. This remained unchanged, and was highlighted to the regional operations manager who updated the complaints procedure to an easy-to-follow guide to residents and visitors on how they could make a complaint. Nonetheless, the complains policy did not have the details as required in the regulations.

Whilst mandatory training was provided in fire, other training including mandatory training was not up-to-date for topics such as safeguarding and manual handling and lifting. Observation and discussion throughout the inspection demonstrated that relevant staff did not have the level of working knowledge of the Health Act and the regulations made under it in accordance with their role and responsibility in the centre.

Records of incidents and accidents were comprehensively maintained. Notifications submitted to the Office of the Chief Inspector correlated with these.

Regulation 14: Persons in charge

The person appointed to the role of person in charge did not have the necessary experience of 'not less than 3 years' experience of nursing older persons within the previous 6 years' as detailed in the regulations. At the time of the inspection, the certificate of 'a post graduate management qualification in health or a related field' as described in the regulations, was awaited.

Judgment: Not compliant

Regulation 15: Staffing

There was inadequate activities staff to provide meaningful activation for residents in the centre. The duty roster for the week of the inspection showed that the activities person was on annual leave for the week. There was no replacement on the roster, so residents would be without meaningful activation for long periods.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While additional manual handling training was scheduled for 14th and 15th December, records reviewed found significant gaps in training and this was a repeat finding:

- 21 staff were overdue safeguarding training
- 25 staff were overdue manual handling training.

There were no dates available for some staff for training such as dementia care so it could not be determined whether training was out-of-date or it was not completed. This was significant, as many residents had a cognitive impairment and such training would provide the expertise to enable best outcomes for residents.

'Care plan' training records showed that no member of staff had completed this training. This was noteworthy in light of the repeated non compliance regarding documentation associated with Regulation 5 'Individual assessment and care plan' for residents.

Relevant staff did not demonstrate working knowledge of the Health Act and regulations there under in accordance with their role and responsibility for the service.

Judgment: Not compliant

Regulation 23: Governance and management

The inspector acknowledged the efforts made by the registered provider to strengthen the governance and management of the centre through the appointment of the regional operations manager to the company. However, as the person appointed to the role of person in charge did not have the appropriate experience as required in the regulations, and the post of ADON was vacant, the registered provider had not ensured an appropriate and clearly defined management structure for the designated centre

The registered provider did not have management systems in place to ensure the service provided was safe, appropriate, consistent and effectively monitored as evidenced by:

- repeated non compliance from recent inspections
- lack of a system to ensure staff received appropriate training
- lack of oversight of infection and control
- lack of a robust auditing system to monitor the service and drive quality improvement.

Key performance indicators (KPIs) were not of sufficient scope to provide a comprehensive overview of the status and welfare of residents; because of this,

there was insufficient information to analyse and trend data to identify areas for improvement to enable better outcomes for residents.

The quarterly accident and incident report included the number and type of incident or accident, and whether the resident was reviewed by their GP and if a notification to the regulator was required, however, the remainder of the report was blank; this would have provided a comprehensive overview of accidents and incidents that occurred to enable learning and mitigate risk factors. Another quarterly audit was not signed or dated so it could not be determined if the audit reflected current findings, and did not include details of any proposed actions to be taken to reduce risk.

The medication audit did not include questions on details to be included in the medication administration chart such as photographic identification. When medication administration charts were examined, there was at least 12 residents' charts without a photograph.

Overall, further action was necessary to implement the programme of audit robustly, to be assured that the service was appropriately and effectively monitored enabling best outcomes for residents.

Judgment: Not compliant

Regulation 31: Notification of incidents

The incident and accident logs reviewed showed that appropriate notifications were submitted to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy or procedure did not detail:

- the nominated person to maintain a record of all complaints
- the person, other than the nominated person to be available in the centre to ensure that all complaints were appropriately responded to; and that appropriate records are maintained by the nominated person.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

While the policies required by Schedule 5 of the regulations were in place and many were out of date and required updating in line with regulatory requirements.

Judgment: Substantially compliant

Quality and safety

While the inspector found that staff were working to improve the quality of life and promote the rights and choices of residents in the centre, there were inadequate activities to enable residents to engage in meaningful activation in accordance with their wishes and preferences. Improvements were also required in assessment and care planning and infection and control.

The inspector found that visiting arrangements were in place in line with the current guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities) and November 2021 HPSC guidance.

Previously it was identified that care planning documentation required improvement and this inspection findings were similar. Daily flow sheets which recorded the care given to residents and their well-being status had improved and were comprehensively completed on a daily basis. Risk based assessments were used for risks such as falls, malnutrition, dependency and smoking for example. However, assessments and care plans were not comprehensive to inform or direct individualised care.

Residents had timely access to health care professionals and allied health. The physiotherapist was on site every fortnight and completed assessments of residents as well as facilitated an exercise programme. Medication administration charts included additional quality control documents such as daily pulse checks prior to administration of certain medications in line with best practice professional guidelines. Residents had current prescriptions and medications were discontinued appropriately. Nonetheless, photographic identification was not in place for at least 12 residents. Photographic identification was a means of ensuring the right resident received the correct medication. This was significant should regular staff be unavailable and agency staff were responsible for the service, such as during an outbreak.

Safety huddles were introduced to highlight safety and risk issues such as residents at high risk of falls, absconsion, infection, food and fluid encouragement for example and staff reported that this worked well.

An action plan submitted following the previous inspection showed that fire safety drills would be completed on a weekly basis until such time as all staff were proficient in fire safety procedures. A compliance plan update was requested from the registered provider in September where records showed that drills and evacuations had not occurred with appropriate frequency to ensure all staff were proficient in fire safety precautions. Following receipt of the compliance plan update and liaising with the service, weekly fire drills and simulations of compartment evacuations has occurred and these were undertaken cognisant of night duty staff levels. On inspection the regional manager assured that these weekly fire safety sessions would continue for the foreseeable future.

Regulation 10: Communication difficulties

Observation on inspection showed that staff had good insight into residents' communication needs and supported residents, including residents' with cognitive impairment.

Judgment: Compliant

Regulation 11: Visits

The inspector found that visiting arrangements were in place in line with the current guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities). Relatives visited residents in their bedrooms and enjoyed the seating area along the corridor. Others took their relative for a walk in the fresh air. Infection control measures were seen to be adhered with regarding visitors to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

It was not ensured that personal storage space was accessible to residents in the multi-occupancy room where the wardrobes were within the space of one resident and a distance away from the other resident(s). This was a repeat finding.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Improvement was seen on this inspection where full menu choices were displayed in the dining room. Residents relayed the menu choice for their main meal and gave positive feedback about the quality of food served.

Tables were nicely set in preparation for meal times and appropriate assistance was given to residents in a respectful and dignified manner.

Judgment: Compliant

Regulation 27: Infection control

Issues relating to infection prevention and control continued to be a finding and included risk associated with the environment and practice:

- surfaces, finishes and flooring throughout the centre were worn and as such did not facilitate effective cleaning
- ancillary rooms such as the dirty utility and clean utility room were poorly ventilated and did not facilitate effective infection prevention and control measures
- the clean utility room did not have a hand-wash sink
- there were a limited number of hand wash sinks in the centre and many were dual purpose
- there were inappropriate use of domestic bin and clinical waste bags
- use of a mobile screen around the centre and between residents. This was used by allied health professional such as the chiropodist for example. The inspector requested the use and practice associated with the mobile screen between residents and around the centre be risk assessed in line with current infection control guidance, as well as assessed regarding the rights and dignity of residents where procedures were undertaken in communal areas.

While a post COVID outbreak review was undertaken by the previous management, it did not provide adequate assurances that the management of the outbreak had been examined thoroughly to enable learning, and control measures implemented to mitigate risk and inform staff of future outbreak management processes.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire precautions remedied on the day of inspection included:

- the emergency evacuation plans displayed with evacuation pathways clearly set out
- an identifiable point of reference
- floor plans re-orientated to reflect their position in the building.

Other precautions included the weekly drills and simulation of compartment evacuations cognisant of night duty staff levels. Assurances were provided that these weekly sessions would continue for the foreseeable future until such time as all staff were competent in the procedure.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care assessments and care planning continued to be non compliant as evidenced by:

- a comprehensive assessment to establish a baseline of the resident and their care needs was not completed
- quality of life care plans were generic, including end of life care plans
- information available in some care plans was not detailed in the corresponding assessments, consequently, care was not planned on the assessed needs of residents.

For example, while there was a 'comprehensive assessment form' available to enable staff to complete a full evaluation of the resident, the only assessment completed for one resident was their communication assessment, and this did not contain the information available in their behavioural support record. One resident's assessment relating to their oral cavity stated that the resident was independent in her care, however, the care plan stated they had limited ability to perform oral hygiene care and required assistance. Residents' documentation relating to their end-of-life care was generic and did not have any details of proposed care, preferences or wishes the resident may have regarding how they would like to be cared for at this time.

Judgment: Not compliant

Regulation 6: Health care

On the door outside one resident's bedroom there were fluid balance charts in a clear plastic pouch; the last entry on these charts was August 2021. Many of the charts had fluid intake recorded by the night duty staff, and very little and

sometimes nothing recorded for the resident's fluid intake during the day. When a resident's medical condition warranted a fluid balance to be maintained, there was concerns regarding the resident's health status. These records did not provide assurance that the resident had an adequate or appropriate fluid intake over a period of time.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Observation on inspection showed that staff had good insight into responsive behaviours and knew residents well. Staff re-directed residents in a kind and respectful manner and provided re-assurances which allayed upset and frustration.

Alternatives to bed-rails were in place such as low low beds and mattresses alongside beds.

Judgment: Compliant

Regulation 9: Residents' rights

While the inspector was informed that a new activities co-ordinator was recruited and due to commence employment in the next few weeks, at the time of inspection there was one activities staff. She was on annual leave for the week of the inspection and had not been replaced on the duty roster. This meant that residents would not have opportunities to participate in activities in accordance with their interests and capacities. This was noteworthy, as the inspector observed that residents had a routine of going for walks in the afternoon and observation showed that this was important to their behavioural support plans to mitigate episodes of upset and agitation.

There were long delays in answering call bells observed throughout the day.

Throughout the inspection, the inspector observed that a member of staff addressed residents in terms of subjective endearment which would not be associated with a mutually respectful relationship.

Judgment: Not 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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Teach Altra Nursing Home OSV-0000297

Inspection ID: MON-0034170

Date of inspection: 22/11/2021

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>A new Person In Charge has been appointed. This PIC has worked in care of the elderly for over 3 years at a management level and has obtained the required management qualification. These have been submitted to HIQA for review.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>As explained on the day to the inspector, we have appointed a further full-time activity Co-ordinator however due to leave which had been booked prior to her starting work with TANH, the Co-ordinator was not available that week to the Home. Our second part-time Co-ordinator was due to be on annual leave on this week but was available and did attend during the week to ensure that the Residents needs were catered for. As identified by the inspector on the day, the activity Co-ordinator was assisted and by other care staff during the day to enhance the music session that was being provided. Should our activities co-ordinator be unable to attend for work, we will endeavour to fill the shift with other staff to continue to provide meaningful activities to our Residents.</p>	
Regulation 16: Training and staff development	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A full review of our training matrix is underway, and dates will be finalized the first two week in January for all mandatory training throughout the year to ensure that all staff are brought up to date. A number of excellent training modules are available on HSEland and will be completed by staff by the end of January. Our new PIC will be completing individual care planning and assessment training with all staff nurses.</p> <p>In addition to the above we are reviewing All training and development for all staff to further enhance the care that we provide to our Residents.</p> <p>A copy of the Health Act and Regulations is available for all staff to review and refer to as required to ensure that all staff are aware of their role and responsibilities.</p>	
<p>Regulation 23: Governance and management</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As mentioned above – a review of our training matrix is underway and training dates for all staff for the mandatory training will be finalized in the new year.</p> <p>The implementation of a new time management system which will ensure that all staff details are in place, including trainings completed and reminders when due, will be put in place in January. This will enable reports of trainings to be completed at ease which will highlight gaps should they occur, monthly.</p> <p>All staff have completed and will review their HSEland infection control and management training.</p> <p>As explained to the inspector, a new auditing system has been put in place and is currently being rolled out in TANH. This will be further reviewed to ensure that the gaps identified during the inspection are filled.</p> <p>TANH use the Epicare system which does allow for any report to be drawn from the data submitted. This system makes the need for another system of KPIs to be redundant. We will ensure that training on the correct management and implementation of Epic 3.0 is undertaken by all staff who use the system to ensure that the reports/kpi can be overviewed with ease and therefore will identify areas for improvement in the care being provided for our Residents.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints policy and procedure has been updated to detail the nominated person to maintain a record of all complaints, the person, other than the nominated person to be available in the center to ensure that all complaints were appropriately responded to and that the appropriate records are maintained by the nominated person.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A full review of our Schedule 5 policies is underway and is due to be completed by the March 2022.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>All of the rooms and personal area for each Resident are as per the regulations. We will re-examine the areas in the shared room to ensure that the personal wardrobes for each Resident are accessible for each Resident and are the appropriate distance from the other Residents in the room.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

We have a process of replacing old/unfinished furniture throughout the home over the past year and have successfully re-modeled several bedrooms thus far. This process is not yet complete. The flooring in several areas is part of the remodeling plan to be replaced in the new year. It has been a challenge to engage a suitable flooring contractor over the past year with the various restrictions that have been in place.

The "dirty utility" room has a window within in so can be adequately ventilated. We assume the room identified as the "clean utility" room is referring to a room close to the nurse's station which is now just a stationary store & Resident file storage. The clinical room has been moved and has ventilation and a hand wash sink within it.

In relation to the number of hand wash sinks that are available to both Residents and Staff, we are in compliance with the regulation 27.

As explained on the day(Monday) to the inspector, we had an emergency admission over the weekend and this Resident was in isolation. A PPE station had been set up over the weekend and a bin allocated for same. This wastebin had a clinical waste bag within it to ensure that PPE was being disposed of correctly. Part of the PPE station was hand sanitizer to ensure that anyone operating the bin would be able to sanitize their hands before and after its use. The bin was replaced the same day as the inspection.

The mobile screen which had been used by the chiropodist has been disposed of and the chiropodist has been allocated a particular room when they come for their treatments to be carried out. This ensures Resident privacy and dignity is maintained and that the allied health professional has a dedicated area.

As discussed with the inspector, our post covid outbreak review will be examined thoroughly to enable learning, and to ensure that we can implement control measures to mitigate risk and inform staff of future outbreak management processes.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 Our new PIC will be conducting individual training with each staff nurse to assist them with Resident assessment and care planning. This approach coupled with online training through HSEland will assist our nurses in a person-centered approach to each care plan and assessment. In addition, the report system with epic and our new auditing program will ensure that each Resident has a full and comprehensive plan for their care.

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: We are currently using EpicCare within the nursing home and will be implementing the "etouch" reporting process. This will eliminate the need for any paper reports and will provide each nurse with the information at the touch of a button. It will also enable the nurse on duty to ensure that all required information is being completed by the members of the care team on duty that day.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: As discussed previously we have appointed a new activity Co-ordinator to the home. This means that we will have 1.5 staff with the specific purpose of providing meaningful activities to our Residents. On the day of the inspection, the new Co-ordinator was on annual leave and the part time Co-ordinator was able to attend instead on this occasion. Our usual plan would be in the absence of the activity Co-ordinator we will endeavor to supplement the shift with a HCA so that the Residents are provided for.</p> <p>A review of the call bell response is underway, and staff will be performing weekly audits on same to highlight and inform staff of the times, we are sure that this will improve our response time.</p> <p>All Residents upon admission to TANH are asked how they would wish/prefer to be addressed. We address each Resident as they have specified and endeavor to do so in a friendly homely manner. We are providing care to our Residents in a home from home manner to enable them to be as comfortable and ensure that all staff are familiar to them as much as possible. If we do at times, address Residents in a more "familiar" manner, it can be a once off or to assist in diffusing a situation that may arise. Our policies on Residents rights and communication will be the featured policy of the month to remind staff of our obligations.</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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	28/02/2022
Regulation 14(3)	Where the registered provider is not the person in charge, the person in charge shall be a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years.	Not Compliant	Orange	13/12/2021
Regulation 14(6)(b)	A person who is employed to be a person in charge	Substantially Compliant	Yellow	13/12/2021

	on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/01/2022
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations made under it.	Not Compliant	Orange	31/12/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and	Not Compliant	Orange	31/12/2021

	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	28/02/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	28/02/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the	Substantially Compliant	Yellow	13/12/2021

	complaint and whether or not the resident was satisfied.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	13/12/2021
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	13/12/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2022

Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	28/02/2022
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.	Not Compliant	Orange	28/02/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with	Substantially Compliant	Yellow	28/02/2022

	professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	31/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/12/2021