



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:	25 January 2023
Centre ID:	OSV-0000297
Fieldwork ID:	MON-0038178

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, eight twin bedrooms and one three bedded room. 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:	31
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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
Wednesday 25 January 2023	09:30hrs to 18:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and 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 five residents in more detail, and one visitor. Residents spoken with gave positive feedback and were complimentary about staff and the care provided in the centre.

There were 31 residents residing in Teach Altra at the time of inspection. On arrival for this unannounced inspection, the inspector saw the infection prevention and control (IPC) procedures which included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

An opening meeting was held with the person in charge which was followed by a walk-about the centre with the person in charge. Teach Altra nursing home was a single-storey building with a basement; it was on a large mature site with an avenue entrance onto landscaped gardens to the front of the building. The main building accommodated all residential facilities while the basement was used for storage and the laundry facilities. The main entrance was wheelchair accessible and led into a large reception with a comfortable seating area, fire place and COVID-19 precautionary paraphernalia. Secure double doors separated the reception from the main residents' area. Residents accommodation, the office of the person in charge, library/visitors room and clinical treatment room were located beyond reception.

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 and was seen to be used in the afternoon by visitors meeting their relatives.

The centre was set out in two parallel corridors with adjoining corridors. Beautiful art and pictures were displayed on walls along corridors, some were donated by appreciative relatives of people who had lived in the centre and were grateful to the staff for the care their relative received. The oratory, located opposite the dining room, had beautiful hand crafted wooden furniture and stained glass windows and residents were seen to use this room throughout the day. There was ongoing painting and refurbishment in progress. The main foyer, and entrance was recently painted, and bedrooms were being upgraded as they became vacant. The maintenance person was painting window frames and door architraves during the inspection as part of the ongoing works.

Residents bedroom accommodation comprised single, twin and one multi-occupancy three-bedded room, most with en suite facilities. Along the corridors there were four wider areas; one space called the coffee dock, had dining furniture and a dresser with coffee-making facilities. There were two other seating areas, one with arm chairs and coffee table, and the second had a dining table and chairs. Custom-made wooden presses were within two of these wide areas and provided discrete storage

for trolleys used for personal care delivery; trolleys for segregation of dirty linen were available and stored separately. A variety of hoists were stored discretely in a designated alcove along one corridor.

Residents' bedrooms were personalised and decorated in accordance with their wishes with pictures and memorabilia, and a number of residents had personal items such as photographs, ornaments and books in their rooms. Flat-screen TVs were wall-mounted in bedrooms. Over-bed lighting and call bells were alongside residents' beds. Residents had good access to personal storage space of double wardrobes, bedside locker with lockable storage, and some had chest of drawers. Low low beds, crash mats, and specialist mattresses were seen. Six bedrooms were refurbished with new flooring, furniture, soft furnishings and curtains and looked really well. The bedroom furniture in other rooms such as wardrobes, chest of drawers and bedside lockers was seen to be worn and chipped. While some of the floor was replaced, flooring in other areas required upgrading. The inspector saw there was inadequate storage or shelving in the 'quiet' room for the resident to display their photographs and mementos.

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. The residents' smoking area had a fire extinguisher and fire blanket on the wall for easy access; fire aprons were stored in the dresser. Courtyards had garden furniture for people to relax and enjoy the outdoors. Each courtyard had a large crafted wooden chair and looked impressive. The ground in one courtyard was upgraded since the last inspection and was leveled and ramp access installed which enabled all residents to use the space. Both enclosed gardens had water features and shrubbery beds were being prepared for spring and summer planting.

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. Some issues were raised but they were dealt with effectively; the person raising the concerns said she was delighted she spoke with the person in charge who took on board her concerns, and offered choice and solutions to the issues raised, to her satisfaction.

Residents were observed coming to the day room throughout the morning, some were assisted and others mobilised independently around the centre. Mass was live-streamed every morning at 10:30am from the local church and several residents attended the day room to view the mass. The local priest said mass in the centre on a regular basis and also attended when requested. Following mass, tea, coffee and juices were offered to residents. Staff were seen to bring snacks and beverages to residents in their bedrooms following mass and again in the afternoon in the day room and in residents' bedrooms.

The activities programme was displayed outside the dining room and within the conservatory day room. Activities of the day were detailed as well as the 'upcoming events'. The events for February included information on the fashion shop scheduled, with residents and staff modelling clothing from the local shops. The recently appointed activities co-ordinator explained the variety of activities on offer; some of the crafts were displayed on a table and on the walls of the dining and day

room. These included paper-craft, knitting, and painting. The activities person said that residents on short stay such as respite residents were doing tapestry and cushion covers to take home with them to have something to remember their stay. New raised flower beds were made and had been planted up with spring bulbs which had started to germinate. Plans were in place to paint the raised flower beds as part of an activity for residents. There was live music in the afternoon of the inspection and residents and staff were seen to enjoy the music, interaction and participation was encouraged with each having their 'party piece' ready for when they were asked. Residents were well dressed and seen to amble about the centre at their leisure; those requiring assistance were helped in a respectful and kind manner.

Tables were set in the dining room prior to residents coming for their meals with cutlery, condiments and delftware. Lunch and tea mealtimes were observed. This was a social event where residents chatted with their friends and staff. Lovely normal interaction and socialisation was seen and staff were respectful and helped residents in a kind and gentle manner; residents were encouraged with their meals and their independence was respected and promoted during their meals. The menu of the day was displayed in the dining room and this showed that there was good choice for residents. All residents were offered soup, milk and water; there was a choice for main courses and deserts. While meals were well presented and residents gave positive feedback about the quality of their meals, residents sitting together at tables were not all served together, so some residents were somewhat through their meal before their friends at their table were served.

The dresser in the dining room had china tea sets displayed; the person in charge explained that they often have 'afternoon tea' parties and said that the 'china' added grandeur to the experience and enjoyment, and reminiscence for residents.

Visitors were seen with their relative in their bedrooms, sitting in the library chatting and along the corridor in the new seating area. Staff chatted to them as they passed by and engaged in a friendly and social manner.

Dani centres to store protective equipment such as plastic aprons and gloves, and hand gel dispensers were available throughout the building. Parts of the centre had been painted since the previous inspection. However, many surfaces, finishes and flooring throughout the centre were worn. Hand-wash sinks were installed at the time of inspection in the cleaner's household room and on corridors as hand-wash hubs. In the cleaners' room, equipment and supplies were appropriately stored on shelving provided; these shelves did not have a protective coating to enable effective cleaning. Sluice rooms had separated hand-wash sinks; the paper hand towel dispenser was re-positioned alongside the hand-wash sink and away from the sluicing funnel, at the time of inspection. The hand wash sink in the second sluice room was re-positioned away from the sluicing funnel at the time of inspection. There was a drinking glass and hand sanitiser bottles on the hand wash sink in the sluice room; broken equipment was stored in the sluice room. Residents' wash bowls were seen to be stored on the ground in en suite bathrooms. While most staff wore face masks appropriately, some staff did not wear a face covering or wore them incorrectly on their chin. One vacant bedroom was seen and there was a hoist

sling hanging on the back of the en suite door, the commode and wash basin remained in the en suite and a kidney dish in the wardrobe; the grill surface to the floor of the shower was visibly unclean. All the furniture in this room was quite worn.

Emergency floor plans were displayed throughout the centre. They had a point of reference indicating 'when you are', exits and evacuation routes were identified; they were orientated in line with their relative position in the centre. Significant gaps were identified in some fire doors on corridors. Bedroom doors were fire safety doors, however, several were seen to be kept open with chairs, bedside tables and door wedges.

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 was an unannounced risk inspection to monitor compliance with the regulations, to follow up on the actions from the previous inspections and following receipt of unsolicited information. The inspector found that the person in charge was proactive in responding to issues as they arose to improve services and outcomes for residents. Actions required from the previous inspection relating to staffing, food and nutrition, risk management policy, aspects of infection control, a post COVID-19 outbreak review, staff training, and aspects of medication management were addressed. An immediate action was issued on inspection regarding gaps to fire safety doors, and these were remedied on the day of inspection. An urgent action was requested regarding compartment evacuation and this was completed the day following the inspection and a timetable for further drills scheduled. On this inspection, other actions were required in relation to fire safety precautions, infection prevention and control, medication management, assessment and care planning. Prior to the inspection the chief inspector received some unsolicited information of concern relating to staffing levels, staff files, and call bell answering times. These were not substantiated during the inspection and evidence of the inspectors findings were discussed throughout the report.

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 regional operations manager, human resources manager and financial manager. The person in charge was supported on site by senior nurses; the post of assistant person in charge (ADON) remained vacant and the post continued to be advertised. In the interim, the senior nurse deputised for the person in charge when necessary.

A schedule of audit for 2023 was being finalised at the time of inspection. Following the medication audit last year the person in charge developed a new

prescription/administration drug chart which was fit for its intended purpose and included short-term prescriptions differentiated from long-term medications, and 'as prescribed PRNs', as well as individual crushed medication prescription for example. While an infection control audit was completed, the template did not enable the auditor to quantify shortfalls such as the number of beds, lockers, bedside tables that required upgrading. While systems to monitor the quality and safety of the service were in place, these required further action to ensure they were sufficiently robust.

Key performance indicators were maintained on a weekly basis and these informed the weekly and monthly clinical governance meetings. Weekly clinical meetings were held with the person in charge and regional manager, and monthly clinical governance meetings were held with the operations manager, regional manager and the person in charge, where KPIs and audit findings were discussed to provide oversight of the service.

The risk register was updated and contained clinical and non clinical risk. Risk associated with fire safety was updated following the inspection to reflect the risk associated with fire safety identified on inspection.

The training records evidenced showed that the person in charge kept abreast of the training needs of staff and mandatory training was up to date for all staff.

While Schedule 5 policies and procedures were in place, they required action to ensure they reflected up-to-date research-based practice and current national policy, and that they were comprehensively detailed to inform and direct staff.

The complaints procedure was not displayed at the time of inspection as the corridor walls were being painted. The complaints policy was reviewed and required further attention to ensure it had the requirements as detailed in the regulations.

Overall, on this inspection, improvement was noted in service provision to enable better outcomes for residents.

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience of nursing older persons and a post graduate management qualification, and management experience as required in the regulations. She was actively engaged in the operational management of the centre and showed the necessary accountability, responsibility and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

Staff levels were appropriate having regard for the size and layout of the centre, dependency levels and the number of residents requiring two staff to provide care and transfer. Household cleaning staff were on site over seven days; laundry was operated over a five-day period; the activities co-ordinator was full time and when she was absent, the responsibility of activities was allocated to HCAs.

Judgment: Compliant

Regulation 16: Training and staff development

The training records evidenced showed that the person in charge kept abreast of the training needs of staff and mandatory training was up to date for all staff. On-line programmes such as infection control, safeguarding, children first, manual handling theory and medication management were completed by staff; on-site follow-up training on these topics were scheduled to ensure that staff knew and understood the information covered within the on-line courses. The person in charge had commenced an infection prevention and control (IP&C) course to support IP&C in the centre.

Judgment: Compliant

Regulation 21: Records

All professional identification numbers were available for nurses currently employed in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service provided was safe and effectively monitored:

- while a schedule of audit was in place, it was not sufficiently robust to provide oversight of all aspects of the service that ensured the service was effectively monitored, as evidenced in regulations such as Infection control

(Regulation 27), Fire safety (Regulation 28), and Premises (Regulation 17).

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

While contracts of care included additional charges such as hairdresser, chiropody, daily newspaper and prescription charges, the social charge invoiced as part of their monthly bill was not included in the additional fees.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The incident and accident logs reviewed showed that appropriate notifications, including NF40 six monthly returns, were submitted to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were available, however, a number of these required action to ensure they reflected up-to-date research-based best practice and current national policy. This was a repeat finding.

Other issues identified regarding specific policies were as follows:

- the policy relating to restrictive practice required further information differentiating a restraint from an enabler
- while there was a policy on discharge of a residents, the policy on the temporary discharge of a resident such as when they were temporarily transferred to acute care was not in place
- the medication management policy was not implemented into practice as residents that self-medicated did not have the associated assessment as part of their care documentation to ensure they had the capacity to complete self-medication safely,
- the complaints policy did not have information regarding the person nominated to ensure all complaints were recorded and responded to appropriately

- safeguarding vulnerable adults policy did not have the following details to comprehensively direct staff:
 1. time-lines for responding to complainants regarding their concerns
 2. where concerns were to be recorded
 3. information for episodes when staff or the person in charge were the subject of an allegation
- while the policy detailed an incident form template, this was not included in the policy for reference. This policy had some detail of the responses to a safeguarding concern raised, however, it did not include information on prevention of safeguarding concerns.

Judgment: Not compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Teach Altra nursing home. Residents' rights and independence were promoted, and there was ongoing engagement with residents to improve their quality of life.

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 HPSC guidance.

Action was necessary regarding residents' assessments and care planning records to ensure information such as medical history informed the assessment and care planning process. Residents had good access to GPs, health care professionals and allied health. Residents had current prescriptions and medications were discontinued appropriately, however, some medications were not signed for appropriately. Safety huddles were in place where staff met at a specified time to highlight safety and risk issues such as residents at high risk of falls, absconsion, antibiotic prescriptions and infection.

Tables were nicely set in preparation for meal times and appropriate assistance was given to residents in a respectful and dignified manner. Residents had choice for each meal and meals were pleasantly presented. Appropriate assistance was provided while at the same time enabling residents to be independent during mealtimes. Following the last inspection, the person in charge asked residents about their meal times and overall, they were happy with the current times of meals. Food choice and quality of meals was added as a standing item on the residents' meeting agenda. New residents were asked about meals times and one recent admission preferred their main meal in the evening and that was facilitated.

Fire safety records were examined and fire certification was in place. However, other fire safety issue were identified and these were expanded upon under Regulation

28: Fire Precautions. Prior to the inspection, an external fire consultant had been scheduled to complete a fire safety assessment in the centre following the inspection. The provider gave a commitment to submit the report to the Chief Inspector following this audit.

A post COVID-19 outbreak review was completed by the person in charge. This detailed lessons learnt, interventions and practices that worked during and after the outbreak; this will be used as a reference for staff should a further outbreak occur. New hand-wash hubs were installed on corridors at the time of inspection as part of infection control. However, other issues relating to infection control were detailed under Regulation 27.

Overall, the atmosphere in the centre was relaxed and calm, and residents' independence was seen to be promoted.

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 different locations throughout the centre including seating areas along the corridor, bedrooms and the library.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had good access to personal storage space of a double wardrobe, chest of drawers and bedside locker. Residents' laundry was completed on site and while one family brought laundry issues to the person in charge, the family reported that the person in charge addressed the concern immediately.

Judgment: Compliant

Regulation 17: Premises

While there was a maintenance plan and facilities upgrading plan, many aspects of the premises remained in need of repair and refurbishment such as the flooring and paintwork throughout the centre and residents' bedroom furniture for example.

The inspector saw there was inadequate shelving in the bedroom called the 'quiet' room for the resident to display their photographs and mementos, or store their toiletries alongside the sink.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

While meals were well presented and residents gave positive feedback about the quality of their meals, the serving of meals required action. Residents sitting together at tables were not all served together, so some residents were somewhat through their meal before their companions at their table were served.

Judgment: Substantially compliant

Regulation 26: Risk management

The policy relating to risk management was updated since the last inspection to include the specified risk as detailed in the regulations.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the following required action to ensure the environment and practices in the centre were consistent with the National Standards for Infection Prevention and Control in Community Services (2018):

- surfaces, finishes and flooring throughout the centre were worn and as such did not facilitate effective cleaning

- residents' wash bowls were stored on the ground in en suite bathrooms
- while hand-wash hubs were installed at the time of inspection, the sinks did not meet the relevant criteria, and required replacement
- the shelving unit in the cleaners' room did not have a protective coating to enable effective cleaning
- there was a drinking glass and hand sanitiser bottles on the hand wash sink in the sluice room; broken equipment was stored in the sluice room which hindered the accessibility to equipment such as the bedpan washer; it also impeded effective cleaning of the floor in the sluice room,
- residents' wash bowls were seen to be stored on the ground in en suite bathrooms
- while most staff wore face masks appropriately, some staff did not wear a face covering or wore them incorrectly on their chin
- one vacant bedroom was seen and there was a hoist sling hanging on the back of the en suite door, the commode and wash basin remained in the en suite and a kidney dish in the wardrobe; the grill surface to the floor of the shower was visibly unclean. All the furniture in this room was quite worn.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following issues were identified regarding fire safety precautions:

- daily fire safety checks were not comprehensively completed
- bedroom doors were fire safety doors, however, several were seen to be kept open with chairs, bedside tables and door wedges. A risk assessment was undertaken following the inspection and an action plan implemented to minimise the risks identified.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medication prescription/administration charts were examined. One medication was routinely signed for at 18:00hrs rather than 21:00hrs which was outside the prescribed time. It could not be assured that the resident took the medication at the prescribed time.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was necessary regarding residents' assessments and care planning documentation as information available as part of a resident's medical history did not comprehensively inform either the assessment or care planning information. One resident with a specific diagnosis did not have a care plan to direct staff to their individualised care. The resident's end of life care plan did not have personal information to direct care for their end of life; a care directive was not completed to inform staff should the resident become acutely unwell and whether they wanted to be transferred to acute care or cared for in the nursing home.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical services. Medical notes showed that residents were regularly reviewed, in a timely manner with associated referrals to specialist services when required.

Judgment: 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. The 'PINCH ME' tool was used for assessment and observation as part of their oversight to rule out any symptoms such as infection or pain which may cause the resident to be upset or and have an episode of challenging behaviour. Alternatives to bed-rails were in place such as low low beds and mattresses alongside beds.

Judgment: Compliant

Regulation 9: Residents' rights

The activities programme had improved since the last inspection. The recently appointed activities co-ordinator facilitated several activities throughout the day, and residents were seen to enjoy sessions where they were encouraged to part-take and

interact. Information regarding daily and upcoming activities were displayed to enable residents to look forward to the activity programme. Arts and crafts were displayed in the day room and dining room. People availing of respite care were encouraged to complete a piece of art or craft work such as tapestry or cushion-cover making so they would have a memento to take home with them at the end of their two-week respite stay.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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-0038178

Date of inspection: 25/01/2023

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The IPC audit in use at the time of inspection has been renamed the environmental Audit. A new revised IPC audit currently in place includes a traffic light system for replacement of old furniture and rooms that require upgrading.</p> <p>New audit schedule in place to include Infection prevention and control, Fire safety and premises.</p> <p>Our fire safety audits include ensuring that doors are closed as appropriate. A risk assessment with plan was forwarded to our inspector following the inspection detailing our steps in fire safety. Our fire officer and staff nurses monitor the fire exits and compartmental doors on each shift throughout the week.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>To come to compliance with regulation 24 there is a new contract of care in place that includes ASC and total required. All older contracts of care will have a letter of amendment added to same - as was communicated to all Residents at any time of change.</p>	

Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Our policy relating to restrictive practice does differentiate between a restraint and an enabler however it does recognize that this is a very individual process for each Resident, and this should be detailed clearly in each Residents care plan and the corresponding assessment/risk assessment.</p> <p>The temporary discharge of a Resident is included in our existing policy regarding the "Discharge & Transfer of a Resident".</p> <p>Medication management policy self-assessment form now included re self-administration of medication. All nursing staff are aware of the policy and how to enact it.</p> <p>As detailed in our complaints policy the person responsible for ensuring that all complaints are recorded and responded to appropriately is the PIC. Our administrator is the person nominated to audit the complaints received to ensure that policy is adhered to.</p> <p>Safeguarding policy timelines for responding have been added. For ease of use, we have included a copy of the PSF1 for CHO4 with the policy to further guide staff. As with the complaints policy, the reporting structure for when the pic or staff member are subject to an allegation is included in this policy. . As noted during the inspection, all staff have received their mandatory training of which safeguarding is a topic. This training provides staff with the relevant information of prevention of safeguarding concerns.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>There is a maintenance plan and upgrading plan in place to refurbish the remaining rooms and upgrade the flooring by the end Dec 2023.</p> <p>The "quiet room" has been refurbished with additional shelving and storage to allow for residents to display photos and mementos and to store toiletries by sink area.</p>	
Regulation 18: Food and nutrition	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Plan in situ to ensure that all residents receive their meals together and in a timely fashion.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Surfaces finished and flooring are included in the 2023 maintenance and upgrade plan for Teach Altra Hand wash hub sinks are installed with sinks meeting relevant criteria. Shelving unit in cleaners' room protective coating completed to ensure effective cleaning. All inappropriate items removed from both sluice rooms on the day of inspection. Daily checklist in place to ensure maintenance of same. Hooks purchased and now in place in resident's bathroom for appropriate storage of wash bowls. Staff training provided to all staff re face covering same monitored regularly to ensure compliance. Terminal cleaning is carried out on all vacant rooms to ensure all inappropriate items are removed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A new audit in situ to ensure daily fire checks are being carried out in an effective and timely manner. Fire risk assessment completed and submitted as requested following inspection.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and</p>	

pharmaceutical services:

Under GP review times of administration changed as resident prefers to take later. Self-administration assessment completed. As per medication policy staff nurses must ensure medication has been self-administered at new time before signing.

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:

Care plans reviewed residents with specific diagnosis as now own care plan re diagnosis all staff are aware on how to effectively manage diagnosis of resident. End of life care updated to reflect care directive from resident. Care plans and Comprehensive assessment are currently under review to ensure triangulation is the same.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	09/03/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	09/03/2023

	consistent and effectively monitored.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	09/03/2023
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.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	09/03/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	09/03/2023

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	09/03/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/03/2023
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.	Not Compliant	Orange	31/03/2023
Regulation 5(2)	The person in charge shall	Substantially Compliant	Yellow	09/03/2023

	<p>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.</p>			
Regulation 5(3)	<p>The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.</p>	Substantially Compliant	Yellow	09/03/2023