



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:	01 March 2022
Centre ID:	OSV-0000297
Fieldwork ID:	MON-0035899

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:	37
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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
Tuesday 1 March 2022	09:30hrs to 18:15hrs	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 four 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 37 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. The library room was one of the locations for window visits and it was set up to facilitate this if required.

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 furniture and stained glass windows and residents said they were delighted this was available to them again.

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. Two bedrooms were refurbished with new 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. The flooring throughout the centre was in need of replacement. En suite bathroom in twin bedrooms had one storage unit for both residents' toiletries.

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 were well maintained and had garden furniture for people to relax and enjoy the outdoors. Each courtyard had a large crafted wooden chair and looked impressive. The aviary was removed and the space was in the process of being upgraded as the flooring needed resurfacing; the person in charge said that a ramp was to be installed to enable all residents to use the space. There was a rattan suite of garden furniture here for residents to sit and relax. Both enclosed gardens had water features and a shrubbery. Both gardens had been power-hosed and looked well. The gardener was power-hosing the outside when the inspector arrived to the centre and continued throughout the day cleaning paths, borders and walls getting the place ready for the spring and summer.

Throughout the day the inspector observed that although the person in charge was recently appointed, she was familiar with all the residents and their care needs. 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 and relatives said that staff were excellent and the care they delivered was faultless.

Residents were observed coming to the day room from 09:30hrs. A health care assistant (HCA) was assigned to the day room when the activities co-ordinator was off duty. The inspector observed that HCA involving residents in group activities and one-to-one games. Mass was live-streamed every morning at 10:30am and approximately 15 residents attended this while others preferred to watch mass on their own in their bedrooms. This was followed by a cup of tea. Staff brought snacks and beverages to residents in their bedrooms following mass. The physiotherapist was on site during the inspection. He provided individualised care in residents' bedrooms and facilitated a group exercise programme after mass and morning snack. Lively interaction was heard between the physiotherapist and residents during the group work-out. The HCA held a quiz in the afternoon which was seen to be a lively interactive and fun session. Beverages and snack were offered to

residents in the afternoon in the day room and in residents' bedrooms.

Additional activities staff were in the process of being recruited which would enable the activities programme to be expanded. For example, new raised flower beds were being made and it was envisaged that a garden club would be set up which would include painting and decorating the garden furniture and flower beds. Live music had recommenced and residents were delighted to have this back as part of their activity programme and were scheduled to have live music entertainment in the centre on a weekly basis. A new notice board was erected in the day room to display the daily activities. 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 of three main courses and deserts. Meals were well presented and residents gave positive feedback about the quality of their meals and were heard saying that it was beautiful. Staff explained to residents about the protective bib for their clothes and asked could they like this, other residents asked for the bib to be donned.

Visitors were seen with their relative in their bedrooms, sitting in the library chatting and along the corridor in the new seating area. The inspector saw that staff brought residents to the library to meet their visitor and explained to the resident who was coming to visit to orientate the resident and assure them of what was happening. Other visitors took their relatives for a walk around the centre in the lovely mature garden. While it was a cold day, people were well wrapped up, and enjoyed the fresh air and sunshine. Another HCA took a resident out for a walk and a cigarette as per their daily routine which the resident enjoyed.

Additional dani centres to store protective equipment such as plastic aprons and gloves, and hand gel dispensers were erected since the last inspection with advisory signage explaining appropriate hand sanitisation. Overall, the centre was visibly clean but high-dusting places such as privacy curtain rails in bedrooms were found to have a noticeable layer of dust. Parts of the centre had been painted since the previous inspection. However, many surfaces, finishes and flooring throughout the centre were worn. The household room was seen and this did not have a separate hand-wash sink; there was a lot of boxes with items such as paper hand towels and tissues left on the ground even though there was ample shelving for storage here. Sluice rooms had separated hand-wash sinks but the paper hand towel dispenser was positioned directly over the sluicing funnel in one sluice room, rather than alongside the hand-wash sink. The paper hand towel dispenser was over a toilet in one en suite bedroom rather than alongside the hand-wash sink. Residents' wash

bowls were seen to be stored on the ground in en suite bathrooms. This will be outlined and actioned further in the report.

Emergency floor plans were displayed throughout the centre. They had a point of reference indicating 'when you are', exits and evacuation routes were identified; most were orientated in line with their relative position in the centre.

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 the fourth inspection of this centre in the past year. This unannounced inspection was to follow up on the non compliance findings in February, June and November 2021, and following the submission of a notification of change in person in charge. Improvements were noted relating to governance and management, fire safety, assessment and care planning, and staff training. Nonetheless, there continued to be concerns regarding aspects of infection prevention and control and staffing levels. Cognisant that this service was subject to a significant COVID-19 outbreak which was declared over on 8 March 2021, a thorough review of what worked and what could be better, would provide guidance to staff in the future. A post COVID-19 outbreak review was requested following the outbreak and the last inspection, however, this remained unavailable.

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 newly appointed and had the necessary qualifications and management experience as required in the regulations. 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.

Systems to monitor the quality and safety of the service and quality of life of residents were introduced by the new person in charge. A schedule of audit for 2022 was in place and even though the newly appointed person in charge had just commenced in post in January she had undertaken several audits such as falls, care plans, medication management, restraint, challenging behaviour and nutrition. She also had reviewed the activities programme and while she was awaiting the appointment of newly recruited activities staff, she had introduced the activities board for staff to display the activities programme of the day so that residents knew what was happening and what they could look forward to doing. The medication audit highlighted shortfalls in medication templates and she was in the process of researching a more appropriate medication prescription and administration chart to include short-term prescriptions and individual crushed medication prescription for

example.

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. A group 'persons in charge' meeting was due to be held on 4 March to provide support and exchange learnings; it was hoped that this group would meet at a minimum on a quarterly basis to provide ongoing collegial support.

The person in charge had audited the staff training needs and set up a training folder so that training was easily accessible. She assured that nurse registration pins were in place for all nurses. Staff recruitment was ongoing and the person in charge explained that they were awaiting vetting disclosures on four newly recruited staff; one housekeeping, one administration and two activities staff before they commenced in the centre. A new laundry person started in the centre the day before the inspection, and this was welcomed as the centre was without a designated laundry staff for some months. Nonetheless, a review of staffing levels was necessary 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.

Most Schedule 5 policies and procedures were in place, however, two were not available. Policies required review to ensure they reflected up-to-date research-based practice and national policy.

The complains procedure was updated on inspection to reflect the ethos of the centre regarding welcoming feedback and supporting an open feedback process.

Fire safety records were examined and all fire certification was in place. Notifications submitted to the Office of the Chief Inspector correlated the records relating to incidents and accidents. The recording of incidents and accidents was in the process of being changed from paper-based to on-line recording, and the person in charge said that she was training staff in the documentation as records seen were not comprehensively completed.

Overall, improvement was noted in some areas of service provision and the appointment of a new person in charge. While monitoring systems were introduced, these needed time to become embedded to ensure robust monitoring to support a safe appropriate, consistent and effective service.

Regulation 14: Persons in charge

The newly appointed person in charge 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

There were inadequate staff levels 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. For example, there was one housekeeping staff for the size and layout of the premises rostered on duty from 09:00 - 15:00hrs daily. There was one nurse and two HCAs on night duty. Previously there was a twilight shift of 16:00 – 22:00hrs, however, this was no longer in place. On night duty, the nurse had responsibility for medications for the centre, and many residents required the assistance of two when being assisted to bed. Consequently, there was no staff supervision in the day room for long periods, to answer call bells or assist anyone else should they require help.

Judgment: Not compliant

Regulation 16: Training and staff development

All staff had completed their manual handling and lifting and fire safety training. On-line programmes such as infection control, safeguarding, 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 training staff regarding the holistic approach to care planning.

Judgment: Compliant

Regulation 21: Records

While incidents and accidents were recorded and these correlated with notifications submitted to HIQA, the template used to ensure information was thoroughly recorded was not routinely comprehensively completed in line with the requirements listed in Schedule 3 of the regulations.

Judgment: Substantially 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 with the appointment of a new person in charge who had the necessary experience and qualifications for the role of person in charge. Nonetheless, inadequate staffing levels, and lack of a robust system of oversight of infection and control as described in this report were repeat findings and continued to be of concern.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was updated at the time of inspection to reflect current:

- whole time equivalent staffing
- number of staff
- conditions of registration.

Judgment: 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. Notifications NF 40 were discussed on inspection and clarification was provided regarding the information required in these six-monthly notification.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no complains recorded in the complaints log since April 2021. As their complaints procedure detailed that minor complaints were to be recorded as part of the residents' care notes, it was possible that complaints were not inadvertently recorded. The complaints policy required updating and this is outlined under Regulation 4: Written Policies and procedures.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Most Schedule 5 policies and procedures were in place, however, a policies on admissions to the designated centre, and recruitment, selection and Garda vetting of staff were not available. Policies required review to ensure they reflected up-to-date research-based best practice and national policy. The policy relating to restrictive practice did not include detail differentiating a restraint and an enabler. One policy was not referenced so it could not be assured that the information was research based. The policy relating to absconsion was not available either as a stand-alone policy or as part of the risk management policy. The complaints policy detailed that a minor complaint was to be recorded as a note in the resident's documentation which did not reflect the regulatory requirement regarding documentation of complaints to be distinct from residents care records.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Teach Altra nursing home. The rights and independence were promoted, and actions were taken to improve their quality of life with the appointment of two new activities staff to facilitate activities over seven days.

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 (Feb/March 2022).

Previously it was identified that care planning records required attention and this inspection findings showed improvement in residents' care documentation. A sample of updated care documentation was examined which showed that residents' care needs were appropriately assessed using validated tools and individualised care plans were put in place and implemented, in consultation with the resident. Pre-admission assessments were seen for recently admitted residents which were completed by the person in charge. A comprehensive assessment based on the activities of daily living was completed and additional risk based assessments were added such as smoking, epilepsy and behavioural support assessment when appropriate.

Residents had good access to GPs, health care professionals and allied health. Observation on inspection showed that the GP liaised with nurses to determine residents' status, their response to medications and current treatments, following

which the GP chatted with residents to see how they were and updated their notes and prescriptions accordingly. The physiotherapist was on site every fortnight and completed assessments of residents as well as facilitated an exercise programme. Residents had current prescriptions and medications were discontinued appropriately. Nonetheless, photographic identification was not in place for at least 11 residents; this was a repeat finding. 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. Controlled drug records and storage was examined and these were maintained in line with professional guidelines.

Safety huddles were in place to highlight safety and risk issues such as residents at high risk of falls, absconsion, and infection. Staff spoken with were articulate regarding the specific risks associated with individual residents and outlined how these risks were managed while at the same time respecting and facilitating residents' independence.

Additional activities staff were being recruited at the time of inspection to enable activities over seven days a week. Family satisfaction surveys had been sent to relatives of residents and the person in charge explained that she had received some responses and was awaiting the remainder responses to inform the quality of life experience and activities for residents. A residents' meeting was to be scheduled when the new staff were on site and develop a meaningful activities programme in consultation with residents.

During the walk-about with the person in charge, she acknowledged that a deep cleaning schedule was necessary to include a curtain rota, high dusting and deep cleaning.

An action plan submitted following the previous inspection showed that fire safety drills and simulated evacuations would be completed on a weekly basis until such time as all staff were proficient in fire safety procedures, and records showed that this safety measure continued to be actioned.

Overall, the atmosphere in the centre was relaxed and calm, and residents appeared comfortable in their setting and their 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 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

Residents had good access to personal storage space of a double wardrobe, chest of drawers and bedside locker.

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.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

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. Residents were observed sitting in the dining room at 16:30 waiting for their evening tea which was early for their main evening meal particularly in light of many residents having only finished their lunch at 13.30.

Judgment: Substantially compliant

Regulation 26: Risk management

Five specified risks are detailed in the regulations to be included in the risk management policy, however, a policy relating to the unexplained absence of any resident was not available either as part of risk management or as a stand-alone policy.

Judgment: Substantially compliant

Regulation 27: Infection control

Issues relating to infection prevention and control continued to be a finding, as follows:

- there was one household staff for the size and layout of the centre; on duty from 09:00 - 15:00hrs
- there was no schedule of deep cleaning, high dusting and curtain rotation, which was required
- surfaces, finishes and flooring throughout the centre were worn and as such did not facilitate effective cleaning
- inappropriate positioning of hand towel dispensers over toilets and sluicing funnel rather than alongside the hand-wash sink
- position of hand soap dispenser over a tap making the tap inaccessible
- residents' wash bowls were stored on the ground in en suite bathrooms
- there was a lack of a hand-wash sink in the household cleaner's room
- there were a limited number of hand-wash sinks in the centre and those available were within residents' bedrooms and bathrooms; there were no hand-wash hubs designated for staff so their only access to hand-wash facilities was within residents' en suites or bathrooms
- inappropriate storage of boxes with items such as paper hand towels and tissues on the ground in the housekeeping room preventing effective cleaning.

While a post COVID-19 outbreak review was undertaken by 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. An updated report was requested following the previous inspection findings, however, that report remained outstanding.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety certification was evidenced on inspection including quarterly and annual servicing. Daily, weekly, monthly and six monthly fire safety checks were comprehensively completed. Weekly fire safety drills and simulated evacuations were completed and ongoing since the previous inspection to ensure that staff were familiar with evacuation procedures and that they could be completed in a timely manner by all staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvement was noted regarding residents' care documentation. Comprehensive assessment and risk assessments were completed. Care planning was based on a holistic pathway and care plans seen were person-centred and reflected staff knowledge and observation on inspection of the individualised care given to residents. The person in charge outlined that she had commenced staff training in the holistic care pathway and had completed the first session with all the nurses. Eleven of the care plans were updated to reflect the holistic pathway and the remainder were due to be updated to reflected individualised care needs.

Judgment: Compliant

Regulation 6: Health care

A sample of medication administration charts were examined and a minimum of 11 charts did not have photographic identification in line with professional guidelines, which was a repeat finding. The person in charge had identified this shortfall as part of the medication audit and relayed the findings to staff. While staff acknowledged that photographs were on the I.T. system they had not printed them; some resident were in the centre since September 2021 and did not have the necessary photographic identification as part of the medication charts.

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. 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.

Following an audit of chemical restraint, the person in charge liaised with GPs and reviewed prescriptions and all relevant PRNs as required medications were discontinued as they had not been used in some time.

Judgment: Compliant

Regulation 9: Residents' rights

There was one activities co-ordinator in post and another two recruited; their vetting disclosures were awaited at the time of inspection. Currently, when the activities co-ordinator was off duty a HCA was rostered for activities and this was seen on the day of inspection. While improvement was noted regarding activities and engagement with residents, the appointment of additional staff was welcomed along with the oversight by the person in charge of the importance developing of a meaningful activity programme for residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	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	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially 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-0035899

Date of inspection: 01/03/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We are constantly reviewing our staffing levels v the needs of our Residents. Initially this will take place upon pre-admission assessment of any potential Resident. Anticipating our Residents needs is part and parcel of providing comprehensive care for them. We liaise with various different members of the MDT when planning for their care. This is in addition to our own care assessments for each Resident. Using the modified Barthel assessment, our current rosters allow for 2.8hrs per Residents per week. This is of course just a calculation for care hours and does not take into account, activity interaction, household interaction, senior nurse & pic interaction, physiotherapy interaction or any other members of the MDT on a weekly basis.</p> <p>As our occupancy fluctuates, our staffing levels will react accordingly. We adjust our nursing hours in relation to these. What this means is as our occupancy increases so will our on the floor nursing hours. We will continue to evaluate our levels of dependency which will be our first and foremost concern and then as occupancy increases our next concern is the layout of our home. Therefore, once we have over 40 Residents within the home, we will ensure that we have 2 nurses on night duty. Once we have over 35 Residents within the home we will introduce a “twilight” RGN shift to assist on night duty. Our daytime nurses are always supported by the PIC and other supernumerary nursing shift as required by our occupancy, dependency levels and the demands of the home.</p> <p>Since the inspection at the beginning of March we have included another 6 care hours p/day by being able to re-introduce our “twilight” HCA shift. This enables further supervision of Residents either in the day room or mobile Residents whilst the night staff are assisting those who are ready, to settle to bed for the night. This already increases our hours p/w to 2.91 per Resident per week. The above modified Barthel assessments do not take into account the hours of our PIC and when our CNM is on supernumerary hours also.</p> <p>As our occupancy levels increase, we would anticipate increasing our nursing hours with a similar twilight shift to assist with medication rounds at night.</p>	

Moving into the summer months, we will seek our Residents advice as to whether they would like to participate in evening activities during the week/weekend and thus we will adjust our hours accordingly for same. This will allow for further "active" supervision and an extension of our activity plan over the full day (if desired by our Residents).

We have already reviewed and increased our household/laundry hours during the week. At the time of the inspection we had 70hrs p/w in place for both departments – we now have been able to increase these hours to cover 7 days a week and have 87 hours for household and a further 30hours for laundry i.e. 117hours in total.

We will review our Catering hours within the coming months to ensure that the hours that are currently being worked are to the benefit of the Resident and their mealtimes.

We do review our call bell response times as an additional tool in assessing the busier times of the day and our ability to respond in a timely manner to the needs of our Residents.

Our recruitment drive is continuing on an ongoing basis so that we will be in comfortable situation with staff so that we have contingency arrangements in every department.

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:
All staff who are completing incident & accident forms on our EpicCare – nursing software will receive further training/instructions on the importance of completing every field in relation to the incident.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
Teach Altra Nursing Home has undergone many changes within the last year. The most important one we feel is the addition of our PIC. She has brought a sense of stability and reliability not only to the Residents and families but also our staff. The positive influence and presence of our PIC has been noted by the inspector who does acknowledge already very favourable changes to both the atmosphere and day to day running of the home. This will only improve as our team in Teach Altra strengthens.

As explained, we are constantly reviewing and trying to improve on our staffing levels and have a recruitment drive in place to facilitate a staffing level that will allow for contingencies should the need arise.

We are assessing the staffing levels relating to our Resident dependencies frequently and these are re-assessed prior to the admission of any potential Resident to ensure that we can safely provide care to the Resident.

We have made and will continue to make improvements on our oversight of infection control measures and believe that the appointment of a household supervisor will assist in the continued re-enforcement and highlighting of the importance of ipc measures in our home.

The further addition of strengthened auditing and action plans following each audit will only highlight to staff, the actions that must be taken on a day to day basis. To aid in this, all senior staff will be undertaking the clinical auditing training that is available on HSEland.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Following the inspection, an amended complaints procedure was sent through to our inspector.

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

As noted during the inspection – we have a new Person In Charge who is systematically going through policies & procedures that were onsite and is updating and replacing those accordingly. We do have policies relating to Admissions, Recruitment & Selection and Garda Vetting along with Resident absconsions. All of these policies have been signed off and are in place in the nursing home.

We have reviewed our restrictive practice policy and have amended it so that the difference between an enabler and restraint is clearly identified.

As mentioned before, we amended our complaints policy and have already submitted this to our inspector.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: As noted by the inspector on the day -we do have a maintenance plan and a facilities upgrading plan in place.</p> <p>We have been endeavoring to engage a flooring & painting contractor for many months now however due to the current incidence of Covid it has proven very difficult as a number of contractors do not wish to enter a nursing home. This said, we will continue with our plans and hope to have the flooring refurbished by the end of the summer 2022. We have commenced our own painting and redecorating throughout the home and will work through our plans accordingly.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>We do have a rotating menu to which we ask for input from the Residents as to their likes and dislikes. At our next Resident meeting we will survey our Residents to confirm the times that they would wish to have their meals at. Currently we serve breakfast, mid morning tea/coffee/soup, lunch, tea/coffee/snacks, evening meal & supper with some Residents opting for another late snack as they wish. We are very flexible with regards to our meal times so can amend the "routine" of the home to suit our Residents.</p> <p>Whilst we do have set times for meals and in between snacks, we can accommodate any Resident who may wish to dine outside of these times.</p> <p>We will continue to liaise with our dietician for input on meal fortification for those of our Residents who may require a little extra in their meals.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>We do have a policy on Residents unexplained absence as part of our Risk Management policy and we do have a stand alone "Missing Resident" policy also. As explained earlier</p>	

we have been going through all of our policies & procedures that were onsite and are in the process of updating all of our policy folders.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

We have been able to have an audit of our infection prevention and controls procedures completed by both the HSE & a private firm. Both these confirmed what and where we knew improvements were required to be made. A number of areas that were highlighted, we have already been able to improve immediately.

We have been happily able to increase our household hours to ensure cover over each day of the week. We now have an additional 47 hours per week dedicated solely to household/domestic duties.

We have developed a cleaning schedule for the week and a deep cleaning schedule for the month which incorporate high dusting and curtain rotation. This schedule is already in place and additional shifts will be given to staff to bring the home up to high level of cleanliness.

We anticipate appointing a Household supervisor to the home, whose duties will include spot checks, audits & compliance in this area. The appointee will report to the PIC any and all findings so that actions can be taken immediately as required. This role will be an important role with specific oversight in this essential area.

As mentioned previously – we are hoping to have the flooring refurbished by the end of the summer but obtaining contractors to come in, is unfortunately beyond our control.

We have audited all hand towel dispensers, soap dispensers to ensure that they are in an accessible appropriate place for use.

We do have ample storage for paper hand towels etc and have informed our staff explicitly of where items are to be brought and stored when a delivery is received.

We have placed hand wash sink into the cleaners room – this is now separate to the sluicing sink. We are also reviewing the staff access to the other sinks throughout the house at present.

At present, there is no current legislation regarding the number of handwash sinks available to staff, therefore we cannot be found to be non compliant in this regard.

Infection Control Guiding Principles for Buildings Acute Hospitals and Community Settings, 2020 states that in long - term care facilities there is generally no requirements

for a clinical hand wash sink in every residents room.

In general, one-room-in-ten with a clinical hand wash sink may be appropriate. Hand hygiene can generally be supported by having a clinical hand wash sink within easy walking distance of each room together with appropriate access to alcohol-based hand rub.

This advice is specifically directed to the construction of new purpose built facilities. Our Home is not a new build nor a recent purpose built home, we would alter the flow of the home and create a hazard along the corridors with the placement of a sink. Staff throughout both sides of the home, do have access to hand washing facilities both in clinical/staff only areas and in communal areas also. We have four clinical hand wash sinks that are available in addition to the ample number of hand sanitising stations throughout the home also to enable staff to perform hand sanitising between addressing the needs of individual Residents. We have assessed and addressed the risk involved with both having and not having clinical hand wash sinks solely for staff use located throughout the home and have mitigated their absence with a strengthened hand hygiene programme and the placement of hand sanitising stations throughout the home.

The post covid review relating to the outbreak in early 2021, has been completed and has now been submitted to our inspector for review.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care: Since our inspection on 1st March 2022, all medication administration charts have been updated to include photographic identification for our Residents. We have also audited our Epic Software to ensure that all Residents have identification on this also. We have highlighted this as part of our admission process to ensure that this does not occur again.

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 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.	Not Compliant	Orange	30/05/2022
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	31/08/2022
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	31/05/2022
Regulation 21(1)	The registered	Substantially	Yellow	31/05/2022

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Compliant		
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/05/2022
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.	Substantially Compliant	Yellow	30/05/2022
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	31/03/2022
Regulation 27	The registered provider shall	Not Compliant	Orange	31/05/2022

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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 complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/03/2022
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall	Substantially Compliant	Yellow	30/03/2022

	be in addition to and distinct from a resident's individual care plan.			
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	30/03/2022
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	31/05/2022
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 professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time,	Substantially Compliant	Yellow	30/03/2022

	for a resident.			
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