



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

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:	16 April 2019
Centre ID:	OSV-0000297
Fieldwork ID:	MON-0021182

About the designated centre

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

Teach Altra is a purpose-built nursing home opened in 2001 overlooking Newmarket itself and is registered to provide care to 43 residents. The name comes from the Irish word for nurse - banaltra or caring woman. 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 of 24 single bedrooms, eight twin bedrooms and one three bedded room. There is good communal space provided with large sitting room and dining rooms, a library, an oratory, numerous quiet areas along the corridors for sitting and visiting and plenty of outdoor space in the form of enclosed gardens and walkways around the centre. The building is maintained to a high standard with residents' rooms individually decorated and personalised. Adequate parking is available on site

The centre provides 24-hour nursing care with a minimum of three nurses on duty during the day and one nurse at night time. The nurses are supported by the person in charge, care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents. And the provider representative is a general practitioner who provides medical services to residents residing in the centre and visits daily.

The following information outlines some additional data on this centre.

Current registration end date:	03/06/2021
Number of residents on the date of inspection:	43

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
16 April 2019	10:00hrs to 17:30hrs	Caroline Connelly	Lead
17 April 2019	09:30hrs to 16:30hrs	Caroline Connelly	Lead

Views of people who use the service

The inspector spoke with the majority of the residents and a number of relatives throughout the inspection. Residents said they felt safe, secure, happy and well cared for and knew the names of the person in charge and staff whom they considered to be very approachable and helpful.

The residents who the inspector spoke with reported satisfaction with the food and said choices were available at meal times. They were particularly complimentary about the home baking which they looked forward to and enjoyed daily. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals.

Residents told the inspector that they were happy with the activities and said they particularly enjoyed the music sessions, older people in dance, exercises and bingo. Other residents said they liked arts and crafts and flower arranging and were very complimentary about all the Easter decorations that were displayed throughout the centre. Residents and relatives were very complimentary about staff, saying staff were very caring and helpful and that the care is outstanding. A number of residents and relatives expressed gratitude to the person in charge and staff and said that they knew who to approach if they had a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required were addressed and rectified immediately where possible.

There was a clearly defined management structure in place and the providers were very actively involved in the centre. The centre was managed on a daily basis by an appropriately qualified person in charge responsible for the direction of care. She was supported in her role by an Assistant Director Of Nursing (ADON), a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The registered provider representative and management team displayed a strong and clear commitment to continuous improvement in quality

person-centred care through regular reviews and audits of resident care.

The inspector reviewed audits completed by the person in charge and staff and there was evidence of actions taken as the result the audits to improve the quality of care for the residents. The person in charge and ADON regularly received feedback from residents and relatives via the residents forum and through daily contact with relatives. The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2017. This review was made available to residents and relatives and was seen to be on display and easily accessible in the centre with other relevant information.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work and there was little turnover of staff. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. This enabled staff to provide evidence-based care to residents. Staff supervision was implemented through monitoring procedures and senior nursing staff ensured appropriate supervision at all times.

Good systems of information governance were in place and the records required by the regulations were generally maintained effectively. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees. However the inspector found that some improvements were required in the obtaining of references, in the induction records for new staff and in probation and annual staff reviews.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed.

Regulation 14: Persons in charge

The person in charge held a full-time post and was a registered nurse with many years of experience in the centre. Residents, staff and relatives spoken were all very familiar with the person in charge. The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding

the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there were a minimum of three nurses on duty during the day and one nurse at night, with a regular pattern of rostered care staff including twilight shifts. Cleaning, catering and laundry staff were also on duty on a daily basis. Staffing levels were seen to kept in line with residents increased dependency levels.

Judgment: Compliant

Regulation 16: Training and staff development

Comprehensive training records and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training was completed along with other relevant training such as dementia care, nutrition and continence care. Nursing staff also attended clinical training such as wound care, phlebotomy, medication management and end of life care. However on the first day of the inspection the inspector identified that approximately seven staff had not received safeguarding training. The person in charge immediately organised training for the following morning and all outstanding staff were in attendance. The inspector met the trainer who was also providing restrictive practice training for a large number of staff in the afternoon. There was evidence that training was scheduled on an ongoing basis and further mandatory training was scheduled for the forthcoming months.

Although staff spoken to spoke of a comprehensive induction period when they first commenced employment there was no formalised induction programme and checklist in place for new staff. There was not evidence of probationary meetings and staff appraisals were not in place for staff.

Judgment: Not compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector found there were gaps in the documents and were not compliant with the requirements of schedule 2 of the regulations. One staff file was missing a written reference, references on another staff file were not from the last employer and another staff file contained character references only. This was not seen to be robust recruitment practice. By day two of the inspection the person in charge had acquired all the references that were outstanding and had replacement references for the unsuitable references. Further attention is required in the acquiring and verification of references in the future.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and the providers were fully involved in the operation of the centre. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was involved in the regular evaluation of the service and ongoing audits demonstrated continuous improvements in the quality and safety of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care and they contained details of the service to be provided and the fee to be paid, what was included in the service and charges for extra services. They also detailed the room occupied by the resident as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size

and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the office of the chief inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

Regulation 32: Notification of absence

The office of the chief inspector was notified of the recent absence of the person in charge for a period in excess of 28 days and of her subsequent return to the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints management system in place, relatives and residents identified easy access to the person in charge and staff if they needed to make a complaint and were assured it would be managed appropriately.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and

relatives gave very positive feedback regarding all aspects of life and care in the centre.

There were a number of local general practitioners (GP) including the registered provider representatives providing medical services to the centre and out-of-hours medical cover was available. Specialist medical services were also available when required. There was evidence of very regular reviews of residents and ongoing medical interventions as well as laboratory results. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The centre provided in-house physiotherapy services. Each resident was reviewed on admission and regularly thereafter by the physiotherapist who attended the centre one full day per week and provided exercise classes for residents.

The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Resident surveys had been undertaken. There was evidence of consultation with residents and relatives and the annual review was made available to all.

There was evidence that the centre is deeply rooted in the local community with local choirs and schools regular visitors to the centre. A varied and interesting social programme was seen and residents' photos and art work was displayed throughout the centre. There were notice boards, full of colourful user friendly information about activities and events happening in the centre. The inspector saw some different activities taking place during the inspection from small group activities, Easter preparations to a exercise session in the main lounge. Advocacy services were available to residents as required. Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with the inspector and stated that they were satisfied with the sense of freedom they experienced to move around the communal areas. Most residents had unrestricted access to the gardens. Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents, for example, chatting, singing and dancing with them.

The physical environment was designed in a way that was consistent with some of the design principles of older person specific care. Signage and cues were used to assist with perceptual difficulties and orient residents. The corridors were wide and bright and allowed for freedom of movement. There were seating areas along the corridors with focal points of interest near them. Age appropriate music was playing in different areas and books, signs and photographs for reminiscence were set out.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety

statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly. An emergency plan had been developed and an appropriate response was in place for emergency situations. However improvements were required in the storage of chemicals and in cautionary signage for oxygen.

Responsive behaviours were very well responded to by staff and there was low levels of bedrails in use. Some improvements were required in the assessment of restraint in chairs and the provision of alternatives to promote residents dignity.

Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal area and in the designated visitors' area where tea and coffee making facilities were available. The inspector saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including locked storage space in residents bedrooms. However the wardrobes in the three bedded room were noted to be smaller than in other rooms and some were not located near to the residents bed. Overall many bedrooms were seen to be much personalised.

Judgment: Substantially compliant

Regulation 13: End of life

There were written operational policies and protocols in place for end-of-life care. Religious and cultural preferences were facilitated and facilities were available for family members to stay overnight if required. The inspector saw that care practices showed that residents are cared for with the utmost respect at end of life. There was good access to palliative care and the GP's visited regularly. There was evidence of discussion of end of life wishes with residents and relatives with many residents choosing to stay in the centre and not to move to hospital. Staff

had received training in end- of- life care.

Judgment: Compliant

Regulation 17: Premises

Overall the premises were suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile. It was designed so that it was all on one level with easy access to the outdoor spaces. The inspector found the premises, fittings and equipment were of a very high standard. The centre was noted to be very clean, fresh and well maintained. The secure garden patio areas were furnished with colourful outdoor seating and water features.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met, meals and meal times were observed to be an enjoyable experience. The majority of residents attended the dining room for their meals and food was seen to be wholesome and nourishing. Residents confirmed they had choice and were offered alternatives wherever required. They were all very complimentary about the food and the home baking.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. Regular health and safety reviews were also carried out to identify and respond to any potential hazards. However on the first day of the inspection Oxygen was stored in the bathroom area and cautionary signage was not obvious to identify the hazard this was immediately put in place once identified but a further oxygen concentrator was in use in a residents bedroom and cautionary signage was not in place.

The inspector noted that there were large amounts of chemicals stored an open cleaning trolley which had to remain on the corridor when floors were being washed. There was a risk to residents who could take chemicals from the trolley and more secure storage was required.

Judgment: Not compliant

Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. Annual fire training was provided to staff and regular fire drills were undertaken at different times of the day.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place. Maximum doses were seen on as required medications. Medications that required administering in an altered format such as crushing were not individually prescribed as same which could lead to errors in the nurse administering medications not in accordance with the directions of the prescriber.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were generally comprehensive, personalised, reviewed and updated following assessments completed using validated tools. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of very good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language, podiatry and tissue viability as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in comprehensive responsive behaviour care plans which involved the multidisciplinary team.

There was very low usage of bedrails in the centre and alternatives such as low profiling beds and alarm mats and chair alarms were used. However there were two residents who had chairs with tables attached who were unable to open or remove these tables and they sat in the chairs for the day when in the day room. The staff were not recording this as restraint therefore there was no restraint assessment or evidence of recording of options of release and movement on a two hourly basis. There was no evidence that alternatives had been tried. Once pointed out by the inspector one resident was given a different chair without restraint which she looked very comfortable in. The inspector required that the centre reviewed their policy to ensure they abide by the best practice guidelines issued by the department of

health.

Judgment: Not compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff on the second day of the inspection. There was a very clear robust system in place in the management of residents' finances and in the invoicing for extra items as outlined in the contract of care. Residents monies handed in for safekeeping were securely stored and regularly audited by the person in charge.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A comprehensive programme of appropriate activities were available which the inspector saw taking place throughout the two days of the inspection. Residents and relatives reported satisfaction with the activities.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Altra Nursing Home OSV-0000297

Inspection ID: MON-0021182

Date of inspection: 16/04/2019 and 17/04/2019

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Teach Altra management team have drawn up a formalised "Induction Programme and Checklist" for staff based on HSE Guidelines for same.</p> <p>The Teach Altra management team have also formulated a "New Employee Probation Review Form" which will assist both the employer and employee monitor the new employee's progress over the first six months of employment.</p> <p>The management team have reviewed the Teach Altra policy "Staff Appraisal". Updates to the policy will refer to the "Induction Guidelines and Checklist" in 1. above, and to the "Probation Review Form" in 2. above. The policy will also contain the requirement that the pre-existing "Teach Altra Performance Appraisal Form" will be completed by the PIC or other designated person on an annual and 'as required' basis.</p> <p>The existing Teach Altra Staff Training register is being replaced by a new more comprehensive one. It will state the name of the course, the names of all the employees, the date on which each employee received the training, if a copy of the employee's cert is in file and the expiry date of the cert.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Proprietors' building contractors are currently working on resolving the problem of "the wardrobes in the three bedded room" which "were noted to be smaller than in the other rooms and some were not located near to the resident's bed".</p>	

Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Where an oxygen concentrator is in use in a resident's room, cautionary signage will be in place in accordance with Teach Altra policy "Medical Oxygen" (Section 12 – Hazards)</p> <p>The PIC has purchased a cleaning trolley with enclosed storage for cleaning chemicals. Further education of staff will continue regarding the need to be constantly alert to this hazard.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The PIC/Nurse in Charge will ensure that medications that require administering in an altered format such as crushing are individually prescribed. Our GPs and Pharmacists will always be consulted on the safety and viability of crushing individual drugs. Teach Altra policy "Medication" (Section 3 – Crushing of Medication) will be updated accordingly.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Teach Altra advocates a restraint free environment and has a comprehensive written policy dealing with restraint based on HSE, NHI and HIQA guidelines.</p> <p>A "Restraint Release Chart" which includes two hourly release and movement recording, similar to the one in use in Teach Altra for bed rails, has been drawn up and will be used where appropriate.</p> <p>The case of the resident who had a chair with a table attached has been reviewed and the purchase of a suitable chair is being considered as an alternative. In all cases where</p>	

alternatives to restraint have been tried, this will continue to be recorded in the Need Form in the resident's care plan folder.
Management and staff will revisit the Teach Altra policy "Restraint" to refresh their understanding of legislation, standards and procedures as part of on-going staff education courses on restrictive practices.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	01/06/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	01/06/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout	Not Compliant	Orange	15/05/2019

	the designated centre.			
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	17/04/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	20/04/2019