



# 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:	Announced
Date of inspection:	04 December 2023
Centre ID:	OSV-0000297
Fieldwork ID:	MON-0033687

## 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:	29
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 4 December 2023	13:30hrs to 19:00hrs	Breeda Desmond	Lead
Tuesday 5 December 2023	09:00hrs to 17:00hrs	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 seven residents in more detail, and four visitors. Residents spoken with gave positive feedback and were complimentary about staff and the care provided in the centre.

There were 29 residents residing in Teach Altra at the time of inspection. On arrival for this announced inspection, the inspector was guided through the risk management procedure of signing in and hand hygiene.

An opening meeting was held with the person in charge and the chief operations officer, which was followed by a walk-about the centre with the person in charge. Teach Altra Nursing Home was situated on a large mature site with an avenue entrance onto landscaped gardens to the front of the building. It was a single-storey building with basement. The main building accommodated all residential facilities while the basement accommodated laundry facilities and storage. 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, visitors room and clinical treatment room were located beyond reception. The visitors' room was newly decorated, had tea, coffee and scones for visitors, and had comfortable seating. Most of the building had been recently painted and decorated and residents gave positive feedback about their home and how beautiful it looked. They said they were delighted with all the improvements.

Information on vaccinations, nursing home general information and the residents' guide were displayed by the visitors room. A suggestion comments box was displayed to enable visitors and residents provide feedback about the service. The centre was set out in two parallel corridors with adjoining corridors. Beautiful art and pictures were displayed on walls along corridors, some were donated by appreciative relatives of people who had lived in the centre and were grateful to the staff for the care their relative received. The oratory, located opposite the dining room, had beautiful hand crafted wooden furniture and stained glass windows, and seating.

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. There were two other seating areas, one with arm chairs and a 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. Most 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. Many bedrooms were newly painted and refurbished, with furniture, soft furnishings and curtains and looked really well. All bedrooms bar one had new flooring, and most corridors had new flooring. The schedule of upgrading the remainder of the rooms and furniture was ongoing with 22 beds awaiting delivery along with wardrobes, bedside lockers and bedside chairs.

While shelving was added to one bedroom for the resident to display their photographs and mementos, this shelving remained inadequate to facilitate display of mementos and storage of toiletries or cosmetics. The television in this room was wall-mounted high on the wall, and could not be viewed from the resident's bed.

The multi-occupancy bedroom had three beds. One bed-space had a bed and bedside locker (a wardrobe could not be accommodated in or near this space); the second bed-space had a bed, bedside locker and single wardrobe; the third bed-space had a bed, bedside locker and single wardrobe. There were no privacy screens in this room to ensure residents' privacy and dignity.

There were two enclosed courtyards which were accessible from both corridors. One courtyard had a smoking area for residents, and the second had a smoking area for staff. The residents' smoking area had a fire extinguisher and fire blanket on the wall for easy access; fire aprons were stored in the dresser. Courtyards had garden furniture for people to relax and enjoy the outdoors. Each courtyard had a large crafted wooden chair.

The inspector chatted with residents in the day room, dining room and residents' bedrooms. Residents and visitors gave positive feedback about the care they received. They said that the new person in charge was very approachable and 'got things done'; and that she was 'always around'. This was observed on inspection as residents knew her by name, chatted freely with her, and she knew all the residents and their individual needs.

A relative of one resident who had passed away prior to the inspection and was buried the day before the inspection, rang the centre to speak with the inspector. As the weather was really bad and roads frozen she decided not to drive and so rang instead. She spoke of the excellent care her relative received and the love shown and the quality of care witness by the family. The relative said that her mother was always a stylish lady and staff had maintained that level of glamour and style. She reported that her mum was always smiling and content, and that assured the family.

Residents were observed coming to the day room throughout the morning, some were assisted and others mobilised independently around the centre. Mass was live-

streamed every morning at 10:30am from the local church and several residents attended the day room to view the mass. The local priest said mass in the centre on a regular basis and also attended when requested. Following mass, tea, coffee and juices were offered to residents. Staff were seen to bring snacks and beverages to residents in their bedrooms following mass and again in the afternoon in the day room and in residents' bedrooms.

A landscape mural of the view of Newmarket town from the dayroom was being painted by residents as their Christmas venture, and when finished, it would be presented to the people of Newmarket. One of the visitors was helping identify the historical sites in the town and sketched a drawing for residents to copy onto the large canvas. The activities co-ordinator asked several residents to paint the background of the canvas as a base colour for the painting. Residents were discussing the buildings and monuments to be included and had stories of Robert Emmet and Sarah Curran and other local public figures to be included in the mural. They chatted about the title they proposed for their Christmas mural and thought 'A Room with a View – From the Folks on the Hill' was a possibility.

The activities programme was displayed outside the dining room and within the conservatory day room. Activities of the day were detailed as well as the 'upcoming events'. Several events were displayed for the coming weeks of Christmas coffee morning for Kanturk and Newmarket Alzheimer's society café in town, tea party, and dancing for example. The activities co-ordinator had a variety of their crafts displayed on a table and on the walls of the dining and day room; these included paper-craft, knitting, and painting.

There was live music in the morning and afternoon of the inspection and residents and staff were seen to enjoy the music; interaction and participation was encouraged and residents performed their 'party piece'. 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.

After supper at 6pm, the inspector spoke with several residents in the day room. A HCA was sitting and chatting with residents and assisting those in accordance with their requests and needs. One resident was doing embroidery, others told the inspector of the Christmas decorations and cards they were making which were displayed on the table.

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 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. While meals were well presented and residents gave positive feedback about the quality of their meals, residents served in bedrooms did not have a tray service. Condiments were not offered to residents or a pot of tea to self-pour; bread

was seen to be pre-prepared and buttered for residents.

Dani centres to store protective equipment such as plastic aprons and gloves, and hand gel dispensers were available throughout the building. Hand-wash hubs were available on both corridors. In the cleaners' room, equipment and supplies were appropriately stored on shelving provided; there was new shelving here that enable effective cleaning. Sluice rooms had separated hand-wash sinks. A clinical waste bin was added to the sluice room on inspection to enable clinical waste such as wound dressing to be appropriately disposed of in the sluice room. The clinical treatment room had a separate handwash sink. New shelving was ordered for this room and delivered on the second day of inspection; this enable items to be appropriately stored off the ground in the clinical treatment room.

Emergency floor plans were displayed throughout the centre. They had a point of reference indicating 'when you are', exits and evacuation routes were identified; they were orientated in line with their relative position in the centre. These were updated on inspection to reflect the compartment fire doors on corridors. One fire door was held open with a chair and another fire door could not close as the flooring was uneven and prevented closure. Appropriate signage was seen on room doors where oxygen was stored or in use.

The laundry was observed. This was upgraded with new fittings, machines, flooring and freshly painted. Good work-flows were described by the laundry staff and procedures were in line with infection control guidance. A new clothes labelling system was ordered and staff explained that this would allow for residents' names to be ironed onto their clothing.

Prior to the refurbishment and repainting, there was orientation signage to ensure residents were orientated to areas such as the day room and nurses station. These were due to be replaced following redecorating, to allay confusion and disorientation.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was an announced monitoring inspection to inform the renewal of registration of Teach Altra Nursing Home, and to follow up on the actions from the previous inspection. The inspector found that the person in charge was proactive in responding to issues as they arose to improve services and outcomes for residents. Actions required from the previous inspection relating to contract of care, aspects of food and nutrition, policies and procedures, premises, aspects of infection control, and aspects of medication management were addressed. An immediate action was issued on inspection regarding fire doors not attached to the fire alarm system,



electric wires freely hanging and accessible in the newly refurbished visitors room, and the door to the nurses station did not close securely. All these issues were remedied before the end of the inspection. An urgent action was requested regarding compartmentation displayed on evacuation floor plans, and this was addressed before the end of the inspection. On this inspection, other actions were required in relation to fire safety precautions of simulated evacuations, infection prevention and control, medication management, assessment and care planning.

Teach Altra Nursing Home was a residential care setting operated by Newmarket Nursing Home Ltd. The organisation structure comprised two directors of the company, the chief operations officer, the regional operations manager, human resources manager and financial manager. The person in charge was supported on site by the newly appointed clinical nurse manager (CNM) and senior nurses; the CNM deputised for the person in charge when necessary.

The registered provider had applied to renew the registration of Teach Altra Nursing Home. The appropriate fees were paid and specified documentation submitted as part of the application. The statement of purpose and floor plans were updated at the time of inspection to ensure compliance with regulatory requirements.

While there was a schedule of audit for 2023 in place, a new on-line audit system was being rolled out. Staff had received training in the new system and the system set-up was being finalised at the time of inspection. Regarding the current audit programme, many of the audit templates did not enable the auditor to quantify shortfalls in areas such as infection control and medication management for example.

Key performance indicators were maintained on a weekly basis and these informed the weekly and monthly clinical governance meetings. Weekly clinical updates were provided to the chief operations officer (COO), and monthly clinical governance meetings were held with the COO, where KPIs and audit findings were discussed to provide oversight of the service.

The health and safety statement for 2023-2024 was available. The risk register included clinical and non clinical risks, however, some of the risks such as the fire safety findings of the inspection were not included in the risk register. Schedule 5 policies and procedures were in place; the complaints policy was updated on inspection to reflect the change in legislation relating to complaints. The complaints procedure displayed was updated on inspection to ensure accessibility to readers.

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

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider, Newmarket Nursing Home Ltd. had applied to renew the registration of Teach Altra Nursing Home. The prescribed documentation was

submitted and fees were paid. Changes to information previously supplied for registration purposes were submitted to ensure current registration information.

Judgment: Compliant

### Regulation 14: Persons in charge

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

Judgment: Compliant

### Regulation 15: Staffing

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

Judgment: Compliant

### Regulation 21: Records

Records relating to controlled drugs required review to ensure records were maintained in line with professional guidelines as follows:

- records did not routinely detail the number of controlled drugs being returned to ensure accurate controlled drug counts and return of controlled drugs had just one staff signature
- when controlled drugs were received from the pharmacy, the number and details were routinely added to the daily check stock, but not added to the administration stock number until such time as the resident required the medication. This resulted in inaccurate records and potential count errors.

Judgment: Substantially compliant

## Regulation 23: Governance and management

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

- overview of the three-bedded room required action, as identified under Regulation 17, Premises
- regarding the current audit programme, many of the audit templates did not enable the auditor to quantify shortfalls in areas such as Regulation 27 Infection control, Regulation 28 Fire safety, and Regulation 13 End of life care for example
- some of the issues identified on inspection that required action did not inform the risk register, for example, findings related to Regulation 28 Fire precautions.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

A sample of contracts of care were examined. These detailed the room number, occupancy of either single, twin or multi-occupancy bedrooms, fees to be charged and possible additional fees that may be charged.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose and floor plans were updated on inspection to ensure regulatory compliance as follows:

SOP:

- whole time equivalents for HCAs and kitchen assistants
- complaints procedure to reflect the updated legislation

Floor plans:

- to include changes to room descriptors such as toilets and store rooms and their access via corridors
- fire compartment doors on corridors

- handwash sink hubs on corridors.

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints policy and procedure were updated on inspection to reflect the change in legislation to ensure regulatory compliance.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were available; the following were updated on inspection to ensure compliance with regulatory requirements:

- the requirement to maintain a copy of the transfer letter when a resident was temporarily transferred out of the centre in the policy on the temporary discharge of a resident
- the complaints policy to reflect the change in legislation relating to complaints procedure with associated time-lines and responsibilities assigned
- the policy relating to maintaining records in the centre to reflect the specific time-lines as specified in the regulations rather than referring the reader to the regulations.

Judgment: Compliant

### Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Teach Altra Nursing Home. Residents' rights and independence were promoted, and there was ongoing engagement with residents to improve their quality of life. Residents reported that they knew the newly appointed person in charge, that she was available to them and was very responsive to their queries and feedback.

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.

A sample of residents' assessments and care planning records were examined and these showed mixed findings. While the residents care plans were excellent and provided detailed information to inform individualised care, the assessments to inform care planning had very little or no information to inform the care planning process. Residents had good access to GPs, health care professionals and allied health. Residents had current prescriptions and medications were discontinued appropriately. Medications requiring crushing were prescribed on an individual medication basis. Records relating to controlled drugs required review to mitigate the potential for medication errors and near-miss episodes. Safety huddles were in place where staff met at a specified time to highlight safety and risk issues such as residents at high risk of falls, absconsion, antibiotic prescriptions and infection.

A restraint-free environment was promoted. The results of restraint audits showed thorough review of residents' care documentation and narrative notes to inform quality improvement.

Fire safety records were examined and fire certification was in place for quarterly and annual fire testing and servicing. Fire evacuation floor plans were updated on inspection to ensure the layout correlated with compartments. The plans were colour-coded to reflect the coded zones relating to the fire alarm. A legend was displayed beside the colour-coded zoned floor plans to enable easy access in identifying the location of a fire. However, other fire safety issue were identified and these were expanded upon under Regulation 28: Fire Precautions.

## Regulation 11: Visits

The inspector found that visiting arrangements were in place in line with the current guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities). Relatives visited residents in different locations throughout the centre including the day room, bedrooms, the oratory and visitors room. As this was an announced inspection, some visitors came on site especially to meet the inspector. Another relative rang the centre to speak with the inspector as the weather was so bad with the temperatures below freezing they were unable to drive to the centre. All the visitors spoken with gave very positive feedback on the care their relative received along with the friendly approach of the staff and person in charge.

Judgment: Compliant

### Regulation 17: Premises

While the facilities upgrading plan was ongoing, the following were identified:

- shelving in one bedroom was inadequate to enable the resident display and store personal items
- in some bedrooms, the televisions were quite small and difficult to view from their beds
- while most residents had access to a double wardrobe and bedside locker for their personal storage, some residents had just a single wardrobe for storing their clothing and belongings. This was inadequate storage facilities for people in long-stay residential care

The multi-occupancy bedroom had three beds and the size and layout of this room did not provide for the needs of the residents as there was not an acceptable area of floor space per resident:

- one bedspace had a bed and bedside locker, but a wardrobe could not be accommodated within or near the bedspace
- the second and third bedspaces had a single bed, bedside locker and only a single wardrobe, there was limited space for a comfortable chair
- the single wardrobes in the room did not provide suitable personal storage space for residents
- there were no privacy screens in this room to ensure the privacy and dignity of residents in accordance with their needs.

Judgment: Not compliant

### Regulation 18: Food and nutrition

While meals were well presented and residents gave positive feedback about the quality of their meals, residents served in bedrooms did not have a tray service. Condiments were not offered to residents or a pot of tea to self-pour; bread was seen to be pre-prepared and buttered for residents.

Judgment: Substantially compliant

### Regulation 27: Infection control

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

- creams and talc were seen on the cistern in one en suite, this posed a risk of cross contamination
- while infection control audits were completed, they did not identify the specific rooms such as toilet facilities that were audited so it could not be determine rooms that required auditing
- the audit of reviewing sharps bins did not include the requirement of sharps bins to be closed when not in use
- implementation of the National Standards relating to antimicrobial stewardship and oversight of multi-drug resistant organisms (MDROs) to inform care records was not in place.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Action was necessary to ensure better oversight of fire safety precautions as the following issues were identified:

- some fire doors were not attached to the fire alarm system, so in the event of a fire, these doors would not activate to close and help prevent fire spreading; an immediate action was given on inspection and this was addressed
- electric wires were seen freely hanging from a unit in the new visitors' room which posed a serious risk; an immediate action was issued on inspection and a unit was built encasing the wiring
- while the fire warden explained that all bedroom doors and fire exit doors to external areas were checked as part of the daily safety checks, internal doors such as the door into the staff canteen and door into staff changing facilities were not checked – the door into the canteen was held open with a chair; the door into the staff changing room could not close
- the use of extension leads was not risk assessed to ensure they were used in line with safety precautions
- laundry trolleys were left on corridors in the pathway of escape routes
- fire drills and simulated evacuations records did not routinely record the number of residents and staff involved in the procedure; drills and simulated evacuations had not been completed in the largest compartment to be assured that it could be done in a reasonable time; time-lines included in records showed that simulated evacuations at night time took a prolonged period to complete the evacuation.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

While the residents care plans were excellent and provided detailed information to inform individualised care, the assessments to inform care planning had very little or no information to inform the care planning process. This included end of life assessments. Results of audits showed compliance with affording residents care in accordance with their end of life care wishes, however, as most assessments were without information, it could not be assured that care delivered was in accordance with the stated wishes of residents.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to medical services. Medical notes showed that residents were regularly reviewed, in a timely manner with associated referrals to specialist services when required. Wound care records showed wound management was in line with evidenced-based best practice.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Observation on inspection showed that staff had good insight into responsive behaviours and knew residents well. Staff re-directed residents in a kind and respectful manner and provided re-assurances which allayed upset and frustration. The 'PINCH ME' tool was used for assessment and observation as part of their oversight to rule out any symptoms such as infection or pain which may cause the resident to be upset or have an episode of challenging behaviour. Alternatives to bed-rails were in place such as low low beds and mattresses alongside beds.

Judgment: Compliant

### Regulation 8: Protection

This service was not a pension agent for any resident. Staff training was up to date



regarding safeguarding.

Judgment: Compliant

### Regulation 9: Residents' rights

The activities programme was varied and changed on a daily basis. The activities co-ordinator facilitated several different activities throughout the day, and residents were seen to enjoy sessions where they were encouraged to part-take and interact. Information regarding daily and upcoming activities were displayed to enable residents to look forward to the activity programme. Arts and crafts were displayed in the day room and dining room.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Teach Altra Nursing Home OSV-0000297

Inspection ID: MON-0033687

Date of inspection: 05/12/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            In person training on will take place on this topic, to ensure all nurses are fully aware of, and understand the reasons for the specific actions to be taken when managing the safe receipt of Controlled Drugs.            We will also review our policy on Medication Management to ensure that the documentation requirements are clear and in line with current NMBI Medication and that our documents and systems are in line with the guidance.</p> <p>All nurses will attend this training to update their knowledge and understanding of the medication management requirements.</p> <p>The application of all the above improvement / changes to processes, will be overseen and monitored by the PIC, the CNM and the Regional Operations Manager in the course of her oversight responsibilities.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            A review of our audit schedules and format is planned and will address this shortfall.</p> <p>Our Risk Register will be reviewed and updated following the training planned for early January. This training will highlight the link between audit outcomes and the Risk Register and the communication of same to staff.</p>	

The Risk Register and all topics associated with Rick will be covered in our monthly Risk Meetings to be held in the home with workers from each department. One of the reasons for this meeting is to highlight risk, understand how it can be reduced or removed, and involve our team in all decisions to ensure a practical and safe approach that is resident friendly.

The application of all the above improvement / changes to processes, will be overseen and monitored by the PIC, the CNM and the Regional Operations Manager in the course of her oversight responsibilities.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 All residents' bedrooms will be reviewed to ensure they have the shelving and storage they require / desire to display their personal items. Where storage is lacking or not suitable, it will be installed or replaced as quickly as possible. If the room is currently occupied, the residents will of course be included in the selection and the location of the storage.

We will continue the improvement plan in the home which includes the replacement / upgrading of tv's to the larger type. This will ensure that residents can access tv's in their private space of a suitable size and type.

The storage of personal possessions for all residents will be reviewed in line with their wishes and desires as well as per the regulation. Any new furniture or systems required will be supplied / implemented as quickly as possible.

The application of all the above improvement / changes to processes, will be overseen and monitored by the PIC, the CNM and the Regional Operations Manager in the course of her oversight responsibilities.

The triple room will be reduced to a twin occupancy room with immediate effect. The updated SOP will reflect this change, and an application to vary Condition 1 and Condition 3 will be submitted, on or before 1st February 2024.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Residents who wish to have their meals in their room, will be provided with a tray service going forward. This will replace the previous service of serving them their meal from a trolley outside their room direct to their table in their room. The tray will improve the dining experience for the resident by ensuring that they have access to all condiments, cutlery, napkins etc. This will lead to retention of, or improvement in, their level of independence and autonomy.

Residents' preferences and needs around meals are very well known to our staff. This detailed knowledge has resulted in us anticipating their needs. However, we will ensure all residents receive meal placements with all condiments and facilities to manage their meals as independently as they can / wish making sure to always be available to offer assistance where desired.

Staff will receive in-house training on both of the above items and the PIC, CNM Regional Operations Manager in the course of her oversight responsibilities, will provide oversight and monitoring of these improvements.

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

Communal toiletries are not a feature of Teach Altra Nursing Home. It is the practice to use and locate toiletries in single occupancy rooms ensembles in the ensuite without the need to tidy away or mark with the residents name.

However, where there is a multiple occupancy room, residents personal toiletries are tidied away after use by the worker and stored in the residents own toilet bag or basket.

Staff have been reminded to remove toiletries following personal care in shared facilities and to check bathrooms etc throughout the day in case residents leave them behind during independent use.

A review of all residents personal toiletries and the storage of same will continue to be done to ensure there are always sufficient supplies.

The review of our IPC audits will include identifying room names and / or numbers on the documents for the purposes of ensuring that each room / area gets a turn in an audit and that the same rooms or areas are not always chosen. This will ensure that over time, all parts of the home are audited.

Sharps bins will be closed when not in use and this will be monitored as part of the IPC audit cycle.

The transfer letter previously in use is now replaced with the National Transfer

document.

The application of all the above improvement / changes to processes, will be overseen and monitored by the PIC, the CNM and the Regional Operations Manager in the course of her oversight responsibilities.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire doors are connected to the Fire alarm system.
- There is a unit covering the computer modem and other electrical boxes in the visitors room.
- The occasional practice of holding a door open with a chair is no longer in use.
- The extension lead that was in use is now removed. Any future use of an extension will be risk assessed and will only occur where a resident has requested it or where we are unable to add an electrical socket to the identified area.
- Staff ensure laundry trolleys are not placed in the fire evacuation routes.
- The documentation attached to each fire drill now identifies the number of staff used in the course of the simulation, the number of staff observing the simulation and the scenario used for the drill. The majority of all future drills will use the largest compartment of the home using nighttime staffing scenarios. These drills will take place more regularly to improve evacuation times.

The application and adherence to the above will be overseen and monitored by the PIC, the CNM and the Regional Operations Manager in the course of her oversight responsibilities. The Rick Committee will also play a part in the oversight of good practice and identify poor practice for the purposes of improvement.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Our work in relation to reviewing and updating residents' assessments is ongoing and we will continue to monitor to ensure that assessments are completed in full to fully inform care plans.

We will also carry out a review of our progress notes to ensure the comments reflect care plan actions and residents' preferences.

One to one training with nurses will take place on both these topics and the application of improved processes and standards will be overseen and monitored by the PIC, CNM and by the Regional Operations Manager in the course of her oversight responsibilities.



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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.	Not Compliant	Orange	19/04/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/03/2024
Regulation 21(1)	The registered 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	Substantially Compliant	Yellow	30/03/2024

	the Chief Inspector.			
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	30/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/03/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	29/02/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/03/2024
Regulation 5(2)	The person in charge shall	Substantially Compliant	Yellow	30/03/2024

	<p>arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.</p>			
Regulation 5(3)	<p>The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.</p>	Substantially Compliant	Yellow	29/02/2024