



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 June 2021
Centre ID:	OSV-0000297
Fieldwork ID:	MON-0032825

About the designated centre

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

Teach Altra is a nursing home operated by Newmarket Nursing Homes Ltd which is situated in Newmarket County Cork. The centre is registered to provide care to 43 residents. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care. The centre is located within mature grounds and within walking distance from the local town. The centre comprises 24 single bedrooms, eight twin bedrooms and one three bedded room. There is good communal space provided with large sitting room and dining rooms, a library, an oratory, numerous quiet areas and outdoor space in the form of enclosed gardens and walkways around the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
--	----

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 June 2021	09:20hrs to 18:00hrs	Breeda Desmond	Lead
Tuesday 1 June 2021	09:20hrs to 18:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Inspectors arrived to the centre in the morning for an unannounced inspection and staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check. The administrator guided the inspectors through this process very efficiently.

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

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

Information on vaccinations, nursing home general information and the residents' guide were displayed for residents' perusal. The visitors' room or library as some residents knew it, was beautifully decorated and had comfortable seating. Residents were observed here throughout the day enjoying visits with family members. Residents informed inspectors that window visits were also facilitated if there were a few in the family calling, and they said they understood and were happy with these arrangements. Residents said that it was so nice to have visiting back again and to see their families. In the afternoon, inspectors saw residents outside with their visitors enjoying the company and fresh air.

The centre was set out in two parallel corridors with adjoining corridors. Residents bedroom accommodation comprised single and twin occupancy rooms with en suite facilities. Along the corridors there were wide seating areas for residents to sit and relax. One space called the coffee dock, had dining furniture and a dresser as well as comfortable seating. Other spaces had comfortable seating; one section which previously had comfortable seating was now bare. 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. There was a large aviary in one of the courtyards, however, this was poorly maintained and there was no foliage for the birds.

Inspectors sat in the day room chatting with residents and residents gave positive feedback about the staff. They said that it was lovely to have their own staff back again. They reported that everyone had been through a dreadful time but things were getting back to normal. We asked about the activities programme and

residents knew the weekly activities routine and said they could ask for different activities if they wanted to do something else. The physio exercise programme was observed and this was an interactive experience; the physiotherapist encouraged residents with their exercises and explained the benefit for each exercise they were doing, such as loosening some muscles, softening others and strengthening more. Residents appeared to really enjoy this and participated enthusiastically.

Maximum dependent residents were placed together opposite the TV to the right of the day room. The inspector observed that it was not ensured that age appropriate programmes were displayed throughout the day for these residents to enjoy. The activities co-ordinator was observed mobilising individual residents and facilitating one-to-one sessions, however, there were long periods with little meaningful activation. The TV channels were changed on the second TV without due consultation with residents to determine what music they would like to listen to or programme they would like to watch. There was no activities programme on display.

The oratory had beautiful hand crafted furniture and stained glass windows and was a peaceful haven located opposite the dining room. The dining room was well prepared for residents prior to coming to the dining room for meals. Tables were set with delph, cutlery, condiments and small milk jugs. Residents were asked would they like to have a protective bib for their clothing before staff donned them. Inspectors chatted with three residents in the dining room while waiting to be served their dinner. They all reported that the quality of food was good, however, they said there was no choice for their main meal. Observation showed that meals were well presented and looked nutritious; the inspector verified that residents were not offered choice. Mealtime was not protected to allow residents enjoy their main meal as medications were administered during dinner.

There were long delays noted throughout the day when answering call bells. Other observation showed that the complains procedure was not effectively implemented in practice and this was discussed further under Regulation 34.

Observations regarding cleanliness and hygiene were mixed findings. Overall, the centre was visibly clean with some exceptions. One bedroom, reported to have been deep cleaned had shampoo and deodorant on the chest of drawers, incontinence wear left in the wardrobe and a broken wash bowl in the en suite. Staff were observed leaving the staff canteen and coming around to the nurses' station to don face masks and complete hand hygiene rather than complete these precautions before coming on to the floor again. This practice was not detected by senior staff.

Issues observed relating to health and safety and risk included a broken door lock into the nurses' station where residents' documentation was freely accessible. Flooring required upgrading in several parts of the centre. The assisted bathroom was currently used as a store room with items such as boxes of gloves and electric motors for specialist mattresses in the bath. Signage on the door indicated that oxygen was stored here. Along with a cylinder of oxygen there were three oxygen concentrators and a cleaners' trolley with chemicals, however, this room was not secure to prevent unauthorised entry.

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 unannounced inspection was a follow up inspection to the non compliance findings in February 2021. While some improvements were noted relating to staff levels, staff records, medication management and cleaning regimes, there continued to be significant concerns regarding effective monitoring and oversight of the service. Immediate actions were issued relating to fire safety precautions and identified health and safety risk. Repeated non compliance was identified in regulations associated with assessments and care planning, staff supervision, staff training, use of restrictive practice and some infection control practices.

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 recently appointed operations manager, human resources manager and financial manager. On site, the person in charge was supported by the recently appointed deputy person in charge (DPIC). The operations management attended the centre every other week and was actively involved in supporting the service.

The last inspection identified that the monitoring and oversight of the centre by management was not effective in all areas. This continued to be evident. The operations manager informed inspectors that a programme of audit was in place, where audits would be completed on a fortnightly basis with actions plans and responsibilities assigned, and follow-up audits completed a fortnight later to ensure remedial actions were either completed or in the process of completion. On the ground, inspectors found there was no knowledge of this programme; while completed audits were seen with action plans and updates, these were sporadic and had not been repeated to establish if improvement was evidenced. The wound care audit stated that a 'head to toe' skin assessment was completed, however, there was no evidence of this in the suite of assessments seen. Overall, further action was necessary to implement the programme of audit robustly, to be assured that the service was appropriately and effectively monitored.

This service was subject to a significant COVID-19 outbreak earlier in the year; Health Protection Surveillance Centre (HPSC) guidance recommended that a post COVID outbreak review would be undertaken in a centre subject to an outbreak, to identify learning and put in place remedial actions to improve the service. This had not been undertaken to date as part of their quality improvement strategy.

Improvement was noted in the policies and procedures as Schedule 5 policies were in place and had been updated since the last inspection; this included the infection prevention and control policy.

Staff levels had significantly improved since the last inspection and the service was no longer reliant on outside or agency staff. A sample of seven staff files reviewed showed compliance with Schedule 2 of the regulations. In line with best practice, vetting disclosure in accordance with National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was being renewed for all staff.

Staff training records were not comprehensively maintained; in addition, mandatory training was not up-to-date for several topics such as safeguarding and fire safety. As issues were identified in medication administration records, further medication management training was required. Documentation had migrated from paper-based records to electronic records, however, staff and management had difficulty accessing the online quality management system on a number of occasions throughout the day, so additional training was warranted so that management had expert knowledge of this system to access information and provide tutorship to staff. Observation and discussion throughout the inspection demonstrated that staff had a poor working knowledge of the Health Act and the regulations made under it and evidence of this is detailed throughout the report.

Medication administration records were examined. One record showed that the resident had refused a medication at 08:00hrs, however, they were prescribed it for 12md. The nurse advised that the GP had prescribed the resident this medication twice a day over the phone, however, there was no corresponding prescription to support the administration of this medication twice a day. Therefore, nurses were operating outside their scope of professional practice by administering medication without the necessary prescription. While controlled drugs were appropriately checked in accordance with professional guidelines, all the records of daily checks, administration checks, receipt and return to pharmacy records were all input into one book which had the potential for errors or near miss risk.

The statement of purpose required updating to reflect the increase in activities personnel, details of the weekly fire alarm testing, details of the person completing the pre-admission assessment and some details of the premises, for example the wash-hand basins in some rooms.

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

Observation on inspection showed that the culture regarding dealing with complaints needed to be improved. The complaints records had recently transitioned onto an online system. Two complaints had been logged on this system in 2021 to date. One complaint remained open on the paper based system however the PIC confirmed that this was an oversight and the matter had been dealt with. Measures required for improvement in response to this complaint were documented. However this complaint was not recorded in line with the requirements set out in the regulations as the outcome of the complaint was not documented and the complainant was not informed of the outcome of their complaint.

The inspectors recognised that residents, relatives and staff had come through a difficult and challenging time following the COVID-19 outbreak in the centre.

Inspectors acknowledged the efforts made by the registered provider to strengthen the governance and management of the centre including the recruitment and appointment of the operations manager to the company. However, opportunities for the consolidation and embedding of systems was necessary to enable a robust service that ensured the safety, welfare and well-being of all residents.

Regulation 14: Persons in charge

The person in charge had the necessary experience and qualifications as required. She was a qualified nurse and worked full time in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staffing levels to the size and lay out of the centre and the dependency of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Records reviewed found significant gaps in training with overdue training as follows:

- 16 safeguarding
- 23 restrictive practice
- 8 manual handling
- 5 fire safety.

As medication administration records were not maintained in line with professional guidelines and administration of medications was not always undertaken in line with available prescriptions, further medication management training was required.

Additional training was required on the use of the online quality management system as senior staff experienced difficulty accessing information on a number of occasions throughout the day.

There was inadequate staff supervision to ensure a rights-based approach to care delivery.

Relevant staff had poor working knowledge of the Health Act and regulations there

under.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory included majority of the information specified in paragraph (3) of Schedule 3. However the name of the hospital which one resident was recently transferred to was not included.

Judgment: Substantially compliant

Regulation 21: Records

Schedule 2 records were maintained in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There were inadequate governance and management systems to ensure the service provided was safe, appropriate, consistent and effectively monitored as evidenced by:

- lack of a robust auditing system to monitor the service and drive quality improvement
- inadequate oversight of fire safety management
- inadequate risk register, risk assessment and identification, or in some cases centre-specific
- lack of appropriate staff supervision
- poor oversight and management regarding the use of restraint
- ineffective complaints procedure
- poor working knowledge of the on-line quality management system.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contract for provision of services were in place with fees and possible additional fees to be charged, but room occupancy needed to be included in the contracts and indicate whether it was single or twin room agreed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect the increase in activities personnel, details of the weekly fire alarm testing, details of the person completing the pre-admission assessment and some details of the premises, for example the wash-hand basins in some rooms.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors observed that the complaints procedure was not effective. Staff did not recognise that a complaint was being made to them; they did not respond in such a way to provide assurances to the resident or acknowledge that the resident's feedback was heard, accepted and would be acted upon.

Complaint records were not maintained in line with regulatory requirements as the outcome was not documented and the complainant was not informed of the outcome.

The independent appeals person identified on the complaints procedure displayed was no longer available to the service.

Judgment: Not compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and were updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that the registered provider had ensured 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).

Previously it was identified that care planning documentation required improvement. Since the previous inspection, the service had transitioned from paper-based records to computer records. Risk based assessments were used for risks such as falls, malnutrition, dependency and smoking for example. There was a general risk assessment based on the previous HIQA standards of 10.4, however, a comprehensive assessment to establish a baseline of the resident and their care needs was not in place. The 'skin assessment record' was a tool to indicate the location of a pressure area and record wound evaluation rather than a record of the skin condition. Assessments and care planning were based on problem identification rather than taking a holistic view of the resident and ensuring that their independence and ability was maintained and promoted. Information available in some care plans was not detailed in the corresponding assessments, consequently, care was not planned on the assessed needs of residents. While clinical care plans were detailed and specific, quality of life care plans were generic, including end of life care plans in the sample examined. One resident's resuscitation decision was discussed and signed by the resident's son rather than the resident, even though the resident did not lack capacity to make such decisions. Daily flow sheets which recorded the care given to residents and their well-being status were not comprehensively completed on a daily basis so it could not be determined the care the resident received on some days.

Information included in the quarterly returns relating to bed-rail usage was discussed with the person in charge as there continued to be high use of restrictive practices bed-rails. The data submitted as part of this notification was not accurate as residents using bed-rails as enablers were not included even though they were unable to remove the bed-rails independently; these had not been assessed and monitored in line with national guidelines.

There was detailed information received by the service upon a residents transfer or admission to the centre. However, appropriate documentation upon a residents transfer out of the centre to a receiving care facility was not in place. Providing such

information to the receiving centre would ensure the resident received appropriate care in accordance with their care needs to ensure their well-being.

The inspector attended the mid-day safety pause which was facilitated by the CNM. HCAs reported on the care given to residents and their emotional well-being. This was an interactive session with good dialogue and reporting by HCAs and nurses. The CNM updated staff regarding GP visits, residents receiving antibiotic treatment, falls prevention reminders and other areas such as residents' visitors.

An immediate action plan was issued on the day of inspection relating to fire safety precautions. One session of fire training was completed in April by all staff, however, fire drills and evacuations had not been undertaken since the new provider had taken over the service in 2020. A fire drill was completed on the evening of the inspection and the following day. An action plan submitted following the inspection showed that drills would be completed on a weekly basis until such time as all staff were proficient in fire safety procedures. In general, fire safety precautions required attention to be assured that there was a robust system in place to provide effective oversight; further details were reported under Regulation 28, Fire Precautions.

The risk register was examined and it was last updated by the previous person in charge and was due for review 20/10/20. There were several risks associated with a different residential care setting other than Teach Altra Nursing Home. The risk register was not comprehensive or in some cases centre-specific. Identifiable risks were not always recognised, for example, the accessibility of plastic aprons draped over a hand rail, or the unsecured assisted bathroom which was used as a storage room with oxygen and cleaners' trolleys. The door handle missing from one resident's bedroom and the door lock broken into the nurses' station where residents' documentation was freely accessible.

The residents' guide required updating to reflect the new registered provider and management.

Personal storage space in some bedrooms comprised a single wardrobe with chest of drawers and bedside locker. In the multi-occupancy bedroom, all wardrobes were within the space of one resident and a distance away from the second resident.

Further improvements were required in respect of premises and infection prevention and control, which were interdependent. The physical environment in the centre had not been managed and maintained to effectively reduce the risk of infection; inspectors observed facility-wide issues related to maintenance with surfaces, finishes and flooring throughout the centre worn and poorly maintained and as such could not facilitate effective cleaning. Significant barriers to effective hand hygiene practice were also identified as there was a limited number of hand wash sinks in the centre and many were dual purpose. The available sinks did not comply with current recommended specifications for clinical hand hygiene sinks.

Ancillary rooms including the dirty utility and clean utility room were small sized, poorly ventilated and could not facilitate effective infection prevention and control measures. For example, there were no dedicated housekeeping facilities for storage and preparation of cleaning trolleys and equipment. Cleaning trolleys were stored in

an unused bathroom with clinical equipment. Storage space was limited; as a result there was inappropriate storage of equipment and supplies throughout the centre. Management had planned to address this issue through planned refurbishment works however there was no time-lines for these works.

Some linen trolleys were dual purpose and transported both clean and contaminated linen. Tubs of alcohol wipes continued to be inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites, (as alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Furthermore alcohol wipes can damage equipment with prolonged use.) It was reported to inspectors that a vacant room had been deep cleaned and checked by management, however, a resident's shampoo and deodorant on the chest of drawers, incontinence wear were left in the wardrobe and a broken wash bowl in the en suite.

CCTV was in the centre and there was a display panel on the corridor by bedroom 32 with four observation panels displaying pictures of residents in the day room and dining room. Residents would have the expectation of privacy and respect; having their movements viewed by passers-by would not be in keeping with a rights-based approach to care.

There were several examples of the interdependence of poor staff supervision and residents' rights not being upheld:

- long delays in answering call bells observed
- age appropriate programmes not displayed on the TV
- oversight and monitoring of the activation programme.

A residents meeting had been facilitated by the PIC in April 2021. However issues raised at this meeting had not been acted upon. For example, one resident queried the resumption of mass on-site during that meeting (as mass in the centre had been stopped in line with HPSC precautions); this was highlighted to the PIC during the inspection and mass was booked.

Signage on the wall advised visitors against bringing in any sweets or confectionery to residents for health and safety reasons. This was contrary to their contract of care which stated the PIC should be informed of any food or drinks brought in for residents to ensure they do not pose a health and safety risk.

One resident reported that despite several requests, night staff forget to turn off their light and the resident had to get out of bed to do this.

Regulation 11: Visits

Inspectors found that the registered provider had ensured 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).
Judgment: Compliant
Regulation 12: Personal possessions
Personal storage space in some bedrooms comprised a single wardrobe with chest of drawers and bedside locker. It was not ensured that personal storage space was accessible to residents in the multi-occupancy room where the wardrobes were within the space of one resident.
Judgment: Substantially compliant
Regulation 13: End of life
As care plans were generic, it would not be assured that residents would receive care in accordance with their wishes and preferences.
Judgment: Substantially compliant
Regulation 17: Premises
There was inadequate storage space in the centre which negatively impacted infection prevention and control and risk management in the centre.
Judgment: Not compliant
Regulation 18: Food and nutrition
Residents were not given choice for their main meal.
Judgment: Substantially compliant
Regulation 20: Information for residents

While there was a residents' guide, it required updating to reflect the new registered provider and management of the service.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Appropriate documentation upon a residents transfer out of the centre to a receiving care facility was not in place.

Judgment: Substantially compliant

Regulation 27: Infection control

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

- facility-wide issues relating to maintenance
- surfaces, finishes and flooring throughout the centre were worn and poorly maintained and as such did not facilitate effective cleaning
- ancillary rooms such as the dirty utility and clean utility room were poorly ventilated and did not facilitate effective infection prevention and control measures
- there were no dedicated housekeeping facilities for storage and preparation of cleaning trolleys and equipment
- cleaning trolleys were stored in an unused bathroom with clinical equipment
- limited number of hand wash sinks in the centre and many were dual purpose
- the available sinks did not comply with current recommended specifications for clinical hand hygiene sinks
- some linen trolleys were dual purpose and transported both clean and contaminated linen
- tubs of alcohol wipes continued to be inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites
- oversight of deep cleaning and lack of an effective terminal check regime
- inappropriate use of dressing trolley when undertaking dressing renewal in a resident's bedroom
- failure of staff to complete hand hygiene and don face masks prior to returning to the floor following their breaks.

A post COVID outbreak review had not been undertaken.

Judgment: Not compliant

Regulation 28: Fire precautions

An immediate action plan was issued on the day of inspection requesting fire drills and evacuations to be completed. A fire drill was completed on the evening of the inspection and the following day. An action plan submitted following the inspection showed that drills would be completed on a weekly basis until such time as all staff were proficient in fire safety procedures.

Other issues identified regarding fire safety:

- the emergency evacuation plans displayed did not have evacuation pathways clearly set out
- a point of reference was not clearly identifiable
- floor plans they were not always orientated to reflect their position in the building
- ineffective daily fire safety checks
- overhead fire evacuation signage required review to be assured that there was signage at all appropriate fire escape routes
- weekly fire check records showed were not completed consistently
- appropriate fire certification was not evidenced.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

All medicinal products were not administered in accordance with the directions of the available prescription.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

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

- the general risk assessment was based on the 2009 HIQA National Standards rather than the 2016 National Standards
- a comprehensive assessment to establish a baseline of the resident and their care needs was not in place
- the 'skin assessment record' was a tool to indicate the location of a pressure area and record wound evaluation rather than a record of skin evaluation

- assessments and care planning were based on problem identification rather than taking a holistic view of the resident and ensuring that their independence and ability was maintained and promoted
- quality of life care plans were generic, including end of life care plans
- residents who did not lack capacity to make informed decisions were not facilitated to make such decisions regarding their end-of-life care including resuscitation decision
- information available in some care plans was not detailed in the corresponding assessments, consequently, care was not planned on the assessed needs of residents
- daily flow sheets which recorded the care given to residents and their well-being status were not comprehensively completed on a daily basis.

Judgment: Not compliant

Regulation 6: Health care

Residents had timely access to health care professionals and allied health. The physiotherapist was on site every fortnight and completed assessments of residents as well as facilitated an exercise programme. Improvement was noted in wound care records seen.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of bed-rails was not assessed and monitored in line with national policy. While seven residents with bed-rails were included in the quarterly notifications submitted to the Office of the Chief Inspector, the person in charge reported that this was inaccurate and under estimated following clarification on inspection regarding the term enablers and criteria included in the bed-rail assessment, that is, where a resident can independently remove bed-rails then they are not deemed a restrictive practice.

Judgment: Not compliant

Regulation 9: Residents' rights

There were several examples of the interdependence of lack of staff supervision and

residents' rights not being upheld:

- long delays in answering call bells
- age appropriate programmes not displayed on the TV
- oversight and monitoring of the activation programme
- issues raised during residents' meetings not always followed up in a timely manner
- signage on the wall advised visitors against bringing in any sweets or confectionery to residents for health and safety reasons was contrary to their contract of care
- CCTV monitor on the corridor displayed views of residents in the dining room which infringed their right to privacy and dignity
- residents' requests were not always facilitated as one resident repeatedly asked for his light to be turned off at night but sometimes had to get out of bed to turn it off. This also had the potential for falls risk.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Teach Altra Nursing Home OSV-0000297

Inspection ID: MON-0032825

Date of inspection: 01/06/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 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>COVID-19 and the associated restrictions in the Nursing Home, may have had an impact on some training as we had to prioritize personal care as well as there being restrictions on people coming into the home to provide training. Accordingly, a review of all required training has commenced and any gaps in required training will be addressed by the 30th August 2021</p> <p>Audits of all required training and training identified as being relevant for the care of our residents, will be monitored and audited on our electronic systems to ensure that gaps are captured in good time and addressed so that we can return to 100% compliance.</p> <p>A report on staff training will be generated and shared with the Operations Manager every quarter commencing on the 30th August 2021.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The name of the hospital has been added to our electronic documentation system so that it can be inserted into the directory going forward. Accordingly, the Residents Register is again fully compliant.</p> <p>Complete</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A formal auditing system in place. Training on how to express compliance with this issue will be provided to all nursing staff and all staff will be able to articulate how the audit cycle is achieved. • Fire safety training is provided in Teach Altra Nursing Home at a minimum of twice per year to ensure that all staff receive training. The COVID-19 pandemic interfered with this normal routine as there were necessary restrictions in the home. Training and the compliance with training will be part of on-going monitoring as mentioned previously. In addition, there will be adhoc inspections of compliance with fire safety by the Operations Manager and a report generated for future reference. • Risk assessments will continue to be carried out in line with best practice, using the validated assessment tools at our disposal. Reviews and audits of their presence, relevance and effectiveness will be completed to ensure compliance going forward. There is an up to date and centre specific risk register in place. • Staff supervision processes have been reviewed and a new system is in place for same, including but not limited to nurses working alongside support staff. Nurses have been reminded of their responsibility regarding same and senior staff will monitor this going forward. • Restrictive practice will be managed in line with best practice and updating training will be provided to all staff to ensure full understanding and their ability to articulate and explain how we are providing appropriate and safe care to our residents. • The complaints policy is complaint with the regulations. All copies of the policy now reference the same appeals person. The complaints policy will be the subject of the "Policy of the Month" where a reminder sheet is posted for staff, and it is discussed at handover and informal tool box training sessions. • Staff knowledge of the on-line quality management system will be bolstered with a training on how to articulate their knowledge and compliance. There will also be regular checks of their abilities and speed to access information, and records of these checks will be maintained for reference purposes. <p>All of the actions above are either complete or will be by the 30st September and the balance are on-going actions.</p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The room occupancy number will be recorded on all contracts of care in place, and the contract of care template now has that section added.</p> <p>Complete by the 30th August and ongoing for all new admissions.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been updated. The Statement of Purpose has been added to our monthly managers meetings to ensure that the statement is current in terms of the information contained there.</p> <p>Complete and on-going</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints policy will be the "Policy of the Month" for August and the correct application of it will be communicated to all staff. Notifications will be in line with the Regulations going forward.</p> <p>31st August 2021 and on-going</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Residents occupying shared rooms will be surveyed to ascertain their satisfaction with furniture. Actions will be taken according to findings.</p> <p>Survey to be complete by 31st August and identified works / replacements to be complete by 30th September 2021.</p>	
Regulation 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p> <p>End of life practices are in line or exceed best practice. The care plans that were in place are being updated to reflect this. Person centered care plans are part of our auditing schedule, and these will be monitored by the Operations Manager and a report generated for future reference purposes.</p> <p>Complete by the 30th August</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The building is undergoing upgrades to address the recent increased storage needs. The work is expected to be complete by the 31st October 2021. In the meantime, rooms have been identified for exclusive and safe storage purposes, and accordingly the resident's enjoyment of their home is not negatively impacted as hallways and corridors are clear of clutter. This issue will be added to the agenda of the next residents meeting to ensure residents understanding and agreement with this temporary measure.</p> <p>31st October 2021.</p>	
Regulation 18: Food and nutrition	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Residents have always enjoyed excellent food in Teach Altra which is prepared and cooked on site. Residents are well known to our catering and care team, and their preferences have become as familiar to us as our own. However, going forward all will be offered choices for all meals, and this will be documented.</p> <p>Complete and on-going</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: The residents guide will be updated to include the name of the current registered provider.</p> <p>Complete by 31st July</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: The resident in question left the home to attend an outpatient's appointment. This person was expected to return to the home afterwards. However, when he presented at his appointment, he was admitted for investigation. It was not possible to know that this would happen, therefore no transfer documentation was required to be sent. However, we will ensure that relevant documentation will be sent on to the hospital should this sort of situation reoccur. The transfer and discharge of residents' policy will be updated to reflect this and updating training passed out to all nursing staff.</p> <p>30th September and on-going</p>	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Maintenance is ongoing and upgrading work is also planned. Additional Maintenance hours have been added and the company Facility Manager is on site every second week to support the on-going works. • Flooring and surfaces that have been identified as needing replacement will be replaced as soon as contractors can come to complete the work. In the meantime, working practices are altered to ensure good IPC and remedial repairs have been put in place. • Ancillary room sizes are complaint with regulations and are fit for purpose (note; this was addressed in the feedback from and should be removed from the report) • Housekeeping storage is being addressed and is nearing completion. • Cleaning trolleys are being stored as previously explained, in unused rooms which have been identified as temporary storage. This will be replaced by permanent storage facilities as stated previously. • Wash hand sinks in the home comply with the current Irish regulations. (note; this has been addressed in the feedback from and accordingly should be removed from the report) • The sink in question will be replaced with a clinical hand hygiene sink. • Dual purpose trolleys are no longer in use. • Alcohol wipes are not used for cleaning purposes. They are used to sanitize clean surfaces. • The terminal cleaning of a resident’s room took place correctly; a resident then used that room for a short period while her room was being upgraded. Some items belonging to that resident were left behind, (these were not valuable items). The Terminal Cleaning of the room which had not taken place at the time of the inspection would have identified this oversight and those items would have been returned to her. (Note; this issue was addressed in the feedback form and accordingly should be removed from the report) • Staff finishing their breaks, walked approximately 6 steps in a “back of house” short corridor to the nurses station referred to in the report. They then donned their masks and sanitized their hands in line with best practice before entering the open corridor area. A shelf has now been placed outside the staff room and has reduced the steps from 6 to 1. • The post COVID outbreak review will be undertaken. <p>All of the above are either complete, ongoing, or will be complete by the 31st October 2021.</p>	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Compliance with Fire Regulations has always and will continue to be vital for Teach Altra. The Pandemic interfered with some of the paperwork around fire safety due to restrictions on movement of people into the home. As these restrictions are somewhat lifted, we can now address some of the documentation issues.

- The emergency evacuation plans will be updated in line with the report
- A point of reference will be clearly identified.
- All floor plans will be orientated to reflect their position in the building
- Daily fire checks will continue, and the records will be checked as stated previously
- Fire signage will be reviewed by a competent person.
- Weekly fire checks will continue and these will be monitored.
- Appropriate fire certification will be in place.

All of the above are either complete, or will be complete by the 31st October 2021.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Nurses will receive refresher medication management training and compliance with same will be audited.

Training to be complete by the 30th August and audits are ongoing.

Regulation 5: Individual assessment and care plan	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
As stated previously, Teach Altra is committed to continuing to provide excellent care and accommodation. We are working hard in the Pandemic environment to catch up on documentation and paperwork that couldn't be done due to restrictions around the movement of people and due to the prioritizing of resident care when they were ill or were being protected from becoming ill with COVID-19.

- The general risk assessment will be updated to the 2016 National Standards.
- Care plans are under review to ensure our holistic approach of practice is reflected in the documentation.

- End of life care plans, as mentioned previously have been updated to reflect the excellent level of care in practice.
- All assessments are carried out by our registered nurses and they use these to develop care plans. Both assessments and care plans are under regular review. Refresher training will be arranged for nurses to ensure compliance.
- HCW's will receive refresher training regarding the requirement to document everything that they do for our residents and nurses in charge will check daily.

All of the above are either complete, ongoing or will be complete by the 30th August 2021.

All of the above are either complete, ongoing or will be complete by the 30th August 2021.

Regulation 7: Managing behaviour that is challenging	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 The management of residents with challenging behavior will be the topic of Septembers Policy of the Month. In addition, we will provide toolbox training to all staff to ensure their level of understanding of best practice and how to articulate their compliance with same. Regular audit of this will be carried out and audits will be monitored.

Training to commence in August 2021 and will be on going at regular intervals. Audits will commence in August and reports generated.

Regulation 9: Residents' rights	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Call bells are answered in quick time as we understand that when a resident needs assistance, moments can feel very long indeed. Often a bell is ringing and then another might be rung, and at busy times, possibly a third. Each bell is answered very quickly, but although one bell is answered, a second may not be answered until moments later, and in the meantime another bell might be rung. The result of this is that to the stranger in the home, it may seem as though bells are not being answered at all. To ensure that this is never the case, we have a system in place that records the time a bell is rung, and the time that it is cancelled. Following receipt of this report, we were able to

check the call bell answer times for the day in question, and all were within acceptable ranges. We will add an adhoc check of call bell times to our management checks to ensure that this continues to be the case.

- The monitoring of the tv channels has been discussed with the activities coordinator and steps taken to ensure that once a planned program is over, the tv will be turned off or another channel selected in line with residents wishes. We have also added this topic to the agenda of our next residents meeting to get residents views on the tv content and tv management.
- The activity program is under review and a new worker is being recruited.
- The issue relating to a complaint has been discussed with the staff involved and refresher training on that policy is planned.
- Residents' meetings outcomes will be passed on to the PIC going forward and acted upon within a reasonable time frame.
- The signage regarding taking in of sweets has been removed.
- CCTV and the use of the monitors is under review. Compliance with GDPR must be balanced with supervision, safety and privacy and dignity. The result of the review will decide the actions to be taken, in line with residents' permissions and opinions.
- The issue relating to the residents' request has been addressed with the staff in question. As previously stated, the complaints policy will be the "policy of the Month" to allow for open conversation and explanation of its meaning and purpose.

All actions from above will be completed by the 30th September and on-going.

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	30/09/2021
Regulation 12(c)	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 he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	30/09/2021

	and other personal possessions.			
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	30/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/08/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/08/2021
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations made under it.	Not Compliant	Orange	30/08/2021
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	31/10/2021
Regulation 18(1)(b)	The person in charge shall	Substantially Compliant	Yellow	05/08/2021

	ensure that each resident is offered choice at mealtimes.			
Regulation 19(1)	The registered provider shall establish and maintain a Directory of Residents in a designated centre.	Substantially Compliant	Yellow	05/08/2021
Regulation 20(1)	The registered provider shall prepare and make available to residents a guide in respect of a designated centre.	Substantially Compliant	Yellow	31/07/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2021
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall	Substantially Compliant	Yellow	30/08/2021

	reside in that centre.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	30/09/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/08/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/10/2021
Regulation 28(1)(c)(ii)	The registered provider shall	Not Compliant	Orange	31/10/2021

	make adequate arrangements for reviewing fire precautions.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	31/10/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/10/2021

Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	30/08/2021
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	30/08/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	05/08/2021
Regulation	The registered	Not Compliant	Orange	31/08/2021

34(1)(d)	provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.			
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.	Not Compliant	Orange	31/08/2021
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the	Not Compliant	Orange	31/08/2021

	appeals process.			
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Not Compliant	Orange	31/08/2021
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 be in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	31/08/2021
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident	Not Compliant	Orange	30/08/2021

	immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	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.	Not Compliant	Orange	30/08/2021
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	31/08/2021
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Orange	30/09/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and	Not Compliant	Orange	30/09/2021

	recreation.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/09/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	30/09/2021
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has access to independent advocacy services.	Not Compliant	Orange	30/09/2021
Regulation 9(4)	The person in charge shall make staff aware of the matters referred to in paragraph (1) as respects each resident in a designated centre.	Not Compliant	Orange	30/09/2021