



# 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 February 2021
Centre ID:	OSV-0000297
Fieldwork ID:	MON-0031858

## 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. Teach Altra is committed to creating and maintaining a community where the dignity of each person – resident, relative and staff – is respected and fostered in a caring and safe environment. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care. The centre is located within mature grounds and within walking distance from the local town. The centre comprises of 24 single bedrooms, eight twin bedrooms and one three bedded room. There is good communal space provided with large sitting room and dining rooms, a library, an oratory, numerous quiet areas and outdoor space in the form of enclosed gardens and walkways around the centre. The registered providers aims to provide comprehensive nursing care for residents who are unable to receive this care at home, in hospital or in the wider community.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

33

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 1 February 2021	09:30hrs to 16:00hrs	Ella Ferriter	Lead
Wednesday 10 February 2021	09:15hrs to 15:30hrs	Ella Ferriter	Lead
Wednesday 10 February 2021	09:30hrs to 15:30hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

This unannounced inspection was carried out over two days, February 1st and February 10th, 2021. An outbreak of COVID-19 was declared in January 2021, with a total of 58 confirmed cases, 30 of these cases affecting residents and 28 staff. Strict infection control procedures were in place on arrival to the centre, which included a temperature check, risk assessment, hand hygiene and application of personal protective equipment (PPE). The administrator guided the inspectors through these processes very efficiently. The inspectors found that the centre was very homely, well maintained, nicely painted and suitably furnished throughout.

On arrival to the centre, on day one, the inspector requested to speak to the person in charge, and was informed that this person was working remotely, due to the necessity to self isolate. The inspector met with a temporary manager, who had commenced the position in the centre the day previously. They informed the inspector that they had received a handover from the centres Operations Manager. There was no clinical manager on site in the centre on day one of the inspection. Although the inspector received full cooperation, information initially requested was difficult to obtain, such as the COVID status of residents and staff.

On the first day of this inspection the inspector observed that residents were isolating in their bedrooms, as per recommendations, during an outbreak of COVID-19. Doors had appropriate signage to inform staff of the COVID-19 status of residents. There were limited opportunities to engage with residents on an individual basis on day one of the inspection. However, the inspector had the opportunity to meet with one resident, standing at their bedroom door. They were looking for a staff member to request their lunch. They told the inspector that they were happy in the centre, but were looking forward to coming out of their bedroom soon. They praised the staff, stating that they would do anything for them and were very kind.

Staff were working hard in the centre. The Inspector met with staff employed by Newmarket Nursing Home as well as staff redeployed from the Health Service Executive (HSE) and Agency staff. The registered provider had also redeployed numerous staff from sister centres. There were records of information on each bedroom door. These records included details on residents mobility status, level of assistance required, dietary requirements and personal likes and dislikes. This system was temporarily put in place to familiarise and direct new staff to residents personal information, and temporary staff told the inspector it was extremely helpful. Each staff member was also provided with a handover report document, with details pertaining to end of life preferences for those residents for whom this decision was recently determined. However, on review of this document the inspector noted that this document was outdated and had not been updated in five days. This is particularly important in light of the fact that some staff were working in the centre on a temporary basis to assist during the outbreak and would not have the same level of intimate knowledge of each resident as the centre's own staff.

Staff spoken with told the inspector that they were extremely busy and found they did not have adequate time to spend with residents. Some staff interviewed by the inspector had worked excess hours over the past week. They stated they did this because they wanted to be there for the residents, as they knew this was such a difficult time for them. They were conscious that so many of the centres staff had been affected by COVID-19 and felt a duty of care to residents and the centre. The inspector observed on day one of inspection that there was only one Registered General Nurse working between 8am-10am, with responsibility for 33 residents. The inspector observed a second nurse reported for duty at 10am.

The Inspector observed lunch being served to residents by care staff. It was presented very well and looked nutritious. However, meals were served later than normal and were over an hour delayed for some residents. Care staff spoken with acknowledged this and told the inspector that residents required more time and assistance during meals and therefore they were delayed. Care staff informed the inspector that they liaised with the chef directly and collected individual dinners when they had adequate time to assist residents. This was to ensure that meals were served hot. The inspector observed that there was no manager overseeing meal provision for residents of the first day of inspection. Staff were diligent in their recording of residents fluid intake and output on fluid balance charts, situated on each bedroom door. Staff spoken with understood the importance of ensuring residents had adequate fluid and food intake. They informed the inspector that residents had reduced appetites and needed extra support and encouragement with their meals.

The inspector observed local general practitioners (GPs) visiting the centre, and discussing residents with nurses post their assessment. Staff told the inspector that the GPs were attending the centre up to three times per day and would come anytime they had concerns. The inspector spoke with general practitioners and they praised the commitment and dedication of staff. On day one of the inspection the inspector observed registered nurses administering morning medications at 12 o'clock. A nurse administering medicines told the inspector she was significantly delayed as she had to attend to residents who needed attention or care.

The inspector observed that the centre was divided into two Zones, red and green. Staff were appropriately allocated to COVID-19 detected and non detected residents, for most part, on both days of the inspection. This was not the case when there was only one nurse available. Staff were observed using hand gels appropriately, however, some staff were observed to be using person protective equipment (PPE) incorrectly, particularly in the use of face masks. Incorrect use of PPE were also observed by inspectors on the second day of inspection. PPE stations were set up on corridors, however, on day one of the inspection the inspector noted there was excessive supplies on tables, which would present a risk for cross contamination. Staff were observed to be disposing of clinical waste in domestic waste bins which is contrary to correct infection control procedures. This was rectified on day two of the inspection.

Two cleaning staff were working on day one of the inspection, however, some areas of the centre were cluttered and could not be cleaned effectively. The inspector

observed that there were no clear systems in place for cleaning and staff spoken with informed the inspector that there was not documentation regarding cleaning processes. Some equipment was also visibly not clean. On day two of the inspection, inspectors identified some examples of good practice in the management of COVID-19. Transmission based precautions had been discontinued for the majority of residents fourteen days after symptom onset, where they had been fever-free for five days. Overall, the physical environment in the centre appeared clean and well maintained with few exceptions.

On day two of this inspection some residents were seen walking around the centre. They told the inspectors they were so happy to be out of their bedrooms and had found the last two weeks very difficult. One resident told the inspector how they had contracted "the virus " and were still very weak and breathless. The inspector observed a resident phoning their daughter and being appropriately assisted by staff going for a walk around the centre. The team of staff in Teach Altra were putting plans in place to set up the dining areas for residents again and resume the social programme. Staff spoken with on day two of the inspection told the inspectors they were so glad the outbreak was nearly over. Many of the staff spoke of the residents who had passed away, and told the inspectors how much they would be missed in the centre, as they were part of the family of Teach Altra.

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

The usual management and oversight arrangements, to ensure residents were receiving safe and appropriate care were significantly impacted by a COVID-19 outbreak in the centre. The situation was improving by the second day of inspection but further actions were required. Significant concerns regarding clinical oversight, staffing, healthcare and infection prevention and control were evident on day one of this inspection. This resulted in the issuing of an urgent action plan to the registered provider. Improvements were acknowledged on day two of this inspection. Staffing levels had increased and staff were appropriately supervised. Many of the infection prevention and control deficits identified had also been addressed. However, this inspection also identified areas for improvement in residents assessment and care planning, managing behaviours that challenge, healthcare and protection.

This was a two day unannounced risk based inspection. It was carried out on receipt of information regarding the registered providers ability to maintain staffing levels during a COVID-19 outbreak at the centre. The centre was experiencing a significant COVID-19 outbreak which had commenced mid January. The majority of residents and staff working in the centre were affected. Sadly at the time of this inspection, some residents had passed away. On the first day of the inspection the person in

charge, clinical nurse managers, many of the nurses, care staff and household staff were not available to work, due to COVID-19 related illness or the requirement to self-isolate. The impact of this was that staffing levels and skill mix were not sufficient to meet the assessed needs of the residents.

The registered provider of Teach Altra Nursing Home is Newmarket Nursing Home Ltd, which has two directors. There had been a complete change in directorship of the company in 2020. A new person in charge had also been recruited, and was supported by two Clinical Nurse Managers. The person in charge was supported in the operational management of the centre by the registered provider representative (RPR). There was evidence of weekly communication between the RPR and person in charge and it was evident the RPR was actively involved in the operations management of the centre.

Prior to this inspection the registered provider had appointed the groups Operations Manager to deputise for the person in charge. This person had managed the centre for eight days. The HSE had also supported the centre through the provision of a senior nurse to support management. On day one of the inspection the person in charge and two Clinical Nurse Managers were working remotely. The outcome of this was that there was no clinical oversight of resident care of the 33 residents in the centre 27 of whom had increased clinical needs due to COVID-19 infections.

A temporary manager had been allocated to the centre to oversee non clinical matters and was present on both days of this inspection. The provider had endeavoured to address the staff shortages caused by the current outbreak by the centres staff working additional hours, by sourcing staff from external agencies and by redeploying numerous staff from sister centres. The HSE had also redeployed staff to work in the centre. However, despite managements' ongoing efforts and commitment to recruit staff the Inspector was not assured that there were sufficient staff on duty, with the appropriate skills at all times, on day one of this inspection. This was based on observation, conversations with staff, a review of staffing rotas and an assessment of the dependency levels of residents.

Staffing shortages were impacting on the staff's ability to consistently provide a high standard of quality care for residents living in the centre. Thirty three residents were living in the centre and 27 had contracted COVID-19. The records showed that 14 of these residents were maximum dependency. Staff also reported to the inspector that residents required more time and assistance with personal care, continence care and feeding due to a diagnosis of COVID-19. This related in particular to the healthcare assistant ratio, cleaning staff and nurse management. The inspector also found that a registered nurse on duty did not have verified nursing registration available on day one of this inspection. When identified by the inspector management sourced this documentation electronically.

The registered provider addressed some of these deficits immediately following day one of inspection, by allocating a manager to oversee clinical care, employing the additional support of a cleaning agency and rostering additional care staff. The provider had prepared a comprehensive contingency plan for a COVID-19 outbreak and had established links with support organisations, including Public Health.



Discussion with staff and review of documentation showed that outbreak control meetings were convened to advise and oversee the management of outbreaks of infection at the centre. The plan included arrangements to cohort those residents with suspected or confirmed COVID-19 in one zone, and those residents who had not contracted the virus were cared for in a separate zone. Supplies of PPE and oxygen were procured. Where possible staff and equipment were designated to each zone, including nursing and housekeeping staff. However, the contingency plans were not adequate to deal with the scale of the outbreak in the centre, namely the staff deficit.

There was a suite of general infection prevention and control policies which covered aspects of standard precautions, transmission-based precautions and outbreak management. However, many of the infection prevention and control policies were due for review and did not reflect current national guidelines. Action was required to ensure sufficient oversight of infection prevention and control arrangements in the centre, and to identify potential risks and opportunities for improvement, in relation to the prevention and control of healthcare-associated infection. A training matrix was in place showing all the mandatory and relevant courses completed by staff. Steps to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education. A number of staff members were trained to collect a viral swab sample for testing for SARS-CoV-2, the cause of COVID-19.

The local public health team provided leadership and support during the outbreak. Management liaised with the public health team on a daily basis and outbreak control meetings had been held in relation to outbreak management in the centre. Although the centre engaged with the Office of the Chief Inspector during this time, the information provided was not accurate and reflective of the situation in the centre in all instances. The Inspectors found that the provider received extensive support from local general practitioners who visited the centre a few times daily. They assessed residents and prescribed treatments for residents who had COVID-19 and who were receiving end of life care.

The monitoring and oversight of the centre by management was not effective in all areas. For example, there was no auditing system in place, to monitor the service provision, or quality and safety of care delivery to residents. There was no oversight of incidents, and they were not always reported to the Chief inspector as required by the regulations. The complaints management system did not meet the requirements of the regulations, and not all complaints were investigated appropriately.

The inspector acknowledged that this was a difficult and challenging time for residents, relatives and staff. It was evident that staff working in the centre were extremely dedicated to their work. They had the best interest of residents and their families in their minds during this COVID-19 outbreak.

## Regulation 15: Staffing

The staffing levels in the centre on the first day of the inspection were not sufficient to meet the assessed needs of the residents, for example:

- There was one nurse on duty from 8am-10am in the centre on day one of the inspection. This nurse had responsibility for 33 residents, 27 of whom had contracted COVID-19 and four who required increased monitoring and oversight. A second nurse came on duty at 10am.
- There were insufficient numbers of care staff to meet the increasing dependency and care needs of residents with COVID-19 infection and residents needing one-to-one supervision.
- There was insufficient cleaners to ensure the designated centre was appropriately cleaned as evidenced under Regulation 27: Infection control.

Staffing levels improved over the week, and had improved on the second day of inspection. Following day one of the inspection the provider contracted the services of an external cleaning company to provide additional cleaning and maintain the standards of cleaning required to prevent transmission of infection during the centre's COVID-19 outbreak.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The supervision arrangements on day one of inspection were inadequate as there was no assigned person clinically responsible for supervision of nursing and care staff. The inspector found inappropriate delegation of nursing care duties such as monitoring of subcutaneous analgesia via a syringe driver. Staff spoken with were also unaware of who to report to. The provider responded to this deficit following the inspection by appointing the temporary manager responsibility for clinical oversight, and this person was qualified to do so. On day two of the inspection the person in charge and CNM had returned to work and supervision arrangements were in place.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were inadequate governance and management arrangements evidenced by:

- Inadequate staffing levels on day one of inspection to ensure the effective delivery of care. For example residents meals and medications were delayed.

- The failure to ensure that staff in the centre were appropriately supervised on day one of the inspection.
- Information was not in place underpinning staff recruitment to ensure residents are safeguarded in the absence of a Nursing and Midwifery Board registration for an RGN on duty.
- Lack of an auditing system to monitor the service and drive quality improvement
- Poor oversight and management of incidents, complaints and use of restraint.
- The lack of oversight of infection prevention and control compliance in the centre which is detailed under Regulation 27.

Judgment: Not compliant

### Regulation 31: Notification of incidents

Notifications in relation to the COVID-19 outbreak and any unexpected deaths in the centre were not submitted to the Chief Inspector within the required time frame. Two incidents in the centre relating to an injury sustained by a resident and a potential abuse were also not notified in accordance with the regulations.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The complaints procedures in the centre did not meet the requirements of the regulations as it was found:

- The complaints policy did not identify the nominated complaints officer.
- A summary of the complaints procedure was not displayed in the centre.
- Complaints were not investigated appropriately in all instances.
- One complaint should have been identified as an allegation of abuse, and been notified to the Chief Inspector.
- The satisfaction of the person making the complaint was not always recorded.

Judgment: Not compliant

## Quality and safety

Inspectors observed that the COVID-19 outbreak was posing a significant challenge to management and staff due to the numbers of residents that tested positive for the virus and the increased care needs of these residents. This was further impacted by the number of staff who could not work because of confirmed or suspected COVID-19. Dedicated staff in the centre worked very hard and were very committed to providing care to residents during the outbreak. They worked to the best of their ability, with the assistance of staff from the HSE and agencies to care for residents. Although staffing levels improved as relief staff were employed, residents' care needs increased, and there were not enough staff to provide a good standard of evidence-based care and support.

Residents' health care needs were extensively supported by the input of local general practitioners who attended the centre up to three times per day. Such specialist advice ensured that residents received care appropriate to their increasing needs as a result of contracting COVID-19, such as subcutaneous fluids and analgesia. Residents receiving end of life care in the centre had pain assessed appropriately, using validated tools, and had access to appropriate analgesia. Fluid and dietary intake and output was being appropriately monitored by nursing and care staff. There was evidence that residents skin was being monitored and continence care being delivered appropriately. However, the inspector found that action was required in ensuring nursing documentation supported care delivery in areas such as wound care, catheter care and advanced care directives. This accurate clinical information is of importance, to ensure continuity and safety of care.

The standard of care planning documentation was poor, this was acknowledged by the management team. Validated risk assessment tools were used to assess various clinical risks, including risks of malnutrition, pressure sores and falls. However, these assessments did not inform residents care plans and were used incorrectly in some instances. It was also found that some care plans were not updated four monthly and one resident did not have any care plan documentation.

Inspectors found that when a resident was approaching the end of his or her life, staff had made every effort to ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned was provided, and that religious and cultural needs of the resident concerned were met, in so far as could be achieved. However, based on a review of records, residents receiving end of life care did not always have end of life care plans in place, to allow the clinical team to prioritise the goals of comfort and support, based on residents and families preferences. Over the course of the week, the clinical management team reassessed and updated some residents care plans.

Staff were assigned to different zones within the centre. There were additional measures in place to ensure staff minimised their movements around the centre in order to reduce the risk of spreading infection between units. However, some of the

procedures in place for the prevention and control of health care associated infections were found to be ineffective. For example, on day one of the inspection, Inspectors found that PPE was not being used/ stored correctly throughout the centre and clinical waste was being inappropriately disposed of. On day two of the inspection staff were observed donning full PPE prior to entering the rooms of residents where transmission based precautions had been discontinued.

There were two cleaners working in the centre on day one of the inspection, however, the programme for environmental hygiene and cleaning of equipment was poor, and there were no records maintained. Some improvements in the environmental hygiene were acknowledged on day two of this inspection. The centre had introduced a number of effective assurance processes in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, a review of cleaning products, the use of disposable mops and cleaning cloths to reduce the risk of cross infection, and audits of environmental cleanliness. However, inspectors also observed weaknesses in infection prevention and control measures such as ineffective cleaning of equipment and inappropriate use of PPE.

Staff working in the centre had received training on managing responsive behaviours and safeguarding vulnerable adults. However, the inspectors found the the use of restrictive practices required increased monitoring as it was found that 50% of residents were using bedrails. These had not been assessed and monitored in line with the centres policy and national guidelines.

Visiting was currently restricted due to level 5 restrictions, and an outbreak of COVID-19 which was affecting most of the residents and staff. Visiting on compassionate grounds was allowed under strict controls. The centre had a suitable area indoors to facilitate visits when visiting resumed. During the COVID-19 outbreak in Teach Altra residents remained isolated in their bedrooms and activities were not taking place. Residents families were communicated with by telephone and video phone. On day two of the inspection the centre was planning to resume a social programme for residents and recommencing meals being served in the dining room. Residents and staff collectively were looking forward to this.

## Regulation 11: Visits

Visiting was suspended to the centre as per the Level 5 National Framework for living with COVID-19 recommendations. Signage at the entrance to the centre informed the public of this. An appropriate visiting room had been set up by the provider to facilitate visiting, when it resumed. The inspectors were informed that visiting was taking place on compassionate grounds.

Judgment: Compliant

## Regulation 27: Infection control

Inspectors found that residents were at risk of infection as a result of the provider failing to ensure that procedures, consistent with the standards for infection prevention and control were implemented by staff. In particular the provider did not demonstrate adherence to and compliance with the Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units, a guideline issued by the Health Protection (HPSC) to safeguard and protect residents from infection.

A number of issues which had the potential to impact on effective outbreak management were identified during the course of the inspection. These issues collectively presented a risk particularly in the context of the ongoing outbreak of COVID-19 at the time of the inspection. For example:

- There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was effectively cleaned and decontaminated.
- Some equipment observed during the inspection was visibly unclean was not being fully cleaned in accordance with national and evidence-based guidelines.
- Excessive quantities of PPE were inappropriately stored at PPE stations along the corridors.
- Some areas of the centre including the nurses stations and hallways were visibly not clean.
- Staff had been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended PPE. However, inspectors observed that PPE was not being used in line with national guidelines. For example staff were observed donning full PPE prior to entering the rooms of residents where transmission based precautions had been discontinued.
- A number of sterile products observed in the clean utility were past their expiry date including vials of sterile water and skin antiseptics. This may have impacted their effectiveness.
- Tubs of alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Furthermore alcohol wipes can damage equipment with prolonged use. Appropriate cleaning supplies should be available at or close to the point of care to enable routine cleaning of shared clinical equipment.
- Some surfaces, finishes and flooring were poorly maintained and as such did not facilitate effective cleaning.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment including commodes, hoists and used linen trolleys along corridors.
- There were no dedicated housekeeping facilities for storage and preparation of cleaning trolleys and equipment.

- Ancillary rooms including the dirty and clean utility rooms were small sized, poorly ventilated and did not facilitate effective infection prevention and control measures.
- Hand wash sinks in the centre were not easily accessible.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

There was poor oversight of medication management on site evidenced by:

- Medication was observed left unsecured in the centre.
- The centres medication refrigerator had medication not labelled and out of date.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care planning documents were not in place, up to date, and reviewed for all residents, for example:

- A resident who had been admitted to the centre six weeks previous did not have a care plan on record.
- Although a tool was available to assess residents at risk of developing pressure sores, it was found that this tool was not always used appropriately, and therefore could not inform mobility and skin integrity care plans.
- Residents receiving end of life care did not always have end of life care plans in place to inform and direct care. This was identified as an area to be reviewed on the COVID-19 preparedness plan of October 2020.
- Residents did not always have care plans updated four monthly, as required by the regulations.

Judgment: Not compliant

### Regulation 6: Health care

Inspectors were not assured residents healthcare needs were being met in line with a high standard of evidence based nursing evidenced by:

- There were ineffective communication systems to relay current residents

health care requirements. This was in particular in relation to residents advanced care planning and resuscitation status as documentation was found to be inaccurate, and not updated. This was even more important at this time, as staff were newly assigned to the centre and were not familiar with residents.

- Poor documentation pertaining to wound care.
- Poor communication and documentation regarding a resident who required monitoring of a urinary catheter.
- Review of nursing records evidenced inappropriate response, observation and record keeping of a resident post injury in the centre.

Judgment: Not compliant

### Regulation 7: Managing behaviour that is challenging

Residents needs were not being fully assessed where they had responsive behaviours, to identify triggers and develop strategies to de-escalate and prevent further recurrences, as set out in the national guidance 'towards a restraint free environment' . The inspectors also found that there was a high usage of bedrails in the centre which was over 50%. On review of residents prescribed bedrails it was found that they did not have risk assessments, consent or a system in place to monitor this practice. There was not evidence of alternatives trialled prior to their use. This was not in accordance with national policy or the centres policy, in relation to the use of restraint. Records indicated an incident relating to inappropriate placement of bedrails without an assessment, resulted in an injury to a resident in the centre. Management reviewed this during the inspection and the resident was allocated a low low bed.

Judgment: Not compliant

### Regulation 8: Protection

A review of the complaints log identified that a complaint submitted by a resident would have been more appropriately investigated under the safeguarding policy rather than as a complaint. Review of available documentation and discussion with the person in charge found that this incident had not been investigated appropriately and had not been managed in line with the centres safeguarding policy and procedure.

Judgment: Substantially compliant



## Regulation 9: Residents' rights

Inspectors found that residents' rights were upheld in as far as was possible during the COVID-19 outbreak. Residents' rights in relation to freedom of movement and to communicate freely were impacted by the restrictions imposed to contain the spread of COVID-19 in the centre, in line with national policies. Residents and their families were informed about the outbreak and residents who spoke with inspectors understood why restrictions were necessary. Residents were encouraged to contact families via phone and video calling.

There was one record of a residents meeting available on the day of inspection which had taken place in October 2020. Topics discussed included updates on new staff, structure developments and activities. There had been no activities in the centre during the outbreak, however, staff were putting plans in place on day two of inspection to recommence the social programme.

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>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Teach Altra Nursing Home OSV-0000297

Inspection ID: MON-0031858

Date of inspection: 01/02/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The staffing levels in Teach Altra Nursing Home substantially exceed the recommended levels using the Modified Barthel Index tool.</p> <p>In addition to using this verified tool, we are monitoring and measuring health outcomes and are comfortable that these indicate suitable Nursing and Carer staffing levels.</p> <p>IPC audits and improved procedures and systems of work, along with the return of the homes own domestic workers, all ensure that the housekeeping function of the home is suitably managed. Continued audit and monitoring ensure us of this going forward.</p> <p>In all departments, we are responsive to the needs and dependency levels of our residents, and can adjust in a timely manner should the need arise.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Clinical supervision in the home is well managed by the PIC, her Deputy and Senior Staff nurse. There is an on- call rota in place for off duty contacts should the need arise. This ensures that the home has access to clinical supervision and assistance 24 hours per day, 7 days per week.</p> <p>All nurses have been reminded of their responsibilities under the NMBI guidelines in terms of medication management. Monitoring of medicinal products is a matter for the</p>	

nurse on duty, however, she may ask care staff to report any observations of concern to them so that she can assess and take appropriate action.

Staff are all aware of the organizational structure in the home and this is also posted in the staff room for reference.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The staffing levels in Teach Altra Nursing Home substantially exceed the recommended levels using the Modified Barthel Index. In addition to using this verified tool, we are monitoring and measuring health outcomes and can see that these indicate suitable Nursing and Carer staffing levels.
- Supervision is well managed by the team of nurses, the Senior Staff nurse, the Deputy PIC and the PIC. Systems are in place to ensure the dining and sitting rooms always have a member of the team either in the room or in line of sight. The new full time Activities Coordinator also takes an active role in monitoring residents and can call for assistance should the need arise.
- All staff files are in place and contain all the required information.
- A new auditing program is now in place and audits are being carried out. Training has been provided to the PIC, Deputy PIC and nursing staff.
- Incidents, restraint, and complaints are being recorded and managed on Epic. Oversight is being done by the PIC and Deputy PIC as well as off site by the Director of Operations. Training is planned for these topics and will be complete before end May 2021.
- A robust IPC audit has been introduced and the first audit carried out. This will be used along with updated cleaning and housekeeping procedures and schedules. Training has been provided for this on site also.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Notifications will be done per the regulations going forward. Oversight of this and monitoring is being carried out by the Director of Operations.

Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• The complaints policy has been updated and now identifies a complaints officer.</li> <li>• A summary of the complaint's procedure is displayed in various locations around the home.</li> <li>• This complaint has been correctly managed and refresher training in safeguarding has been done to protect against recurrence.</li> <li>• The recording of the satisfaction of the complainant is being recorded.</li> </ul>	
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"> <li>• There is a new recording form in use to document all cleaning and decontamination work. This is also being audited.</li> <li>• The cleaning of equipment is included on the new recording and work schedules and compliance is being audited.</li> <li>• PPE stores are much reduced, well organized, and not located on floors.</li> <li>• There is a new recording form in use to document all cleaning and decontamination work. This is also being audited.</li> <li>• Staff compliance with PPE use and guidelines is being supervised and monitored.</li> <li>• There is a weekly check for "out of date" items and all approaching expiration will be removed from the home.</li> <li>• Alcohol wipe use is much reduced and is not being used to clean.</li> <li>• There are plans for updating and improving the home. The damaged flooring will be replaced. In the meantime, these damaged areas will be taped to allow for effective cleaning and disinfection.</li> <li>• Two empty bedrooms have been identified as temporary storage areas pending commencement of planned building works to develop new storage areas, allowing corridors to be kept clear of clutter, cleaning equipment and assistive equipment.</li> <li>• IPC measures are being carefully applied to these areas and the rooms maintained in a clean and uncluttered manner. Audits indicate good compliance and fit for purpose rooms.</li> <li>• Hand washing sinks are in all bedroom ensembles and in the various public bathrooms, shower rooms and WC's in the home. During forthcoming building works, we are considering the installation of hand washing sinks in areas along corridors.</li> </ul>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• Nurses have received refresher training on this issue and trolleys are being monitored for compliance.</li> <li>• The fridge is checked weekly for out-of-date items, items belonging to deceased or discharged residents, and unlabeled items.</li> </ul>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• All residents have comprehensive care plans in place. Newly admitted residents will have a short-term care plan for the first 24 hours, after which a personalized comprehensive plan is developed in partnership with the resident. This allows the staff some time to get to know the needs and desires of the resident, whilst ensuring safety in the immediate term.</li> <li>• Verified tools are now used correctly and this is part of the audit process in place for Care Planning.</li> <li>• End of Life care plans are in place where appropriate.</li> <li>• Care plans are updated 4 monthly or as required. Epic ensures that this is not missed, and the PIC and Deputy have oversight of this to ensure compliance and to provide assistance and guidance to nurses.</li> </ul>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• Night staff are responsible for ensuring this updated information is entered on to the handover sheet for the next day. Also, all end-of-life information including resuscitation status is entered on to Epic for ease of reference. This information is part of care plan audit and the PIC and her Deputy have oversight of this.</li> <li>• Documentation of wound care is now in line with best practice and is held on Epic for</li> </ul>	

ease of reference and for oversight and monitoring purposes.

- All new clinical high alert items are entered on to the handover sheet by night staff so that the oncoming nurse is made aware of clinical changes.
- The management of accidents has been reviewed and a new procedure is in place in line with best practice. This is also held on Epic for ease of reference and oversight and audit.

Regulation 7: Managing behaviour that is challenging	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- Restrictive practices in the home have been reviewed and the use of bed rails is much reduced. Of those left in place there is a robust assessment and auditing system and all residents have restraint care plans in place which encourage regular attempts to remove or reduce the restraint.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- Updating of safeguarding has taken place to ensure the correct procedure and associated notifications are applied going forward. Complaints are also overseen and monitored using the audit tool and Epic.



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	15/04/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/04/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	15/04/2021
Regulation 23(c)	The registered	Not Compliant	Orange	15/04/2021

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	15/04/2021
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	15/04/2021
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	Substantially Compliant	Yellow	15/04/2021

	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.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	15/04/2021
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Not Compliant	Orange	15/04/2021
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints	Not Compliant	Orange	15/04/2021

	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	15/04/2021
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	15/04/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Not Compliant	Orange	15/04/2021

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	15/04/2021
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	15/04/2021
Regulation 8(3)	The person in charge shall investigate any incident or allegation of	Substantially Compliant	Yellow	15/04/2021

	abuse.			
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