

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Teach Altra Nursing Home
Centre ID:	OSV-0000297
Centre address:	Scarteen, Newmarket, Cork.
Telephone number:	029 61 166
Email address:	teachaltra@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newmarket Nursing Home Limited
Provider Nominee:	Bartholomew Daly
Lead inspector:	Mairead Harrington
Support inspector(s):	Aoife Fleming;
Type of inspection	Announced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
25 March 2015 09:45	25 March 2015 18:00
26 March 2015 09:00	26 March 2015 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an announced inspection, carried out over two days, for the purposes of informing a decision to re-register the designated centre.

The documentation submitted by the provider as part of the re-registration process was submitted in a timely and ordered manner. As part of the inspection the inspectors met with residents, the service providers, the person in charge, staff nurses, relatives and other staff members. The inspectors reviewed the policies and procedures in the centre and examined documentation which covered issues such as staff training, complaints and advocacy, and health and safety risk management.

Previous inspection findings for this centre were substantially compliant and where regulatory non-compliances had been identified the provider and person in charge demonstrated a willingness and capacity to implement the required improvements. The last inspection was undertaken on 12 May 2014 and that report, including the provider's response to the action plan, can be found on www.hiqa.ie.

In summary, both the registered provider and the person in charge were found to be actively involved in the day-to-day running of the centre and readily available and accessible to both residents and staff. There was evidence of individual residents' needs being met and the staff supported residents in the pursuit of their personal interests.

The inspectors observed good practice during the course of the inspection and there was evidence that a high standard of care was delivered with access as required to a general practitioner (GP), dentist and other allied healthcare professionals. A range of social activities were available to residents many of which were aimed at increasing engagement with the local community and enhancing the quality of the shared visiting experience with friends and relatives. This inspection again established substantial compliance overall with some minor findings in relation to staff training and recording of information.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed the statement of purpose which declared the aims, objectives and ethos of the centre and summarised the admission criteria, facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review though it required minor amendment in order to correctly reflect the conditions of registration and date of review. These issues were addressed immediately.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The designated centre was established 15 years ago and has been privately operated since by the same company and senior management. A well established system of governance was in place and the organisational structure included the necessary deputising arrangements and was appropriate to deliver a service that was in keeping

with that described in the statement of purpose. Care was directed through the person in charge who reported to the registered provider and other members of senior management.

Staff spoken with were aware of the requirements in relation to the regulations and a copy of the national standards was available and accessible at the centre. Those staff spoken with were found to be committed to providing quality, person-centred care to their residents. Evidence of consultation with residents was also available with meeting minutes documented - those residents spoken with explained that they had an opportunity to engage with management in decision making around activities and initiatives at the centre. The relatives and residents spoken with by inspectors spoke highly of their experience of service delivery at the centre. Questionnaires on the quality of care completed by both residents and relatives were also reviewed during the inspection and all provided very positive returns on the service, particularly in relation to staff and the approachability and co-operation of the management and person in charge. There was also evidence that resources were dedicated on a consistent basis to the continuous professional development of staff ensuring a high standard of evidence based care.

Effective quality management systems were in place to ensure the delivery of service was safe and consistent. Appropriate monitoring mechanisms were also in place to assess and review these systems including regular and relevant auditing procedures. Where learning issues were identified as a result of these reviews measures were in place to ensure that such learning, and any related practice or procedure improvements, were relayed to staff accordingly. In keeping with statutory requirements, substantial work had been completed around the annual quality review in meeting themes of standards with particular emphasis on governance, restraint, care planning and documentation.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A guide outlining the services and facilities of the centre was available to residents. The inspector reviewed a sample of resident contracts which included details of the overall fees to be paid and services to be provided in relation to care and welfare. The sample of contracts reviewed met with statutory requirements.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge was a long standing member of staff who held the post full-time and was a registered nurse with experience appropriate to the role. Care was directed through the person in charge and a clear and regular reporting system was in place. Residents and staff spoken with could identify the person in charge and understood that the role carried responsibility and accountability for the service and that issues and concerns could be addressed to the person in charge for action if necessary. In the course of the inspection the person in charge demonstrated a sound knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge also understood the regulatory responsibilities associated with the role and demonstrated an on-going commitment to both person-centred care and compliance with the statutory requirements.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Up-to-date, site-specific policies in keeping with Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place and included a comprehensive policy and procedure in relation to emergency planning and response. However, a specific fire management policy was not in place as required by the regulations. Copies of the relevant standards and regulations were maintained on site. Staff spoken with demonstrated a satisfactory understanding of the policies discussed and their application in practice; for example managing challenging behaviour and responding to emergencies including fire and evacuation procedures. Maintenance records for equipment including hoists and fire-fighting equipment were also available. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were in keeping with requirements. Other records to be maintained by a centre such as a complaints log, records of notifications and a directory of visitors were also available.

Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by the inspector and found to contain comprehensive details in relation to each resident such as name, contact details for relatives and contact details for their GP.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Both the provider and person in charge understood the statutory requirements in relation to the timely notification of any instances of absence by the person in charge that exceed 28 days; and also the appropriate arrangements for management of the

designated centre during such an absence. There had been no such period of absence by the person in charge since the last inspection. The person in charge was supported by an assistant director of nursing who had worked at the centre since it opened in 2001 and had extensive experience of nursing care in centres for older persons; her capability and experience was evident to inspectors.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse that had been reviewed on 17 October 2014 and provided appropriate direction in circumstances that included allegations involving residents, visitors and other persons in a position of trust.

Those members of staff spoken with were clear in their understanding of what constituted abuse and, in the event of such an allegation or incident, also understood the procedure for reporting the information. Although all staff had received relevant training the time frame to refresh had expired in some instances and this finding is recorded for action against outcome 18 on staffing.

Residents spoken with stated that they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. There was no record of any allegations of abuse having been reported.

A current policy and procedure was in place in relation to managing behaviour that is challenging and staff spoken with demonstrated the appropriate skills and knowledge to respond to, and manage, behaviour in these circumstances. The centre actively promoted the independence of residents with a policy on restraint dated 10 December 2014 that indicated it be used only as a last resort and following consideration of all alternatives. Where restraints such as bed-rails were in use appropriate risk assessments had been undertaken. Care plans reviewed by the inspectors contained documented assessments and consent forms. Restraint assessment forms were in use and a weekly restraint register was in place that reflected regular monitoring. A comprehensive audit on restraint and gap analysis had been undertaken based on enabler/restraint

assessment, care, planning and implementation and a report had been produced in December 2014.

A policy was in place to cover personal property dated 6 January 2015. A separate policy dated 8 January 2015 covered residents' fees. Secure storage was provided in residents' rooms for the safekeeping of personal items and finances. Where the centre acted as agents for residents in relation to monies records were appropriately maintained with receipts retained and documentation counter-signed.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A comprehensive risk management policy was in place dated 10 February 2015 covering the required areas including unauthorised absence, assault, accidental injury, aggression, violence and self-harm. The policy also included arrangements to identify, record, investigate and learn from serious incidents. An accident and incident log was seen to be maintained with regular entries timed, dated and fully described in relation to circumstances, consequences, monitoring and follow-up. Clear and detailed notes were manually recorded by the person in charge.

An up-to-date safety statement was in place dated 15 October 2014 that included food safety and infection control. In keeping with policy a risk register was also maintained and included a number of resident specific risk assessments completed on an on-going basis. A health and safety audit had been undertaken in January 2015. A smoking policy was in place dated 21 October 2014 and resident smokers had been risk assessed in keeping with policy.

Staff had received relevant manual handling and fire training though refresher training was outstanding in a small number of cases. Action on this finding is recorded at outcome 18 on staffing. New staff were familiarised with the fire safety procedures on induction.

An inventory of equipment, and its location, was in place and certification in respect of fire equipment servicing was available from 24 July 2014. A daily check of both the fire panel and fire escapes was recorded. Weekly checks of first aid and fire equipment, including the fire alarm test, were documented. Evacuation drills were conducted with an exercise recorded for 21 November 2014. On the day of inspection all corridors were

clear and emergency exits were unobstructed. An emergency policy was in place dated 7 January 2015 and emergency and evacuation plans were on display which clearly identified the viewer's relative location. Emergency lighting had been tested on 9 January 2015. There was written confirmation by a competent person of compliance with all the requirements of the statutory fire authority.

Policies and procedures around cleaning and infection control were in place dated 15 October 2014 and work routines observed by the inspector were in keeping with good practice and included the use of a colour coded cleaning system. Sluice rooms were appropriately equipped with hazardous substances securely stored. Staff were seen to use personal protective equipment appropriately. Sanitising hand-gel was readily accessible and regular use by staff was evident. The premises overall was clean and very well maintained.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A centre specific medication management policy was in place which outlined the procedures in place for prescribing medication, administration, recording, storage, disposal, crushing and self-administration.

The inspector viewed the medication storage areas and found that all medications were in date and securely stored. The medication fridge temperature was within the required range and monitored daily. The inspector noted there was some excess stock of medications, such as warfarin and painkillers, which were not in use as the residents medications were dispensed in a blister packing system. The person in charge immediately arranged for the return of this excess stock to the Pharmacy for appropriate disposal.

A sample of medication prescription sheets was reviewed. All charts had resident photographic identification and a nurse signature sheet. In some cases the maximum dose of PRN (as required) medications was not recorded on the medication prescription sheet. The medication administration times matched the times on the medication prescription sheet.

The centre nurses checked and recorded the balance of controlled drug medications twice daily at the start of each shift. The inspector conducted a spot check on several

controlled drug balances and found that these matched the controlled drug register. However, the administration of a controlled drug patch was not recorded on the medication prescription sheet for one resident. It was verified that the patch was applied as prescribed, the medication prescription sheet was amended immediately and an incident form was completed.

The inspector observed practice and spoke with staff who were knowledgeable on all aspects of medication management. They explained that the residents medication prescription sheets were regularly reviewed by the General Practitioner. Residents had a choice of pharmacist in the centre. The person in charge explained that the pharmacist was a valued support to the centre and provided advice on medication management. Review procedures were in place with records indicating audits of medication management were routinely conducted, the last being on 19 January 2015.

Judgment:

Substantially Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed the record of all incidents occurring in the centre. All notifications which were required to be submitted to the Authority within 3 days of occurring were submitted on time and with sufficient detail.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. The inspector reviewed a selection of care plans and saw evidence of a pre-admission assessment undertaken for all residents. On admission activities of daily living such as mobility, cognition, nutrition and communication were assessed. There was evidence that care plans were reviewed on a quarterly basis or as assessed needs required, or on request by the resident and family. Residents spoken with felt very well cared for and supported in their choices; they were consulted with, and participated in, communication and decisions around healthy living choices including care plans, daily activities and personal preferences. Signed documentation on care plans was available in this regard.

The provider nominee was also the attending GP and when spoken with by the inspector confirmed that a number of residents retained the services of their own GP and/or pharmacist if they so chose. Documentation to this effect was also seen. The services of allied healthcare professionals were available including speech and language therapy, dietician and occupational therapy. Care plans that were reviewed contained recorded assessments using standardised tools and referrals based on these assessments were made in a timely manner. Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible.

Staff and management at the centre demonstrated an active commitment to person-centred care. There was an on-going training programme around care plan issues such as wound management, including complex wounds and pressure sores. A system to monitor staff attendance and a review of this learning was also in place. The care planning for wounds currently in place was effective and well documented. It included appropriate monitoring and intervention in accordance with evidence based best practice. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances around individual residents.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre comfortably met the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. The building had been purpose built in 2001 and was of a modern design and contemporary style. Accommodation comprised 23 single rooms and a further eight double rooms, all en-suite. The dimensions of all rooms were appropriate to the assessed needs of the resident profile and each was equipped with a secure locker and the necessary personal storage space. A dedicated observation room for high dependency residents was also available which was suitably equipped with overhead hoists and appropriate privacy screens. The building was well constructed and the interior maintained to a high standard with residents' rooms individually decorated and personalised. Parking adequate to the service was available on site. Provisions were in place to address health and safety hazards with a risk register in place that was subject to on-going review.

There was a large dining area that opened onto a communal seating area which viewed onto the countryside through a glass fronted balcony and provided space for visitors and entertainment. All access points could accommodate a wheelchair. Residents had access to a library and oratory. There were two enclosed, courtyard areas with seating and secure access for residents. Other lounge areas with coffee-making facilities were available for residents to receive visitors. There was a designated smoking area with provision of appropriate fire prevention equipment including fire-blanket and extinguisher. The premises were comfortable with effective heating, lighting and ventilation throughout. Separate facilities were available for staff. Kitchen and catering facilities were well maintained and appropriate to the layout and capacity of the centre. Laundry facilities on the lower ground floor were well equipped and maintained. The environment and atmosphere overall was relaxing and leisurely.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A site specific complaints policy and procedure was in place which covered both written and verbal complaints. The policy cited relevant legislation and provided a clear outline of the procedure to follow in making a complaint, including expected time frames for

resolution. A copy of the complaints policy and procedure was clearly on display and identified an independent complaints officer as part of the appeals process. Residents spoken with were aware of how to make a complaint should they so wish though residents reported that communication with staff and management was very good with opportunities to raise issues at residents' meetings also. In general any requests or issues were usually addressed on an on-going basis without the need to escalate matters via the complaints process. A complaints log was maintained by the person in charge who operated a monthly review recording 'nil' returns in instances where no complaints had been received, a practice which provided greater transparency around recording processes over time.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre had been the subject of a thematic inspection focusing on end of life in May 2014 and had been found substantially compliant at the time with on-going action evident in relation to the recording of residents' end of life wishes in their care plans. A site-specific, written operational policy on end-of-life care was in place and was last reviewed on 6 January 2015. A record of staff having read and understood the policy was maintained. The policy was comprehensive and offered specific guidance for staff on meeting the requirements of the resident at end-of-life as regards physical, emotional, psychological and spiritual needs. The policy included a helpful checklist for reference by staff in relation to the tasks and steps necessary for care of residents at end of life. Staff training was regularly reviewed and an end of life training programme had been delivered within the last 12 months.

The inspector reviewed a sample of care plans and noted that appropriate assessment around spirituality and dying was addressed as part of the admission process. A specific end of life care plan was in place. Residents were regularly reviewed by the general practitioner (GP) and discussion was recorded around the change of circumstances in relation to health and the wishes of the resident.

Inspectors were told by relatives that a very informative meeting was held in the centre in January 2015 whereby end of life care planning, resuscitation status and advanced care directives were discussed. This allowed relatives and residents an opportunity to find out more about end of life planning and had resulted in the documentation by many

residents and relatives of their wishes.

Relatives of residents who had passed away at the centre spoke with the inspectors of their experiences and remarked on the high standard of medical and nursing care provided and also referenced the compassion and attention they received on a personal level from both staff and management. Each commented on the dignified and respectful manner in which residents care needs were attended to at end of life.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a robust, site-specific policy on food and nutrition that had been reviewed in October 2014. The policy included assessment, monitoring and documentation of residents' nutritional and fluid intake and also provided guidance on procedures for the recording of this information in resident care plans.

In accordance with policy residents' food, nutrition and hydration needs were comprehensively assessed on admission and this data formed the basis of on-going review through the monitoring of weight and the calculation of scores using a specified nutritional assessment tool. Where recommendations such as fortified diets or the issue of nutritional supplements were made by the allied healthcare professionals, food and fluid balance charts were maintained and these were reflected in the care plans accordingly.

A lunch menu for the day was on display. The dining area was bright with tables set for individuals and small groups. Tables were decorated with flowers and well laid with cutlery, napkins and ware. Staffing levels were appropriate with care staff available to provide assistance with eating for residents as required. The inspectors observed lunch service and noted that residents were provided with the meals of their choice which were freshly prepared, nutritious, flavoursome in content and appetising in presentation. The inspector observed staff providing assistance to residents where required and noted that the manner and attitude of staff was patient, helpful and courteous with appropriate techniques being used throughout. It was evident that the staff had a good understanding of the residents' likes and dislikes and meal trays were seen to be individualised according to the requirements and preferences of residents. Residents spoken with were complimentary of the food and pleased with both the variety and

quality. Light snacks were available throughout the day and drinking water was readily available. A coffee point was accessible in a communal seating area to facilitate visitors and residents.

The inspectors spoke with kitchen staff who were appropriately trained in food hygiene and handling. Effective communication systems were in operation between the kitchen and care staff around the needs of residents with records of dietary requirements documented and maintained in a folder for reference. This folder was routinely updated and also on admission of a new resident. The kitchen facilities were well maintained and in keeping with the requirements of the size and occupancy of the centre. Audit procedures were in place. Overall, the inspector found that the nutritional needs of the residents were well assessed and met to a high standard.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy on residents' rights, including a right to information, dated 6 May 2014. Advocacy services were in place with all staff having a duty of advocacy for residents in the first instance and a designated external advocate was also available. The person in charge operated a routine of daily consultation with residents and those residents and relatives spoken with confirmed that this was the case.

A well developed activities programme was in place that included reminiscence therapy, bingo, arts and crafts. Residents had the opportunity to participate in activities meaningful to them, those spoken with indicated they could enjoy pursuing personal interests such as music or spiritual devotions such as prayer meetings. Management actively fostered cultural links to the community. Musical instruments were available for residents' use and on the day of inspection professional musicians were performing with a resident accompanying on piano. Residents said they felt very well cared for and supported in their choices. Residents were seen to enjoy a level of independence appropriate to their assessed abilities.

The inspectors found the atmosphere at the centre was friendly and interactive with

both residents and relatives commenting positively on the attitude and standard of care provided by staff. Staff spoken with understood and demonstrated appropriate techniques in managing communication where residents had a cognitive impairment or other difficulties communicating. Documentation in care plans contained relevant information around the life and circumstances of residents and both the person in charge and staff demonstrated a very good knowledge and understanding of individual residents' backgrounds and personal interests.

There was ample facilities for residents to meet with visitors in private with tea and coffee making facilities available at all times in a homely, self service coffee station. No restrictions on visiting hours were imposed. The centre kept a variety of birds in an indoor aviary which was popular with residents and visitors. Residents were facilitated to visit the local town when they wished and several residents were actively involved in local community groups.

The statement of purpose described the mission statement of the centre as "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 inspectors found that this ethos and person-centred approach was actively promoted by both management and staff throughout.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The policy guiding residents personal property dated 6 January 2015 was viewed by the inspectors. It outlined the procedures in place to safely store residents finances and personal property. A record of personal property, signed and dated by the resident and nurse, was seen to be maintained in residents' care plans.

Residents had access to their own personal possessions which were all stored appropriately in their bedrooms with ample wardrobe and storage space provided.

A well organised laundry system was in place at the centre which included effective storage and identification to ensure that residents' items were safely managed and returned. Laundry equipment and facilities were well maintained and serviced.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that there was an appropriate number of staff on duty and of a suitable skill mix to meet the needs of the residents. The actual and planned rotas were available and indicated clearly if any amendments had been made. The rota ensured that a nurse was always on duty, including night duty, at the centre.

The inspectors viewed the training records in the centre which were well organised and accessible. Records indicated a substantial commitment by management to the professional development of staff and the person in charge was proactive in facilitating staff to undertake FETAC level 5 training, with seventeen care attendant staff trained to this level. Staff told inspectors that they were actively encouraged and facilitated to attend external training courses. There were however a small number of instances where time frames had expired for mandatory training in relation to fire, safeguarding and safety and manual handling. The person in charge confirmed that refresher programmes to address these shortcomings had been scheduled for delivery over the coming weeks.

The centre had a detailed policy on recruitment which described the screening and induction of new employees and also referenced job description requirements, the recruitment process and probation reviews.

The inspectors reviewed a sample of staff personnel files and were satisfied that all the requirements of Schedule 2 of the Regulations were met with up to date an Bord Altranais registration in place for all members of nursing staff.

Several volunteers visited the centre and Garda vetting was in place in keeping with regulatory requirements. However, in some instances the volunteer roles and responsibilities had not been set out in writing as required.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Teach Altra Nursing Home
Centre ID:	OSV-0000297
Date of inspection:	25/03/2015
Date of response:	11/05/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A specific policy for fire management was not in place as per item 17 of schedule 5 of the regulations.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

A specific policy "Fire Safety Management Ref. No. TAP2A" was implemented on 28/04/2015

Proposed Timescale: 28/04/2015

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Records reviewed did not indicate

- the maximum dose for a PRN medication
- the administration of a controlled drug patch on the prescription sheet.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

The PIC will ensure full compliance with Regulation 29(5)

Proposed Timescale: 26/03/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There were a small number of instances where time frames had expired for refresher training in relation to fire, safeguarding and safety and manual handling.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

Where time frames have expired, refresher training has been scheduled for the months of May and June 2015.

Proposed Timescale: 30/06/2015

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

In some instances volunteer roles and responsibilities had not been set out in writing as required.

Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:

The roles and responsibilities of all volunteers in Teach Altra will be set out in writing.

Proposed Timescale: 30/05/2015