

**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:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	53
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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 December 2016 10:30 To: 13 December 2016 19:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection of Teach Altra Nursing Home by the Health Information and Quality Authority (HIQA) was unannounced and took place on 13 December 2016. At the time of inspection there were 52 residents in the centre. The person in charge stated that one person was in hospital.

During the inspection the inspector met with residents, the administration staff, the person in charge, staff members and relatives. The inspector reviewed the policies, Staff files, staff training records, complaints and health and safety risk management documentation.

Historically, the provider and person in charge demonstrated regulatory compliance and an acceptance of regulation as a tool to further improve the lives of the older adults who live in the centre. The provider and the person in charge were involved in the day-to-day running of the centre and residents were familiar with them. Residents spoke highly of their relationship and trust in the person in charge, the staff and the provider. There was evidence of residents' needs being met and of resident centred-care being supported and facilitated.

The inspector observed very good practice during the course of the inspection. A

wide range of social activities were available to residents which included engagement with the local community, home visits, regular physiotherapy and fit-for life activities. During this inspection seven outcomes were inspected against and these were found to be fully compliant with regulations.

From the entrance hall of the centre to residents' bedrooms, the décor was very high class and this attention to the physical environment extended to the individualised enabling care, which was provided to residents. The Christmas decorations were outstanding, with no effort or resources spared by staff and management, to create a magical Christmas scene, for residents and their families. The oratory had been converted into a life-size, walk-in crib. This was erected every year by the son of a past resident, in recognition of the care his relative received. The room had soft ambient lighting and residents described how their grandchildren loved to come in to see it. One relative told the inspector that people in the local town were talking about the walk-in crib and she said that "it was the main topic of conversation". In every hallway, there was an impressive Christmas display of figures and lights. The person in charge explained how residents helped with creating the various scenes. She described how residents sat around admiring the finished creations and had a glass of sherry to celebrate.

Residents described staff and the facilities as "perfection", "second to none" and "the best in the 26 counties". Residents well seen to experience a sense of belongingness and wellbeing, in the centre. They were actively living their older lives, using their abilities and developing new abilities. The following report describes the findings, which on the day of inspection were seen to accurately reflect residents' comments.

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 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:

An established system of governance was in place in the centre for the past 16 years. Deputising arrangements for the person in charge were in place. This role was filled by the assistant person in charge who was in the centre as a nurse, since it was first opened. The person in charge and her deputy were highly respected by residents and there was a good level of staff supervision and mentoring. The person in charge was described by one resident as " a great captain". Staff spoken with, were aware of the regulations and the updated national standards. They were found to be committed to providing individualised care to residents. This was based on their knowledge of residents' lives as younger people and residents' current wishes for their long term care. Evidence of consultation with residents was available, in a sample of survey results and minutes of residents' meetings. The relatives and residents spoken with by the inspector spoke highly of their experience of service delivery at the centre. The approachability and kindness of the management team was commented on in most of the documentation seen. The inspector noted that resources were dedicated on a consistent basis to the premises and to continuous professional development of staff, ensuring a high standard of evidence based care.

Effective quality management audits were in place which ensured a learning organisation was promoted, which adapted to the needs of residents and addressed any improvements required. Appropriate monitoring mechanisms were also in place to assess and review these systems including regular and relevant auditing procedures. Supervision and appraisal of all staff was on-going. In keeping with statutory requirements, the annual review of the safety and quality of care had been completed. The person in charge had made this available to the inspector and to residents.

Judgment:

Compliant

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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 had a full-time post and was a registered nurse with many years of experience in the centre. Residents, staff and relatives spoken were familiar with the person in charge. They stated that any concerns could be addressed with her and that she would address any issues identified. The person in charge demonstrated a good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. She was aware of the regulatory responsibilities associated with her role. She informed the inspector that she had a commitment to excellent care for residents and to compliance with the statutory requirements. She really enjoyed her work and this enthusiasm was palpable in the environment of care, created in the centre.

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 in 2016. It contained appropriate guidance for staff on dealing with abuse allegations involving staff, residents, visitors or other

persons in a position of trust. Staff with whom the inspector spoke were found to be aware of the types of abuse that could occur. They understood the procedure for reporting an suspected allegation and had signed that they had read the policy. Staff training was up to date. The person in charge and her deputy stated there was a zero tolerance approach to any type of abuse and that this was discussed at handover meetings, on a daily basis. Residents said that they felt safe in the centre.

A policy was in place in relation to managing behaviour associated with the behaviour and psychological symptoms of dementia (BPSD). This was dated 26 October 2016. Staff spoken with, had training in the skills and knowledge to respond to, and manage this behaviour. Care plans were in place for staff guidance, where this was relevant. The centre promoted residents' mobility and independence. There was a comprehensive policy on restraint, which was seen to reflect best evidence-based practice. Where restraints, such as bed-rails, were in use, appropriate risk assessments were seen, in residents' files. Restraint assessment forms and consent forms were in use. A daily restraint register was observed which demonstrated that regular monitoring was carried out. Comprehensive audit on restraint use was undertaken regularly.

A policy was in place to cover personal property and residents' finances. A record of personal items brought in to the centre, was maintained for each resident, from admission. Secure storage was provided in residents' rooms, for the safekeeping of personal items. All financial records were carefully maintained. These were transparent, proper and maintained to a very high standard, by the administration staff. This staff member ably described to the inspector, the system of record keeping, bank records and the provision of receipts, for residents.

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

Findings:
A comprehensive risk management policy was available with complied with Regulation 26. This was dated as reviewed on 9 February 2016. The policy included arrangements to identify, record, investigate and learn from serious incidents. An accident and incident book was maintained with evidence of appropriate follow-up where necessary.

An up-to-date safety statement was in place dated January 2015. The person in charge maintained a risk register, which included a number of resident specific risk

assessments, for example, for those residents who smoked. A health and safety audit formed part of the audit cycle and health and safety issues were discussed at staff and residents' meetings. Staff had received relevant manual handling and fire training. These records were seen by the inspector. New staff were familiarised with the fire safety procedures, on induction.

A certificate in respect of fire equipment servicing was available, dated 26 November 2016. A daily checklist of the fire panel and fire escapes was maintained. Weekly fire alarm testing was documented. The inspector reviewed records of a recent fire drill. There was written confirmation by a competent person of compliance with the requirements of the fire regulations sector. An updated emergency plan and fire management policy were seen to be in place.

Infection control policy and work routines, observed by the inspector, were in keeping with best practice guidelines. A colour coded cleaning system was in place and this was explained to the inspector, by the cleaning staff member on duty. Both sluice rooms were very clean, appropriately equipped and hazardous substances were securely stored. Staff were seen to use personal protective equipment appropriately. Sanitising hand-gel was readily accessible and regular use of this, by staff, was evident to the inspector. There was a fresh, clean smell on the premises, which overall, was maintained to a very high standard.

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

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. This was updated on 22 September 2016.

The person in charge stated that she personally checked the supply of medicines, on a monthly basis. She explained that there were nine general practitioners (GPs) attending to residents in the centre and that they were all accessible, when requested to review a resident. The provider was also a GP in the centre and residents commented positively about his care and attention to them. Where any resident was at end-of-life stage, appropriate medical attention and medicines, were available. Records confirming this were reviewed by the inspector. Access to the palliative care team was also readily

available and accessed.

The inspector observed practice and found that staff were left undisturbed when administering medicines. They were seen to wear a red apron, which the person in charge said, indicated to other staff and residents, that the medicine round was underway. The person in charge stated that residents' medication prescription sheets were regularly reviewed by the GP. She explained how one resident's psychotropic (sedative type) medicines were recently reviewed and changed, with a better outcome for the resident's quality of life. Residents had a choice of pharmacist in the centre. The assistant person in charge informed the inspector that the pharmacist was very supportive. The pharmacist provided advice on medication management and facilitated training, when requested. Audits of medication management were undertaken by staff and medication errors were recorded.

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:

Policies and procedures were in place in relation to the care and welfare of residents. The inspector reviewed a number of care plans and viewed a sample of the pre-admission assessments, undertaken for 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 four monthly basis, or as necessary. Residents spoken with, said they were supported in their choice of health care and social activity. They were consulted about healthy living choices, including exercise, activity level, mood stability and nutrition. This consultation was signed in the care plans by the resident, or their representative.

The services of allied healthcare professionals were available, including speech and language therapy (SALT), dietitian, mental health specialist, geriatricians and occupational therapy (OT). Comprehensive assessments using standardised evidence based tools were undertaken, on all aspects of care needs. Holistic care needs were addressed for each individual with the involvement of the family, where appropriate.

Documentation and correspondence around discharge and transfer, including transfer letters to and from acute hospitals, were viewed by the inspector. These were found to contain detailed and relevant information, about the resident involved.

There was an on-going training programme around care issues. The person in charge explained to the inspector that a number of staff were attending specialised training, in end of life care and in wound care. This knowledge would then be passed on to all staff members. The assistant person in charge stated that no resident had a wound or pressure sore at present, apart from one resident, who had a healing laceration on his arm. There was a detailed care plan in place for this.

Relatives spoken with, in relation to health and social care needs, were effusive in their praise for staff. They stated that they had no worries when they went home in the evening, as they felt that their residents' were in 'safe hands'.

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 in the centre and a designated external advocate was available. The person in charge and her assistant person in charge, engaged in daily consultation with residents. Residents and relatives, spoken with by the inspector, confirmed this. A stimulating, interesting and evolving activity programme was in place. This included reminiscence therapy, bingo, art, flower arranging, fit-for-life music, "Sonas", physiotherapy and cinema evenings, among others. There was no charge for this social activity. Residents spoken with, indicated they enjoyed pursuing personal interests such as playing music or spiritual time, such as prayer meetings. The management team actively fostered links with the community. Staff spoke animatedly about the summer barbecue, which was a great success. Residents, providers, families and staff joined together for a memorable day of summer celebration, according to residents. Musical instruments were available for residents' use. On the day of inspection professional musicians performed with residents, singing and playing the accordion. Residents told the inspector that this was a weekly event. One resident recited two long reminiscence poems for the inspector, from memory. One poem was about "Christmas

long ago" and the other was about "the stations" which were held in neighbours' houses in the country, to enable all religious dues to be collected. This resident was seen to go out, accompanied by friends, later in the evening, to share his stories and poems, at a social event in the community. Residents were seen to enjoy a level of independence appropriate to their assessed abilities and were seen walking around independently, or with an appropriate aid, during the day.

The inspector found the atmosphere at the centre was friendly and respectful of the lives of residents. Throughout the day, everybody with whom the inspector spoke, commented positively, on the attitude and standard of care provided by staff. Staff spoken with understood and demonstrated appropriate patience and understanding, where residents had a cognitive impairment, or different communication ability. There were comfortable, beautifully furnished areas, for residents to meet with visitors in private,. A well stocked tea and coffee dock was located in the hall. This area had a self-service coffee station, which residents and visitors could avail of, at any time. There were no restrictions on visiting times. The centre had an in-door aviary, which had 6 birds in residence, on the day of inspection. This was a source of enjoyment and occupation for residents. Garden areas were available off each hallway and the garden furniture had been newly painted in a soft green colour. Garden plants and flowers were plentiful, in the safe, accessible, gardens. Residents were enabled and facilitated to visit the local town, whenever they wished. Several residents were actively involved in local community groups.

As found on the previous inspection, the statement of purpose described Teach Altra's mission statement 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 inspector found that this ethos permeated throughout the centre and continued to be actively promoted, by both management and staff.

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):

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

Findings:

There was an appropriate number of staff on duty to meet the needs of residents, according to staff spoken with. The skill mix was suitable and all care staff had completed Fetac level 5 training, in care of the older adult. The staff roster indicated that a nurse was always on duty, including at night time, in the centre.

The inspector viewed the training records. These were well organised and accessible. Records indicated a substantial commitment by management to the professional development of staff. Staff told the inspector that they were actively encouraged and facilitated to attend external and internal training courses. The centre had a detailed policy on recruitment which described the screening and induction of new employees. This also referenced job description requirements, the recruitment process and probation reviews. A sample of staff files were checked. The inspector found that the requirements of Schedule 2 of the regulations were met. An Bord Altranais agus Cnaimhseachais na hEireann registration was current and available, for all nursing staff.

Judgment:

Compliant

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:

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