

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



Centre name:	Teach Altra Nursing Home
Centre ID:	0297
Centre address:	Scarteen
	Newmarket
	Co Cork
Telephone number:	029-61166
Fax number:	029-61167
Email address:	teachaltra@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Newmarket Nursing Home Ltd
Person in charge:	Nuala Boyd
Date of inspection:	2 April 2012
Time inspection took place:	Start: 09:30hrs Completion: 17:00hrs
Lead inspector:	Breeda Desmond
Support inspector:	Geraldine Ryan
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Teach Altra Nursing Home is a purpose-built, single-storey designated centre which provides continuing, convalescent, respite and palliative care for 43 dependant persons over 18 years, some with cognitive impairment. Dependency levels vary from low to maximum. There is one respite bed on contract with the Health Service Executive (HSE) and one with the Alzheimer's Society of Ireland.

Residents' accommodation comprises 24 single bedrooms; all but one have en suite facilities with assisted shower, toilet and wash-hand basins, and the remaining bedroom has a wash-hand basin. This room, known as the "quiet room" is used primarily for residents requiring end-of-life care. There are eight twin-bedded rooms and one three-bedded room all with en suite facilities of assisted shower, toilet and wash-hand basin. In the shared rooms the screening ensures that the privacy of each resident is not compromised when personal care is given.

Communal accommodation is extensive and includes a large dining room with adjacent sitting room/lounge which overlooks the gardens. There is a secure decking balcony outside the lounge area with seating, tables and a protective awning spanning its length. Further communal areas include a smaller sitting/library room, oratory, and several quiet seating/dining areas strategically placed on the wide corridors overlooking the two secure courtyards with shrubbery, expansive aviary and brightly painted garden furniture. The "kiddies corner" is very popular with visitors bringing in small children to visit their relatives.

Adjacent to the nurses' station there are staff facilities including toilet, changing room, lockers and dining area/kitchenette.

The centre is surrounded by a large landscaped garden with several features and is wheelchair accessible. There is ample parking for visitors and staff.

Services provided include access to physiotherapy, occupational therapy, dietician, palliative home care team, hairdresser, a wide variety of activities, and religious preferences are catered for. There is good support and involvement with the local and wider community and this was evident during inspection.

Location

Teach Altra is situated on the edge of Newmarket town in north Cork. It is within walking distance of all local amenities.

Date centre was first established:	2 April 2001
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	18	13	5	6

Management structure

Newmarket Nursing Home Limited is owned by Bartholomew Daly and Tony O'Keeffe. Bartholomew Daly is the named Provider. Nuala Boyd is the Director of Care and is the Person in Charge. She reports to the Providers. Nuala is supported in her role by an Assistant Director of Care Annette O'Connell. All staff report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3.5	5.5	2.5	2*	1	1**

* One laundry person and one household staff

** Maintenance person

Background

A registration inspection was undertaken by the Health Information and Quality Authority on 8 August and 9 August 2011. The published report from that inspection may be viewed on the website www.hiqa.ie under the centre identification number 0297. Areas requiring attention to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2009 (as amended) and the *National Quality Standards for residential Care Settings for Older People in Ireland* from the registration inspection were:

- a system to review quality and safety of care and quality of life
- aspects of the complaints policy
- aspects of the elder abuse prevention and detection policy
- obsolete fire evacuation floor plans
- non recording medication errors and near misses
- aspects of care plans
- resident's guide
- incomplete staff files.

Some of these issues were addressed and others are ongoing.

This follow-up inspection was undertaken on 2 April 2012. It was an unannounced inspection. Inspectors met with the person in charge, deputy person in charge, staff and residents. The inspection focused on the actions taken to address issues identified in the previous inspection.

These will be discussed in the report and further actions necessary to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* are outlined in the action plan at the end of this report.

Summary of findings from this inspection

Overall, quality and safety of care and quality of life was good. Positive feedback was given by residents to inspectors regarding their life in the centre including the care they receive, the kindness of staff, entertainment, and quality of food.

The action plan was discussed at the outset of the inspection with the person in charge. A system to review the quality and safety of care and quality of life has commenced with several audits with associated interventions. The complaints policy and elder abuse prevention and detection policy were reviewed and updated. Up-to-date fire evacuation floor plans were displayed throughout. Medication errors and near misses are now recorded. Staff files are compliant. Issues which remain outstanding are the care plans and the resident's guide.

Actions reviewed on inspection:

1. Action required from previous inspection:

Establish and maintain a system for reviewing the quality and safety of care provided to, and quality of life of, residents in the centre at appropriate intervals.

Establish and maintain a system for improving the quality of care provided at, and the quality of residents in the centre.

Action completed and ongoing:

All nursing staff as well as the person in charge attended a course on auditing. The person in charge recognized the importance of staff participation in the auditing procedure. She outlined that auditing by staff has greater learning rather than involving an external body. A medication management audit involved nursing staff, pharmacist and registered provider, which included, prescriptions, length of time resident is taking each drug, drug recording, drug interactions, controlled drug management, disposal of bio-dose labels were all areas reviewed; which lead to interventions in practices to enhance quality and safety of care.

A further audit undertaken was that of falls and their incidence and prevalence. This showed that most falls occurred in the dining room after tea. Work practices were reviewed and altered to address this issue.

The auditing process is discussed at staff meetings and the person in charge outlined that while the auditing is new, all nurses will be included in the process to enhance resident care.

2. Action required from previous inspection:

Ensure the complaints policy and procedures contain all the items listed in the regulations.

Action completed:

The complaints procedure was reviewed and updated; it was centre-specific; it reflected practice and the independent appeals process was now included in the complaints procedure. Complaints are documented in a designated folder. Matters are dealt with in a timely fashion and reported to the person in charge.

3. Action required from previous inspection:

Ensure the policy on the prevention, detection and response to abuse is comprehensive.

Action completed:

The policy for prevention, detection and responding to elder abuse was reviewed and updated; it was centre-specific and comprehensive. It included the referral form to the HSE senior social worker for elder abuse.

Ongoing staff training adult protection is scheduled for 2012 whereby all staff will attend this mandatory training.

4. Action required from previous inspection:

Ensure the procedures to be followed in the event of a fire shall be displayed throughout, including an up-to-date floor plan for emergencies.

Action completed:

Floor plans for emergency evacuation were displayed throughout the centre. They were colour coded and identified 'where you are now' and nearest point of exit to enable easy understanding and egress.

5. Action required from previous inspection:

All medication errors, suspected adverse reactions, incidents and near misses shall be recorded, reported and analysed to enable learning to improve resident safety and prevent recurrence.

Action completed:

A new record book for medication errors and near misses was in place. The person in charge outlined that there were no entries thus far. She stated that the importance of reporting errors or near misses was imperative to ensuring positive outcomes and resident safety and this was addressed at staff meetings.

Medication management was discussed with a nurse who outlined best practice regarding drugs rounds, prescriptions, drug recording, maintenance of controlled drugs and the medication fridge.

6. Action required from previous inspection:

Ensure each resident's health, social and personal needs are set out in an individual care plan.

Action incomplete:

All residents had plans of care. Some care plans were easy to follow, person centred and a correlation between assessments and care planning was evident, however, others were not. It was difficult to ascertain the purpose of documentation forms such as the communication sheet and the problem identification sheet. While some staff used the communication sheet to highlight changes and significant issues regarding residents' status, others used the communication sheet as the daily report.

Some staff used separate problem identification sheets for individual problems, while others wrote a narrative which included several problems. While a problem may be identified, there was no action or preferred outcome documented. This was discussed with the person in charge, the assistant person in charge and a nurse. They clarified that the purpose of the communication sheet was to highlight changes to resident status and not a daily report. They stated that separate problem identification sheets should be opened for each distinct problem/need.

A risk assessment for bed-side rails was in place and residents signatures' were evident on this assessment, however, the form identified that the signature of the assessing nurse and the next-of-kin's was required and not the resident. There was no evidence that residents were asked to sign any other care plan assessments.

A daily flow-sheet which recorded interventions, interactions and participation of each resident was in place. While some were completed appropriately, others were not, for example, one resident had n/a (not applicable) alongside many of the daily activities including social and recreation, and self image.

Overall, the care plans did not reflect the quality of care and attention residents and relatives described and inspectors observed. Many of the documents used in the planning of care did not fulfil the specific needs of the centre and require immediate staff review.

7. Action required from previous inspection:

Ensure that the information and documentation specified in Schedule 2 is available for all staff.

Action completed and ongoing:

Staff files were up-to-date. The person in charge outlined that two new staff were in the process of induction. All documentation was in place and Garda Síochána vetting was applied for.

Staff levels are under constant review. This was discussed with the person in charge who outlined that if the dependency levels change or if a resident becomes acutely unwell, extra staff are put in place. There is extra care staff on duty from 17:30hrs-21:30hrs, specifically for the dayroom to ensure safety and supervision of residents, as this was the time identified in the falls audit when most of the falls occurred.

8. Action required from previous inspection:

The resident's guide shall include:

- The most recent inspection report
- A summary of the complaints procedure provided for in article 39.

Action incomplete:

The resident's guide requires further review. The organisational structure described in the guide and other governance documents does not accurately reflect the reporting mechanisms in practice.

Whilst some information contained in the statement of purpose and resident's guide documents is relevant to both, not all the information included was applicable. Both documents require review to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Report compiled by:

Breeda Desmond

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

4 April 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
7 September 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
8 August 2011 and 9 August 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Teach Altra Nursing Home
Centre ID:	0297
Date of inspection:	2 April 2012
Date of response:	23 April 2012

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The person in charge has failed to comply with a regulatory requirement in the following respect:

Some care plans were easy to follow, person centred and a correlation between assessments and care planning was evident, however, others were not.

Some communication sheets and problem identification forms were not used for their intended purpose.

A risk assessment for bed-side rails was in place identified that the signature of the assessing nurse and the next-of-kin's was required and not the resident.

There was no evidence that residents were asked to sign any other care plan assessments.

Daily flow-sheet recorded interventions, interactions and participation; some were completed appropriately, others were not.

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

<p>Many of the documents used in the planning of care did not fulfil the specific needs of the centre.</p>	
<p>Action required:</p> <p>Ensure that each resident's assessed needs are set out in an individual care plan, developed and agreed with each resident, or in the case of a resident with cognitive impairment, with their representative.</p>	
<p>Action required:</p> <p>Ensure that a high standard of evidence based nursing practice is provided regarding nursing documents and nursing documentation.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>We are currently reviewing our individual resident care plans and associated documentation. We plan to hold a care planning course for all our nursing staff on 8 May 2012, conducted by an external facilitator. These measures will help us to ensure a high standard of evidence based nursing practice.</p>	<p>31 July 2012</p>

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The resident's guide did not include items as set out in the regulations.</p> <p>Organisation structure described did not reflect operational practice.</p>
<p>Action required:</p> <p>Ensure the resident' guide includes all the items as set out in the regulations.</p>
<p>Action required:</p> <p>Ensure this and other governance documents are kept under review and reflect operational practice.</p>

Reference: Health Act, 2007 Regulation 5: Statement of Purpose Regulation 21: Provision of Information to Residents Standard 1: Information Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We are currently reviewing our resident guide and other governance documents to ensure that they meet regulatory requirements. We also plan to review the format of our resident guide to enable quick and easy updating when required.	31 August 2012

Any comments the provider may wish to make:

Provider's response:

We appreciate the positive observations and recommendations of H.I.Q.A. inspectors, Breeda Desmond and Geraldine Ryan, following their inspection of Teach Altra on 2 April 2012. They are of great assistance to us in our efforts to continue to meet our regulatory requirements and improve the service we provide to our residents.

Provider's name: Bartholomew Daly

Date: 23 April 2012