

**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 Dementia Care Thematic Inspections
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 November 2017 10:30	15 November 2017 18:00
16 November 2017 09:30	16 November 2017 16:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	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 over two days. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspector followed the experience of a number of residents with dementia within the service. As part of the thematic inspection process, providers were invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was developed by HIQA to guide providers on best practice in dementia care and the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this prior to the inspection. There were 42 residents in the centre at the time of inspection with one vacant bed which was allocated to a new admission. The inspector observed that staff had created an environment in the centre which

promoted inclusion, wellbeing and autonomy for all residents. The person in charge and the provider stated that they were committed to providing high quality care for those residents with dementia who resided in the centre and they said that they were constantly reviewing practice to ensure that it was relevant and up-to-date. The provider was undertaking further relevant study to enhance best evidenced-based practice. Residents confirmed that they enjoyed living in the centre, they said that they felt safe and they praised the food, the accommodation and the staff.

As part of this inspection process the inspector met with residents, visitors, the person in charge, the provider and a number of staff from all roles within the centre. The inspector observed practices and reviewed documentation such as care plans, medical records, allied health care records, policies and documentation related to the activity programme. A sample of staff files and residents' files were checked for relevant documentation. The inspector found the premises, fittings and equipment were of a very high standard. The centre was noted to be very clean, fresh and well maintained. All rooms were designed to afford residents space and views of the gardens which were landscaped and well laid out. The secure garden patio areas were furnished with colourful outdoor seating and water features.

The Standards set by HIQA to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the judgment framework for dementia thematic inspections formed the basis for the findings made by the inspector. The inspector found that the centre was fully compliant with these regulations and standards.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge explained to the inspector that an assessment of needs was undertaken prior to admission to ensure that the centre had the capacity and the capability to care for the specific needs of any person with dementia. This assessment supported optimum care and inclusion for all residents and took into account the current resident profile and staffing levels. Care plans had been developed which included a detailed profile of each resident with dementia. Residents and relatives, where appropriate, were involved in developing and reviewing care plans. Relatives spoken with by inspectors confirmed this. Care plans were revised following four-monthly reviews.

Residents had access to general practitioner (GP) services on a daily basis. PRN (when necessary) medications were reviewed regularly and the use of psychotropic drugs was audited by the nurse manager and the pharmacist. Residents who had behaviour issues as a result of the behaviour and psychological symptoms of dementia (BPSD) were assessed prior to the administration of any such medication and staff were trained in the recognition and management of this behaviour using non-pharmaceutical methods where possible. A number of care plans had been developed which outlined the needs of residents who communicated through behaviour and staff had been made aware of all such care plans. Residents had a choice of GP and pharmacist.

A sample of care plans of residents who had been diagnosed with dementia were reviewed by the inspector. These were personalised and were seen to be implemented in practice. Specialist services and allied health care services such as physiotherapy, dental, optician, occupational therapy (OT), speech and language (SALT) and dietitian services were seen to be availed of. The chiropodist attended residents on a monthly basis and documentation confirming this was reviewed by the inspector. Clinical assessments of skin integrity, behaviour, falls, continence, cognition, pain and nutritional status were undertaken for each resident. Care plans were formulated as a result of these assessments. Residents' right to refuse treatment was documented and brought to the attention of the GP, as required. The Malnutrition Universal Screening tool (MUST) was utilised to assess the risk of malnutrition for any resident with dementia who had

lost weight. These was good communication between the dietician and the kitchen staff. The inspector spoke with a number of staff who were found to be familiar with residents' nutrition needs, special diets, likes and dislikes. Food choices were impressive, residents had a daily menu and fresh home baking was presented daily.

The person in charge informed the inspector that a physiotherapist came to the centre on a weekly basis to facilitate exercise and balance classes and to work with residents with dementia on an individual basis, where required. Documentation was available which confirmed that physiotherapy reviews were undertaken. Residents were happy with the service and felt that it supported them to remain independent.

There were opportunities for residents to participate in a number of meaningful and varied activities the cost of which was incorporated within the monthly fee for accommodation. Life story information was used to ascertain residents' preferred activity or previous interests. These included music, art, balance and chair based exercises, card games, quiz, dominoes, Sonas, personalised activities such as hand massage and cooking. One of the activity personnel spoken with by the inspector explained how activities were developed according to the assessed needs and wishes of residents. For example, residents with a cognitive impairment were provided with Sonas, music, singing and reminiscence therapy. In addition, residents who enjoyed keeping up-to-date with current affairs were provided with daily newspapers and access to radio and television. In addition, during the two days of inspection residents had a piano recital and a musical performance. The hairdresser was seen attending to residents in their individual rooms.

End of life care plans were in place and relatives spoken with stated that staff had recorded residents' wishes for end of life care. A number of these were seen to be comprehensive, easily accessible to staff and were updated on at least an annual basis. There was a room available for relatives to stay with residents at end of life and support was available from staff at this time. The policy on end of life care was detailed and palliative services were available for symptom control, if required. The oratory in the centre was spacious and nicely furnished. Stained glass windows added to the restful atmosphere in this room and staff told the inspector that residents liked to sit there in the afternoon for quiet time. Mass was said on a weekly basis and the person in charge said that the local clergy were very supportive to residents.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The policy on the prevention of elder abuse was seen to reference the Health Service Executive's (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, Policy & Procedures, 2014. The inspector found that measures were in place to protect and safeguard residents. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records confirmed that staff had received training on recognising and responding to elder abuse. Staff stated that training was delivered on a yearly basis. Residents spoken with said they felt safe in the centre and that staff were supportive and helpful.

There was an up-to-date policy in the centre to support staff in interventions for residents who exhibited behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD). Staff members spoken with confirmed that training had been provided to them in how to support residents with dementia. Individualised care plans on behaviour issues were in place in a sample of residents' files viewed by the inspector. The inspector observed staff interacting with residents and intervening appropriately when any resident began to communicate restlessness, upset or anxiety.

Residents who required bedrails were checked regularly when these were in use. There was evidence that consent of the resident or a representative had been sought for bedrail use and there was multidisciplinary involvement in decision making. Bedrail use was minimal however and the person in charge stated that the centre aimed to be a restraint free environment. The inspector observed that most residents had the use of low-low beds and for some residents alarm mats were placed next to beds to alert staff should a resident at risk of falls get out of bed.

The inspector spoke with the accounts manager and found that residents' finances were managed carefully in the centre. Two staff members signed for financial transactions and a sample of records checked were seen to be accurate. Receipts were given to residents for hairdressing, pharmacy, chiropody and physiotherapy fees, where relevant.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge informed the inspector that residents with dementia and their

representatives were consulted with and participated in the organisation of the centre. Residents were enabled to make choices and maintain their independence. Resident surveys were carried out and the person in charge met with residents on a daily basis. For example, residents were seen to be consulted about each meal, about their preferred activities and where they wanted to sit for the afternoon. Residents with dementia had a section in their care plan that covered communication needs and there was a detailed communication policy in place that included strategies for effective communication with residents who had dementia.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with the inspector and stated that they were satisfied with the sense of freedom they experienced to move around the communal areas. Most residents had unrestricted access to the gardens. Residents' wishes were prioritised when planning activities and excursions. There were many photographs on display which had been taken at events, Halloween and birthday parties both inside and outside the centre. There were no restrictions on visitors and there were a number of areas where residents with dementia could meet visitors in private. On the day of inspection visitors were observed spending time with residents in the dining room, in one of the seating areas between hallways, in the bedrooms and in the sitting rooms. There was a variety of activities available to residents in the centre which were organised and facilitated by an activity organiser. Staff informed the inspector that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. The activity organiser said that she spent time with these residents facilitating for example, music sessions, reading and hand massage. Documentation to this effect was seen in residents' care plans.

Life stories were available in a sample of care plans and this documentation included details of residents' individual interests, level of communication, preferences and background. These life stories informed the activity plan and the daily choice of each resident. Residents with dementia received care in a dignified way that respected their privacy, for example accommodation was provided in single and double bedrooms most of which had en-suite facilities.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents, for example, chatting, singing and dancing. The inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of Interaction Schedule or QUIS (Dean et al 1993). Two observation periods took place in the dining area and one in the sitting room/conservatory in the centre. Each observation lasted a period of 30 minutes and the inspector evaluated the quality of interactions between residents with dementia and their carers during this time. In the sitting room area the observing inspector noted that interactions were positive and meaningful. Staff related to residents in a calm and engaging manner. Residents were referred to by name and there was eye contact between residents and staff members. Staff engaged in social conversation and encouraged residents to participate in activities. The inspector noted that appropriate support was offered where required and residents' different abilities were encouraged. Staff members were seen to engage positively and attentively with residents while supporting them to enjoy maximum participation. The overall evaluation

of the quality of interactions during this period of 30 minutes was one of positive, connective care.

The second observation took place in the dining room. Staff members were seen to offer all residents choice and spoke with residents to ascertain their meal and dessert choices. Residents with dementia were seen to retain independence when eating their meals. Where prompting was required this was sensitively offered. Assistive cutlery was used by one resident. There were sufficient staff on duty in the dining room. There was a calm and happy atmosphere in the room providing a sense of positive wellbeing for residents with dementia. The meal was unhurried and adequate staff were available to support residents throughout the period of observation. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity. Staff members were heard to engage residents in conversation about the choice on offer and offered any explanations which were required. Staff carefully assisted residents who were using walking aids and wheelchairs. The majority of interactions in the dining room during the 30 minutes observation period were noted to involve positive connective care. A further observation period in the dining area on day two also produced episodes of predominantly positive connective care.

The inspector observed that notices were on display which indicated that residents and their representatives were provided with contact information for independent advocacy services.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred 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 for the management of complaints. There was a transparent open approach to listening and dealing with complaints. The process was displayed in a prominent place and residents expressed confidence in this. They stated that they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints. An independent person was available if the complainant wished to appeal the outcome. Visitors of residents who had been diagnosed with dementia told inspectors that they were confident that any complaint would be addressed appropriately.

Complaints were few and mild in nature. However, there was a very large folder of thank you notes and cards which spoke of the excellent care and experience which

relatives and residents had enjoyed while resident in Teach Altra.
Judgment: Compliant

<i>Outcome 05: Suitable Staffing</i>
Theme: Workforce
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The inspector reviewed the staff rota which confirmed the staff allocation as discussed with the person in charge. Staff spoken with stated that they felt there were adequate numbers of staff available to meet the health and social care needs of the residents. All staff had up-to-date mandatory training as required by the regulations. Appropriate training such as manual handling, medication management, infection control and dysphagia (difficulty in swallowing) training was also provided. The person in charge stated that all staff were scheduled to have received updated training before the end of the year. The inspector reviewed a sample of staff files and found that records were maintained in accordance with Schedule 2 of the Regulations. Files were found to have the required information including up-to-date professional registration where applicable. Documentation was seen which indicated that staff appraisals were carried out annually. All staff in the centre had the required Garda Vetting (GV) clearance on file and the person in charge provided assurances that no staff member was employed prior to this being in place.
Judgment: Compliant

<i>Outcome 06: Safe and Suitable Premises</i>
Theme: Effective care and support
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.

Findings:

The centre had been purpose built in 2001 and was of a modern and contemporary design. The location, design and layout of the centre was found to meet the needs of all residents, including those with dementia who were currently residing in the centre. It was located within walking distance from the local town and this was of great benefit to visitors and residents alike. There were 23 single rooms and eight double rooms available. All bedrooms had en-suite facilities. Wardrobes were spacious and a locked drawer was available for valuables. Each resident had an armchair by their bed. Music and TVs were readily available to residents. A three-bedded high dependency observation room was also available which was suitably equipped with overhead hoists and appropriate privacy screens. The building was maintained to a high standard with residents' rooms individually decorated and personalised. Adequate parking was available on site. A health and safety statement and emergency plan were available and the risk register was up to date.

The large spacious dining room led into a communal sitting area/conservatory which afforded views onto the countryside through large picture windows and a glass-fronted balcony. There was adequate space for visitors and activities in this room. A piano, TV and a music centre were available in this area for residents' entertainment. Residents had access to a cosy library room and a nicely decorated oratory. There were two enclosed courtyard areas with seating and secure access for residents. Lounge areas with coffee-making facilities were available for residents to receive visitors. Next to one lounge area there was a well stocked aviary which was maintained by staff. The spacious interior suited residents with dementia who could be facilitated to have private, quiet time or join in activities according to their assessed needs. The person in charge explained that as the centre did not have a dementia specific unit not all residents with dementia could be accommodated there as there was an open front door and free access to all residents' rooms. Pre-admission assessments supported the optimal care and alternative placement of those residents with specific needs. The premises was warm and 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 were well equipped and residents' clothes and bedlinen were meticulously maintained. The environment and atmosphere overall was relaxing, homely and very stylish. Resident were looking forward to putting up the Christmas decorations and the annual walk-in Christmas crib which always attracted great interest from the children in the locality.

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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