



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Atlanta Nursing Home
Name of provider:	Atlanta Nursing Home Limited
Address of centre:	Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	05 March 2024
Centre ID:	OSV-0000010
Fieldwork ID:	MON-0041614

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre is based in a town with access to shops and other amenities such as restaurants and cafes. The centre was originally two private residences and has been converted in to a three- storey centre offering places for up to 43 residents. The centre offers a service to male and female residents over 18 years of age, following an assessment to ensure their needs can be met in the centre. The centre supports residents with low to maximum dependency needs for full time residential care, respite care, convalescence and post-operative care. There are a mixture of single rooms with en-suite, double rooms, and one triple room. There are 10 rooms on the ground floor, eight on the middle and 10 on the top. There are no day services provided in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 5 March 2024	09:25hrs to 16:30hrs	Helena Budzicz	Lead
Tuesday 5 March 2024	09:25hrs to 16:30hrs	Mary Veale	Support

What residents told us and what inspectors observed

Based on the observations of the inspectors and discussions with residents, staff and visitors, Atlanta Nursing Home was a nice place to live. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. The inspectors spoke with nine residents in detail on the day of the inspection. All residents were very complimentary in their feedback and expressed satisfaction about the standard of care received. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities. They were supported by a kind and dedicated team of staff. Residents stated that they were well-looked after and that the staff were always available to assist with their personal care.

Atlanta Nursing Home is registered to accommodate 43 residents. The centre was clean, bright, and welcoming, and the décor was maintained to a high standard. Alcohol gels were readily available throughout the centre to promote good hygiene. The premises comprised of a three-story Victorian building with a single-story extension on the ground floor. Residents had access to a large mature garden at the back of the centre. The garden had suitable seating for residents, level footpaths and a Japanese tea house. The Japanese tea house was the centre's smoking area. The inspectors observed the garden area being used by residents throughout the day of inspection. Residents were seen to receive visitors and use the smoking facilities in the garden area.

There was a choice of communal spaces on the ground floor. For example, a large lounge area, a dining room, a living room, and a conservatory room. Armchairs, chairs and small foldable tables were available in all communal areas. The dining room and living room had the original feature fireplaces and high-coved ceilings. A large television was available to residents in the lounge area, and the conservatory had a wheelchair-accessible table (able table) where residents were observed chatting and reading on the day of inspection.

Bedroom accommodation was over three floors and comprised of 12 single rooms, 14 twin rooms and one triple room. Some rooms had large bay windows, which provided a panoramic view of the street. A large number of bedrooms had access to a wash-hand basin and toilet. Residents' bedrooms were clean and tidy and had ample personal storage space. Bedrooms were personal to the resident, containing family photographs and personal belongings. Improvements had been made to the reconfiguration of bedroom 16 since the previous inspection. The en-suite toilet had been reduced in size to allow sufficient bedroom space and a wash hand basin had been installed in the bedroom. Pressure-relieving specialist mattresses and bed rail protectors were seen in residents' bedrooms.

The inspectors observed residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day,

and it was evident that residents had good relationships with staff and residents had built up friendships with each other. There were many occasions throughout the day of inspection in which the inspectors observed laughter and banter between staff and residents.

The inspectors observed many examples of kind, discreet, and person-centred interventions throughout the day of inspection. The inspectors observed that staff knocked on residents' bedroom doors before entering. Residents were very complimentary of the person in charge, the staff and the services they received. Residents said they felt safe and trusted staff.

Most residents whom the inspectors spoke with were very complimentary of the food served and the dining experience in the centre. Residents stated that 'there was always a choice of meals, and the quality of food was very good'. The menu was displayed in the lounge room. There was a choice of two options available for the main meal. The inspectors observed the dining experience for residents. There were two sittings for lunch time main meal. The first sitting was served in one area for residents who required assistance, and the second sitting was served in the dining room for residents who were independent. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during meal times. The inspectors observed that the main meal and dessert looked appetising, and portion sizes were large.

Residents spoken with said 'they were very happy with the activities programme in the centre' and some preferred their own company but said they were not bored as they had access to newspapers, books, radios and televisions. The weekly activities programme was displayed on a notice board in the lounge room. Some residents told the inspector that they could leave the centre to go into Bray town or visit their family homes if they wished. The inspectors observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Residents were observed to enjoy friendships with peers throughout the day of inspection. Residents were observed partaking in a chair yoga class and a music session on the day of the inspection. A number of residents told the inspectors that they had voted in the special ballot (specific), which had taken place in the centre the week prior to the inspection. Residents' views and opinions were sought through resident meetings and satisfaction surveys, and they felt they could approach any member of staff if they had any issue or problem to be solved.

Visitors were observed attending the centre on the day of the inspection. Visits took place in communal areas and residents' bedrooms where appropriate. The inspectors were informed that there was no booking system for visits. Some residents whom the inspectors spoke with confirmed that their relatives and friends could visit anytime, and some residents were unsure if their loved ones had to book a visit.

The centre provided a laundry service for residents. All residents whom the inspectors spoke with on the day of inspection were happy with the laundry service, and there were no reports of clothing items missing.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that Atlanta Nursing Home was a well-managed centre where the residents were supported and facilitated to have a good quality of life. However, some further improvements were required in the areas such as oversight of training and staff development, temporary absence or discharge of residents, and care plans.

This was an unannounced one-day inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). The inspectors also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in March 2023.

The provider had applied to extend the time-frame for completing the required fireworks in relation to Condition 4 of the centre's registration, and this extension was granted by the Chief Inspector. While the inspectors did not review fire safety during this inspection, they observed progress and that the provider was on track regarding the fire safety work.

Atlanta Nursing Home Limited is the registered provider for Atlanta Nursing Home. The company had two directors, one of whom was the registered provider representative and the deputy person in charge. The person in charge was supported by a team of nurses, health care assistants, activity, housekeeping, catering, administration and maintenance staff.

The centre had established management systems in place to monitor the quality of the service provided to residents. For example, there was an auditing system and regular management meetings; however, a review of a sample of the resident's assessment and care plans found similar findings from the previous inspection, and inspectors found that there were no audit tools used for effectively monitoring the quality of the care planning and to identify risks or deficits in the service. This is further discussed later in the report and under Regulation 5: Individual assessment and care plans.

Inspectors reviewed the records of staff training. The registered provider had a comprehensive training programme in place for staff. However, a review of the records indicated that several staff members were out-of-date with the training in areas such as safeguarding residents from abuse, fire training, management of behaviour that is challenging and infection control or were not included in the training matrix. The person in charge submitted an updated training matrix retrospectively following the inspection, which showed a high level of compliance

with all mandatory training.

There was an effective complaints procedure in place which met the requirements of Regulation 34.

The provider had available policies and procedures on matters set out in Schedule 5 of the regulations. They were all reviewed at intervals not exceeding three years and were available to staff.

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge of the centre on a full-time basis. The inspector found that the person in charge was familiar with the needs of residents and committed to a continuous quality improvement of care and services provided for residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured there were adequate staff numbers and skills-mix to provide care to residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training records available to the inspectors on the day of the inspection showed that a number of staff were overdue or did not have a completion date for all mandatory training. In addition, there were no training records available for several staff members. Therefore, inspectors requested that updated training records be submitted following the inspection. This training record showed a high level of compliance with the mandatory training, and assurances were received that there was a training schedule in place.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had ensured that they had an up-to-date contract of insurance against risks such as injury to residents and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place required further strengthening to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored, in particular;

- Although there was a variety of monitoring systems in place, quality improvement plans were not consistently developed to address known deficits in care planning arrangements and as further identified on this inspection under Regulation 5: Individual assessment and care plan.
- On the day of inspection, the oversight of staff training and overview of training records was not sufficiently robust to provide meaningful assurance that all staff were adequately trained according to their roles and responsibilities.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care was reviewed. These detailed services and the type of facilities to be provided, the room number, occupancy of the bedrooms, fees to be charged and possible additional fees that may be charged.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors reviewed the complaints policy and procedure in place which outlined the management of complaints in the centre. A review of the complaints register found that complaints were managed in line with the centre's policy and regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspectors found that residents had a good quality of life and that their rights and choices were respected in Atlanta Nursing Home. Residents' health, social care and spiritual needs were well-catered for. On this inspection improvements were required to comply with areas of individual assessment and care planning, and the temporary absence of residents.

Residents with communication difficulties were supported with assistive devices, or where possible, staff translated for them. Care plans viewed for residents who had difficulties communicating reflected the care that was being delivered.

Residents' pre-admission assessments were in paper format, and other resident assessments, validated assessment tools, resident care plans, and nursing progress notes were kept on an electronic system. Residents' needs were comprehensively assessed prior to and following admission using a variety of validated tools, and in general, care plans were developed following these assessments. However, inspectors identified gaps and opportunities for further improvement. Overall, care plans were guided staff in the provision of person-centred care and were updated to reflect changes required in relation to incidents of falls, pressure sores and communication needs. However, some further improvements were required, which are discussed under Regulation 5: Individual assessment and care planning.

The centre had reduced bed rail usage steadily in the last three years, with five of the 41 residents using restrictive bed rails on the day of inspection. There was a policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. Residents had access to psychiatry in later life. For residents with identified responsive behaviours, the nursing staff had identified the trigger causing the responsive behaviour using a validated antecedent-behaviour-consequence (ABC) tool. There was a clear care plan for the management of the residents' responsive behaviour. It was evident that the care plans were being implemented. Risk assessments were completed, a restrictive practice register was maintained, and the use of restrictive practices was reviewed regularly. Less restrictive alternatives to bed rails were in use such as sensor mats and low beds. The front door to the

centre was locked. The intention was to provide a secure environment and not to restrict movement.

The centre did not act as a pension-agent for any of the residents. Residents had access to and control over their money. A number of residents had small amounts of money and values stored in the centre's safe for safekeeping. There was a robust system in place to ensure that all monies and valuables were stored safely. This system was audited three monthly. There was a record for each resident's monies and valuables accounted for, and it was double-signed by the resident or representative and a staff member. Residents who were unable to manage their finances were assisted by a care representative or family member.

There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided on-site; however, some residents chose to have their clothing laundered at home.

There was a rights-based approach to care in this centre. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents' independence and their rights. The residents had access to SAGE advocacy services. The advocacy service details and activities planner were displayed in the sitting room. Residents have access to daily national newspapers, weekly local newspapers, Internet service, books, televisions, and radios. Mass took place in the centre each Sunday. Group activities, such as chair yoga, reminiscence, brain training sessions, and music events, took place on inspection day. However, a review of the centre's close circuit television (CCTV) camera signage, which was located in corridor areas, was required, as the signage was not in a format that could be understood by residents with dementia.

Regulation 10: Communication difficulties

From a review of residents' records, it was evident that residents who had specialist communication requirements had these recorded in their care plans.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents' clothes were laundered in the centre, and they had access to and control over their personal possessions and finances.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, not all relevant information about the resident was provided to the hospital. For example:

- Relevant information on the care and management of a pressure sore was not provided to the hospital. This could pose a risk that resident's wound care would not be appropriately followed up.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident were assessed and an appropriate care plan was prepared to meet these needs. For example:

- A sample of residents' care notes reviewed did not have care plans completed within 48 hours after the resident's admission to the centre based on their comprehensive pre-admission assessment. This was evident in three out of the five care records reviewed.
- A sample of care plans reviewed were not all formally reviewed on a four-monthly basis to ensure care was appropriate to the resident's changing needs.
- A sample of care plans viewed did not all have documented evidence to support whether the resident or their care representative were involved in reviewing their care in accordance with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. General practitioners (GPs) routinely attended the centre and were available to residents. Health and social care professionals also supported the residents on-site where possible and remotely when appropriate. There was evidence of ongoing referral and review by health and social care professionals as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Observation on the day of the inspection showed that staff had good insight into responsive behaviours and knew residents well. Staff re-directed residents in a kind and respectful manner and provided reassurance, which allayed upset and frustration.

There was a well-maintained restrictive practice register. It was evident to the inspectors that the provider was aiming to promote a restraint-free environment with reductions in the use of restrictive practices since the previous inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Atlanta Nursing Home OSV-0000010

Inspection ID: MON-0041614

Date of inspection: 05/03/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training matrix / schedule to have more regular reviews to ensure that all mandatory training has been provided or is scheduled to be provided and this information is included in the training matrix.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>More robust training oversight is now provided (See Above). Care Plans will be more closely monitored for quality improvement developments with more robust auditing in place.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p>	

ICT supplier is awaiting permission from HSE to provide the national HSE Transfer Letter on our Epicare system. When this approval comes through it will be placed on our system, within a timeframe of 4 months from now (09/09/24).

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All Care Plans will be checked to ensure that they have been completed within 48 hours of admission.

Documented evidence of the formal 4 monthly review involving the Resident and / or their Care Representative involvement will be robustly audited.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	07/05/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	07/05/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that	Substantially Compliant	Yellow	09/09/2024

	all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	07/05/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	07/05/2024
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it	Substantially Compliant	Yellow	07/05/2024

	appropriate, be made available to his or her family.			
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