

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Retreat Nursing Home
<b>Centre ID:</b>	ORG-0000086
<b>Centre address:</b>	Loughandonning, Bonnavalley, Athlone, Westmeath.
<b>Telephone number:</b>	090 647 2072
<b>Email address:</b>	retreatnursinghome@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Whyte/Cooney/Whyte/Whyte Partnership T/A Retreat Nursing Home
<b>Provider Nominee:</b>	Tony Whyte
<b>Person in charge:</b>	Linda Neale
<b>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	Brid McGoldrick
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	37
<b>Number of vacancies on the date of inspection:</b>	3

## **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.

**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 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 17 June 2014 09:00 To: 17 June 2014 18:00

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

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

**Summary of findings from this inspection**

Retreat Nursing Home is located in Bonavalley, Athlone, Co. Westmeath. It has been registered as a designated centre under the Health Act 2007, since November 2011. It is a purpose built facility which was first established in 1998 and is currently registered for 40 individuals. This inspection was conducted to assist with informing a decision regarding the renewal of registration of the designated centre. The person in charge was present at the initial meeting of the inspection. The person in charge, the provider nominee and the administration manager were present at the feedback meeting.

Prior to completing the inspection, the registered provider is required to submit documentation to the Authority applying for the renewal of registration. Residents

and their families are also requested to completed questionnaires which assist with inspectors assessing the quality of care and life for residents residing in the centre. Inspectors reviewed the documentation and were satisfied that all necessary documentation had been completed. Inspectors further reviewed the questionnaires submitted and overall stakeholders expressed satisfaction with the service provided. Areas for improvement identified included staffing levels, cleanliness and activities, which are discussed in the body of the report.

Inspectors met with residents, relatives and staff throughout the day, observed practice and reviewed documentation. Residents expressed satisfaction and stated that they felt safe in the designated centre. Relatives spoken to also expressed satisfaction and inspectors observed staff engaging with residents in a dignified and respectful manner.

Inspectors also followed up on actions identified on a previous inspection in October 2013 and found that not all actions had been implemented and improvements were still required to the review of quality of care and the systems in place to assure safe evacuation of residents in the event of an emergency.

Additional non - compliance was also identified in relation to Documentation, Risk Management, Medication Management, Health and Social Care Needs, Premises, and the policy for the End of Life Care

The action plan at the end of the report identifies areas where mandatory improvements are required in order 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.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

As previously stated the purpose of this inspection was to assist in a decision regarding the renewal of registration of the designated centre under the Health Act 2007. As part of the application process the provider is required to submit a copy of the statement of purpose of the designated centre. On inspection, inspectors confirmed that the designated centre accurately describes the service that is provided in the centre. However, inspectors noted that the administration manager, who was clearly observed being an active member of the management of the centre was not included in the Statement of Purpose as required in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Judgement:**

Non Compliant - Minor

***Outcome 02: Contract for the Provision of Services***

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a sample of contracts of care which are in place between the provider and the resident. The inspector confirmed that of the sample reviewed each resident had an agreed written contract which clearly listed the services to be provided for the resident and the fees to be charged. The inspector confirmed that the contracts were signed with the resident or their relative within one month of admission. The

contracts of care also details additional charges for residents such as hairdressing.

**Judgement:**

Compliant

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was present at the opening and feedback meeting and facilitated the inspection well. The Authority received appropriate notification and documentation regarding the change to the person in charge in time for the person in charge commencing their post in October 2012. Inspectors were satisfied that the designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of service. The person in charge is supported by the administration manager and the assistant director of nursing who deputises in the event of the person in charge being absent. Inspectors confirmed from reviewing a sample of rosters and speaking with residents that the person in charge is employed full -time. The person in charge also has the necessary minimum of three years experience in the area of nursing of the older person within the previous six years.

**Judgement:**

Compliant

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the records as stated in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as

amended) and were not satisfied that all records were accurately maintained and up to date in the designated centre. As part of the application process the provider is required to submit a copy of the residents' guide to the Authority. The guide included all necessary information as required by legislation. Inspectors also reviewed the directory of residents and identified that the discharge date of one resident had been omitted. This was addressed with the person in charge and was rectified prior to the conclusion of the inspection.

The inspectors also reviewed a sample of staff files and confirmed that the necessary documentation was maintained for staff employed in the designated centre. Inspectors further reviewed a sample of residents' files, and although were satisfied that the relevant information was maintained on all current residents, there was insufficient records maintained for residents who had passed away. The residents concerned resided in the designated centre for less than 28 days, therefore no care plan had been created for the resident. However due to deficits identified in the assessment of residents prior to admission to the designated centre, the information available did not sufficiently inform of the medical and nursing condition of the resident at the time of admission. This deficit in the admissions process was also identified for residents currently residing in the designated centre, however as they had been admitted for more than 28 days a more informative care plan had been created.

Inspectors reviewed the policies and procedures of the designated centre and were satisfied that the policies and procedures stated in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were maintained in the designated centre, however were not satisfied that all policies and procedures sufficiently informed practice and were reflective of the actual practices within the designated centre. For example, despite residents having a diagnosis of epilepsy the policy for the management of epilepsy was not informative. The policy for end of life care was also not reflective of the services and supports available in the designated centre.

There was also deficits in the evidence that staff were aware of the policies and procedures as signatures confirming staff had both read and understood the policies were inconsistent. Inspectors were also not satisfied that the policies were maintained in a manner which ensured ease of retrieval for all staff.

The copy of insurance which was submitted as part of the application for the renewal of registration for the designated centre was out of date prior to the inspection. However the person in charge provided an up to date copy of insurance on the day of inspection and subsequently submitted a copy to the Authority.

**Judgement:**

Non Compliant - Moderate

***Outcome 05: Absence of the person in charge***

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge has not been absent from the designated centre for more than 28 days since the commencement of their post, therefore it has not been necessary for the Authority to be notified as stated in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However the person in charge identified the assistant director of nursing as the deputy person in charge and was aware of the statutory requirement to notify the Chief Inspector of their absence if necessary.

**Judgement:**

Compliant

**Outcome 06: 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.*

**Theme:**

Safe Care and Support

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

No actions were required from the previous inspection.

**Findings:**

The centre has in place written policies and procedures in place relating to prevention, detection and response to abuse. There have been no allegations or suspicions of abuse in the past twelve months in the designated centre. Inspectors reviewed training records of staff and confirmed that staff have received training in the prevention, detection and response to abuse. Staff were also able to inform inspectors of what constitutes abuse and the actions to be taken in the event of an allegation or a suspicion of abuse. Inspectors spoke to residents who stated that they felt safe residing in the designated centre and this was further confirmed by reviewing of the questionnaires which was completed by residents and/or relatives as part of the process for the renewal of registration of the designated centre.

Inspectors reviewed the systems in place regarding the safeguarding of residents' finances. The designated centre does not act as an agent for any current resident. The designated centre however does maintain a small sum of money for some residents in the designated centre. As per the policy of the designated centre, the inspector confirmed that two members of staff will sign for all monies received or spent and that receipts are maintained. Inspectors observed that the record of residents' monies does not include the reason, and although receipts are maintained it took time to sort through



each receipt to identify the corresponding item. Although there was no evidence that this had led to residents' monies being unaccounted for, the inspector identified that there was a minor risk present in the event of a receipt being mislaid.

**Judgement:**

Compliant

***Outcome 07: 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:**

No actions were required from the previous inspection.

**Findings:**

The centre has written policies and procedures in place in relation to health and safety and risk management. There was a risk register in place which was reflective of the designated centre, however inspectors found that the control measures in place were reactive and described the actions to be taken in the event of an incident/accident occurring as opposed to the proactive strategies in place. For example, the risk register identifies what to do in the event of staff receiving an injury from a sharp such as a needle, however it does not proactively address the safeguards the designated centre has in place to actively prevent this from occurring. Although the risk register is centre specific it does omit certain actual risks in the designated centre such as areas where slips/trips and falls are more likely to occur as a result of an uneven surface.

The designated centre has policies and procedures in place in relation to infection control, and staff were able to demonstrate to inspectors the appropriate cleaning products to be utilised in specific areas to reduce the risk of cross infection, for example in the laundry areas. However inspectors identified on the day of inspection deficits in cleaning in certain areas of the designated centre, such as in bathroom/shower areas and on equipment such as the medication trolley and commodes. There was also inconsistent feedback provided in the questionnaires completed by relatives and residents, with some feedback stating that the designated centre was always clean and others stating that the designated centre could benefit from additional cleaning. Inspectors also identified that personal protective equipment was not readily available in the sluice room, which increases the risk of cross contamination. There was an electronic accident and incident log maintained in the designated centre. There was also a clear record maintained of the servicing of equipment such as beds and hoists.

The centre has a procedure in place to be conducted in the event of a fire. There was evidence that fire equipment was maintained and serviced/tested at appropriate intervals. Each resident had a manual handling assessment completed which was utilised to inform the assistance residents would need in the event of an emergency however inspectors were not satisfied that this information was comprehensive enough to inform staff of the supports required. Staff spoken to were able to generically inform the actions to be taken in the event of a fire but not the supports required for individuals or

where that information was maintained. An action from the previous inspection was that although fire drills were carried out regularly the only recording was of those who attended. Inspectors found that this action was not satisfactorily completed on this inspection and that similar practices were occurring. Fire training was occurring at quarterly intervals as per the Health and Safety Policy of the designated centre, and whilst the documentation stipulated what had occurred in the fire training such as use of fire extinguishers, it did not stipulate the amount of time an evacuation took or the number of staff required to complete the evacuation. In some instances it stated that the training/drill took two hours to complete. As there were no personal evacuation plans in place and there were no records available of the actual time it took to support residents to evacuate to a safe location in the event of an emergency, inspectors were not satisfied that the systems in place were robust.

**Judgement:**

Non Compliant - Moderate

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

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

No actions were required from the previous inspection.

**Findings:**

The designated centre has a policy and procedure in place regarding the ordering, prescribing, storing and administering of medication however inspectors were not satisfied that the policy contained all the relevant information necessary to inform practice and that all practices pertaining to medication within the designated centre were inline with the policy of the designated centre. For example, inspectors observed care staff administering medication to a resident under the supervision of a registered nurse however this practice is not accounted for within the policy of the designated centre. The policy further states that all medication which is prescribed as required will be reviewed by the multi-disciplinary team and if the medication is no longer required it will be discontinued however inspectors observed that this practice did not occur.

The designated centre has a medication trolley which is located in a secure location when not in use in line with best practice. However although controlled drugs were stored in a separate cupboard with two locks, inspectors observed unnecessary items also being stored in the cupboard therefore a risk being present as the cupboard may be opened at unnecessary times. Although the practices in place regarding the checking of stock was in line with good practice. Inspectors also observed medications which were no longer in use maintained in the designated centre as opposed to being returned to pharmacist.

Inspectors observed a nurse administering medication and was satisfied that they had sufficient knowledge and clinical skill, however inspectors were not satisfied that the

administering nurse was provided with sufficient protected time to administer medication. For example, inspectors observed the nurse regularly being interrupted to attend other tasks such as answering phone calls, and although inspectors recognised to date this had not resulted in a medication error occurring an unnecessary risk was present. Inspectors reviewed a sample of prescription and medication administration records and were satisfied that medication was administered at the prescribed time to the right resident. However of the sample of prescription records reviewed the photograph of the resident was not consistently present.

**Judgement:**

Non Compliant - Moderate

***Outcome 09: Notification of Incidents***

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

**Theme:**

Safe Care and Support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed the electronic accident and incident log which is maintained in the designated centre and was satisfied that a record of all incidents is maintained in the designated centre. The Chief Inspector had received no notifications since the previous inspection. Inspectors were satisfied that none of the accidents and incidents recorded in the accident and incident log constituted a notifiable incident as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Judgement:**

Compliant

***Outcome 10: Reviewing and improving the quality and safety of care***

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

An action arising from the previous inspection was that there was insufficient evidence of clinical audits occurring in the designated centre and that of the audits completed the evidence was not sufficient to demonstrate how the information gathered was utilised to

improve the quality of care provided. Inspectors recognised with the provider and the person in charge that there was evidence that efforts had been made to improve this practice, however further improvement was required. For example, inspectors identified deficits in the infection control standards of the designated centre as stated in Outcome 7, however as cleaning audits were not completed this reduced the robustness of the provider monitoring the effectiveness of the current systems in place. As stated previously, cleanliness was also identified as an issue in some of the residents' questionnaires returned to the Authority as part of the application to renew the registration of the designated centre.

Inspectors requested a copy of the report stipulated in Regulation 35 (2) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), to be submitted to the Authority following the inspection, and to ensure that the report provides for consultation with residents and their relatives.

**Judgement:**

Non Compliant - Moderate

***Outcome 11: Health and Social Care Needs***

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:**

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

**Findings:**

Inspectors reviewed a sample of care plans of residents and were satisfied that in the main the health care needs of residents were met. There was evidence that where a medical need was identified the resident was referred to and seen by the general practitioner. There was also evidence of referral to Allied Health Professionals such as Occupational Therapy and Physiotherapy. Specialist teams were also contacted in relation to palliative care.

Inspectors identified that although there were appropriate assessments conducted in the designated centre on admission and at regular intervals, there were inconsistencies in the development of care plans as a result of these assessments and/or appropriate interventions. For example, there was a resident identified by inspectors as having challenges with their hearing. There was no communication care plan in place for the resident, or no evidence that the resident had been assessed for appropriate interventions such as hearing aids, despite the resident stating to inspectors that they

would be 'happy to wear one.' There was also evidence that where a need had been identified on the standard monthly observations records, no follow up had occurred, for example if a resident presented with high blood pressure.

An action from the previous inspection was the need for neurological observations following a fall. Inspectors confirmed that this action had been completed. Improvements were also required to pain assessments being completed as a result of a change in need, such as a resident being newly prescribed medication for pain.

Inspectors were not also assured that the pre- admission assessments completed were robust and informative of the full needs of the residents, therefore there was a risk present that a resident could be admitted without the appropriate measures being implemented to ensure that their needs could be fully met. However on the day of inspection, there was no evidence that the needs of current residents were not able to be met. Inspectors discussed with the person in charge and the provider that pre-assessment questionnaires is an area which should be proactively addressed.

There was a daily activity programme in place and a staff employed to co-ordinate the activity programme. There was evidence that the programmes in place were reflective of the needs of the residents and residents spoken to stated that they were satisfied with the activities available. However inspectors determined that improvements were required to meet the social care needs of residents who were not in a position to attend communal activities. Whilst there was evidence that interventions had been prescribed by the general practitioner and the physiotherapist, the recommendations were maintained with the activity co-ordinator and therefore limited to the hours of the activity co-ordinator. This was further expressed by a relative of a resident in the questionnaires submitted to the Authority, stating that increased exercise would be beneficial to their loved one. Care plans were developed to address the social needs of residents, however inspectors were not assured that the care plans were comprehensive and sufficiently addressed the assessment. For example, a resident who had been assessed as presenting with behaviours that challenge, had a care plan related to social interaction. However the care plan did not proactively address the factors identified in the assessment. The daily progress notes were also not reflective of the actions taken by staff to implement the care plan on a daily basis.

**Judgement:**

Non Compliant - Moderate

***Outcome 12: Safe and Suitable Premises***

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

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

No actions were required from the previous inspection.

**Findings:**

Retreat Nursing Home is located in Athlone Co. Westmeath, The designated centre is currently registered for 40 residents. The premises consist of 15 single en-suite bedrooms, 2 single bedrooms, 2 double rooms and 3 multiple occupancy rooms with capacity of three residents. The nursing home also has a living room, dining room, sun room, visitors room, smoking room, oratory and hairdressing room which residents have access to. Inspectors found the nursing home to be pleasantly decorated and residents' rooms to be homely and personalised. There is also access to an internal garden in which residents can freely access. As stated in Outcome 7, improvements were required in the cleaning of certain areas of the designated centre. However in general, the premises and grounds were suitably heated with appropriate lighting and ventilation.

Although there were sufficient number of communal toilets and showers available for residents, inspectors were not satisfied that the shower/bathing facilities were located within appropriate distance to some of the bedrooms, resulting in residents having to walk past communal areas such as the dining room, living room to access the shower. Inspectors reviewed the multiple occupancy rooms and determined that they did not provide the sufficient space for residents who require assistive equipment such as hoists. Therefore should only be bedrooms for individuals who are assessed as having low to medium dependency needs or reduced to double occupancy rooms. The provider is aware of the requirement to reduce all multiple occupancy rooms to double rooms by July 2015 and confirmed this in the feedback.

As stated in Outcome 7, improvements are required to the risk register to account for uneven surfaces within the designated centre.

There is also a separate kitchen for preparation of food, a laundry area and separate area for folding and ironing of clean clothes, a sluice area and cleaning store in the designated centre.

Inspectors observed that the premises were suitably adapted to support the accessibility and independence of residents. For example, there were hand rails and ramps placed at appropriate intervals in the centre. Inspectors reviewed the maintenance records for equipment such as beds and hoists and were satisfied that they were serviced at appropriate intervals or if a need was identified.

**Judgement:**

Non Compliant - Moderate

**Outcome 13: Complaints procedures**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The organisation has a policy and procedure in place for the management of complaints. There is also a log maintained in the designated centre which records all verbal and written complaints. Inspectors also observed comment boxes for residents and relatives to utilise. The inspector reviewed two complaints which had been submitted in the last six months. Although inspectors were satisfied that the information provided demonstrated that each complaint was investigated and that the resident was satisfied with the outcome, the policy of the organisation does not contain all of the necessary information to guide staff in the management of complaints. The policy does not define a complaint and time frames for the investigation of complaints inclusive of the appeals process were also omitted. Inspectors found that the policy primarily focused on the actions to be taken in the event of a suspicion or allegation of abuse.

**Judgement:**

Non Compliant - Minor

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There is a policy in place informing the practice to be taken for providing care at the end of life of a resident. However inspectors were not satisfied that it sufficiently guides practice in relation to the services available after the death of a resident, despite inspectors being informed that residents are welcome to remain in the designated centre for their funeral, as there is an oratory in the centre. Inspectors were also informed that relatives are welcome to remain with their loved one and utilise the visitors' room without restriction in the event of their loved one reaching end of life.

Inspectors reviewed the care plans of residents and found that although some care plans were completed for the wishes of residents for their end of life care, improvements were required. Care plans did not comprehensively reflect the choices of residents, such as their preferred place of death.

Inspectors also reviewed a sample of care plans for deceased residents and found inconsistencies in the information available regarding their care, particularly after they had died. In one instance there was evidence that the family had been consulted regarding whether their loved one should be transferred to hospital. Despite evidence suggesting it was in the best interest of the resident to remain in the nursing home, the resident died in hospital. However there was no information available to inform of how the transfer to hospital occurred. As stated in Outcome 4 and 11, inspectors were not satisfied that the documentation in place regarding the initial admission of a resident



was comprehensive. This deficit was further confirmed by the limited information available on one resident, who resided in the designated centre for less than twenty eight days. It was not transparent what the needs of the resident actually were and if the centre could provide services to meet their needs.

**Judgement:**

Non Compliant - Moderate

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

An action from the previous inspection was that the systems in place to monitor the nutritional needs of residents required improvement. Inspectors determined that additional improvements were required in this area. The policy of the organisation states that if there is deterioration in the food or fluid intake of a resident over a period of time, then the general practitioner would be informed and a review would be undertaken. Whilst there was evidence that the need was identified and appropriate interventions were put in place, the period between the notable decrease in weight and informing the General Practitioner was not satisfactory.

Inspectors observed a meal in the dining room and determined that it was a pleasant experience with staff interacting with residents attentively. There was a choice of food available and residents spoken to reported that the food was good and that they had the opportunity to have the foods that they liked. Inspectors also observed snacks being offered to residents throughout the day and that water was available in residents' bedrooms. Residents further informed inspectors that they had the opportunity to eat in their rooms if they so wished. Inspectors observed staff assisting residents in their bedrooms who required assistance and were unable to attend the dining room and were assured that they were assisted in a dignified and respectful manner.

**Judgement:**

Non Compliant - Minor

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*



**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed a sample of residents' meetings and were assured that residents are consulted in how the centre is planned and run. Items discussed included activities, food, religious activities and bedrooms. There was evidence that staff involved in the preparation of the menus attended the meetings and sought feedback, in which residents were very complimentary of the food. On the day of inspection, residents informed inspectors that mass had been cancelled for reasons outside of the control of the designated centre, satisfying inspectors that communication was frequent within the designated centre. Residents further informed inspectors that they were included in decisions regarding the care that they received, and inspectors further observed evidence of this in a sample of care plans reviewed. As stated in Outcome 12, there was a visitors' room available for residents to meet visitors in private. Relatives spoken to spoke positively regarding the choice available in the designated centre for their loved ones and the care received. Inspectors observed numerous visitors being welcomed to the designated centre on the day of inspection and relatives confirmed that there was no restriction on visiting.

In general, inspectors observed that residents were provided for with dignity and respect and residents spoke very positively about staff stating that they 'could not do enough' for them. Inspectors identified a deficit with the layout of the furniture in multiple occupancy rooms which impinged on the privacy of residents. However the provider rectified this prior to the inspection concluding.

As stated in Outcome 11, inspectors were not satisfied that residents who required intervention due to needs which could impact on their ability to communicate such as hearing impairments, were fully facilitated. There was evidence that residents were supported to remain part of the local community with different forms of media being available and local community groups visiting the designated centre regularly.

**Judgement:**

Compliant

***Outcome 17: Residents clothing and personal property and possessions***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The organisation has a policy in place for residents' personal possessions. Residents have the opportunity to maintain personal property in a safe location in the designated centre. As stated in Outcome 6, improvements were required in the record keeping however two staff signed all property in and out. Inspectors reviewed the laundry facilities and were satisfied through speaking with staff and observing the systems that appropriate measures were in place to safeguard residents clothing. Residents confirmed that their clothes were laundered in a timely manner and they were returned to them. As stated in Outcome 12, bedrooms were personalised and there was evidence that residents were encouraged to have personal items with them.

**Judgement:**

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.*

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

As part of the application to renew the registration of the designated centre, the provider was required to submit the staffing levels for the designated centre. Inspectors confirmed during the process of the inspection that the staffing levels were reflective of this on the day of inspection. Inspectors also reviewed a sample of rosters and confirmed that this was consistently the staffing levels and skill mix in the designated centre. Inspectors confirmed that there was also a nurse on duty at all times in the designated centre and that the person in charge is not included in the staffing compliment. In addition to nursing staff and care staff, there is also auxiliary staff such as kitchen, maintenance staff, household staff and laundry assistants. Inspectors observed staff engaging with residents in a dignified and respectful manner. Residents spoken to stated that the staff 'could not do enough for them.' Of the residents spoken to they further stated that they felt that assistance was available without an undue wait. However in the questionnaires submitted to the Authority, an area of improvement identified was staff visiting residents who were not in a position to leave their rooms more often, outside of task orientated activities such as medication and assistance with activities of daily living. This was also a finding of Inspectors as stated in Outcome 11, regarding the social care needs of residents who spend the majority of time in bed. Inspectors were also not satisfied, as stated in Outcome 8, that the nurse on duty was provided with the necessary protected time to administer medication. This was discussed during the feedback meeting at the conclusion of the inspection.

Inspectors reviewed a sample of training records and confirmed that staff receive mandatory training including, detection, prevention and management of fire, manual handling and prevention, detection and response to abuse. Inspectors also reviewed a sample of staff files and confirmed that they contained all the necessary as stipulated in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Inspectors confirmed that all nursing staff had a current registration with the relevant professional bodies.

The designated centre does not directly recruit volunteers, however there are volunteers attending the organisation through an external voluntary body. There was no evidence of the vetting procedures of the external body and inspectors requested that confirmation be obtained by the designated centre as an additional safeguard.

**Judgement:**

Non Compliant - Minor

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### Acknowledgements

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

### ***Report Compiled by:***

Jillian Connolly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Retreat Nursing Home
<b>Centre ID:</b>	ORG-0000086
<b>Date of inspection:</b>	17/06/2014
<b>Date of response:</b>	30/10/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 01: Statement of Purpose

**Theme:**

Leadership, Governance and Management

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

The administration manager was not included in the Statement of Purpose.

**Action Required:**

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

The administration manager's name has now been added to the front page

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

**Proposed Timescale:** 17/06/2014

**Outcome 04: Records and documentation to be kept at a designated centre**

**Theme:**

Leadership, Governance and Management

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

Due to deficits identified in the admissions process, information pertaining to residents who had resided in the designated centre for less than 28 days were not informative of the level of care required or received.

**Action Required:**

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

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

The needs of all new admissions including respite/short term are now appropriately assessed prior to admission.

**Proposed Timescale:** 17/06/2014

**Theme:**

Leadership, Governance and Management

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

Inspectors were not satisfied that all of the policies and procedures maintained in the designated centre informed the care provided and were reflective of the actual practice in the designated centre.

**Action Required:**

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

All policies and procedures were reviewed to inform of appropriate procedures and practice.

**Proposed Timescale:** 01/08/2014

**Outcome 07: Health and Safety and Risk Management**

**Theme:**

Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

Whilst there was a risk register in place it did not identify all of the actual risks present in the designated centre. The control measures were also reactive as opposed to proactively addressing the safeguards in place to prevent an incident/accident occurring.

**Action Required:**

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

Risk register is reviewed and all risks identified in centre, and precautions in place to control risks also documented.

**Proposed Timescale:** 31/08/2014**Theme:**

Safe Care and Support

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

Although the risk management policy identifies the risk of infection, inspectors were not satisfied that the policy is implemented throughout the designated centre.

**Action Required:**

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

Regular monitoring now in place to ensure policy is implemented in the centre

**Proposed Timescale:** 31/08/2014**Theme:**

Safe Care and Support

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

Although fire drills are occurring, the absence of personal evacuation plans and information on the exact amount of time it would require to support residents to evacuate to a safe place, inspectors were not assured that arrangements in place were sufficiently assessed to ensure the safety of residents and staff.

**Action Required:**

Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

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

Simulated evacuations and fire drills undertaken at intervals of 6 weekly. Training now revised to address any raised concerns

**Proposed Timescale:** 31/07/2014

### **Outcome 08: Medication Management**

**Theme:**

Safe Care and Support

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

Although there were policies and procedures in place, inspectors were not satisfied that the policies informed the actual practices of the designated centre.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Policy has now been reviewed.

**Proposed Timescale:** 16/07/2014

**Theme:**

Safe Care and Support

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

Items other than controlled drugs were stored within the cupboard allocated for controlled drugs.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

New controlled drug safe now in place.

**Proposed Timescale:** 20/06/2014

**Theme:**

Safe Care and Support

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

Inspectors were not assured that the administering nurse was provided with protected time to administer medication free from distraction.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Protected time now enforced for all drug administration rounds. Any queries/calls directed to PIC, and when PIC not available an allocated member of staff with deal with same.

**Proposed Timescale:** 17/06/2014

**Theme:**

Safe Care and Support

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

Discontinued medication was stored in the designated centre.

**Action Required:**

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

Regrettably the one item of medicine that was not returned but was returned immediately

**Proposed Timescale:** 17/06/2014

**Outcome 10: Reviewing and improving the quality and safety of care**

**Theme:**

Effective Care and Support

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

There was no report available on the day of inspection as stipulated in Regulation 35(2).

**Action Required:**

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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



Review report will follow.

**Proposed Timescale:** 31/01/2015

### **Outcome 11: Health and Social Care Needs**

**Theme:**

Effective Care and Support

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

Although the general activities were reflective of residents, additional improvements were required for individuals not in a position to take part in general activities.

**Action Required:**

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

The activities coordinator visits all residents, and family (if present) daily. We will do our very best to ensure that all our residents are given every opportunity to partake in meaningful activities suitable to the personality and ability of the person.

**Proposed Timescale:** 17/06/2014

**Theme:**

Effective Care and Support

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

There was inconsistency in the development of care plans as a result of a change in need, such as a fall.

**Action Required:**

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

Named Nurse system now in place and care plans reviewed daily and if required updated to include change in condition or circumstance

**Proposed Timescale:** 17/06/2014

**Theme:**

Effective Care and Support

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

Not all assessed needs were developed into care plans.

**Action Required:**

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Please see above.

**Proposed Timescale:** 17/06/2014

**Theme:**

Effective Care and Support

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

Not all residents had received appropriate assessments and/or interventions for health needs such as communication challenges.

**Action Required:**

Under Regulation 9 (1) you are required to: Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

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

Care plans thoroughly reviewed to ensure its effectiveness for each resident.

**Proposed Timescale:** 18/06/2014

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective Care and Support

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

Shower and bathing facilities were not located an appropriate distance from some bedrooms.

**Action Required:**

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

New shower room now in place.

**Proposed Timescale:** 30/09/2014

**Theme:**

Effective Care and Support

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

Areas in the designated centre required additional cleaning.

**Action Required:**

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

Regular audits now carried out to ensure areas of concern are outlined, and additional cleaning undertaken.

**Proposed Timescale:** 18/06/2014

**Theme:**

Effective Care and Support

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

The size of the multiple occupancy rooms are not suitable for residents whose assessed needs require assistive equipment such as hoists.

**Action Required:**

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

The room mentioned is now a double occupancy room

**Proposed Timescale:** 17/06/2014

**Outcome 13: Complaints procedures****Theme:**

Person-centred care and support

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

The policy for the management of complaints does not sufficiently guide practice.

**Action Required:**

Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

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

Policy has now been reviewed.

**Proposed Timescale:** 17/06/2014

**Outcome 14: End of Life Care****Theme:**

Person-centred care and support

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

Although there was a policy in place it did not inform the actions to be taken following the death of a resident.

**Action Required:**

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

We are now documenting all actions taken at end of life

**Proposed Timescale:** 17/06/2014

**Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

Due to the prolonged period between identification of weight loss and appropriate interventions, the policy of the organisation was not fully implemented.

**Action Required:**

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

All residents have their weights recorded monthly however at risk residents identified will be weighed more frequently; GP will be informed prior to referral to Allied Services.

**Proposed Timescale:** 17/06/2014

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Inspectors were not assured that the nurse on duty was provided with protected time for specific tasks, such as the administration of medication.

**Action Required:**

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

As per Outcome 8 the PIC now facilitates staff as required.

**Proposed Timescale:** 17/06/2014

**Theme:**  
Workforce

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

There was no evidence of the vetting of volunteers who are recruited through an external agency.

**Action Required:**

Under Regulation 34 (c) you are required to: Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.

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

The volunteer now has all documents in place.

**Proposed Timescale:** 17/06/2014