Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Retreat Nursing Home
Name of provider:	Retreat Nursing Home Ltd
Address of centre:	Retreat Heights, Bonnavalley, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	16 July 2026
Centre ID:	OSV-0000086
Fieldwork ID:	MON-0050959

About the designated centre

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

Retreat Nursing Home is a centre situated in a residential area of Athlone. According to its statement of purpose, it aims to provide its residents with a secure, relaxed, and homely environment in which their care, well-being and comfort are of prime importance. The centre provides long-term care for up to 37 adults of all levels of dependency, including those with a diagnosis of dementia or cognitive impairment. The service's statement of purpose states that it can also provide convalescent/respite care, palliative care and rehabilitation. The centre is a single-storey building, comprising 17 single bedrooms and 10 twin bedrooms, many of which contain en suite facilities. A variety of communal rooms are available for residents, including a spacious living room, sensory room, several sitting rooms and an oratory. The building is situated around two enclosed courtyards, which are fully accessible to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35

How we inspect

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
Thursday 16 July 2026	09:30hrs to 18:10hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

On the day of inspection, residents were found to be well cared for and supported to enjoy a good quality of life. Observations and conversations with residents demonstrated that staff and management actively supported residents to make choices and express their preferences. Residents spoke positively about living in the centre. They described staff as kind, respectful, and considerate, and said they felt safe in the centre. Staff were observed to have a good understanding of residents' needs and provided care in a respectful, calm, and person-centred manner.

Retreat Nursing Home is situated in the town of Athlone, County Westmeath. This single-storey, purpose-built facility is registered to provide accommodation for 37 residents. There were 35 residents accommodated in the centre on the day of the inspection, with two vacancies.

The inspector arrived at the centre in the morning and completed a walk around the premises. This provided an opportunity to observe the care and support delivered to residents, review the living environment, and meet with residents and staff. As the inspector walked through the centre, residents were observed in the various areas, and it was evident that residents' choices and preferences in their daily routines were respected. Residents were observed throughout the centre engaged in a range of activities. Some were having breakfast, others were relaxing in communal areas, while some were receiving support from staff with their personal care needs.

The premises were bright, spacious and laid out to meet the needs of residents. Resident accommodation comprised single and twin bedrooms, some of which were equipped with ensuite facilities. Bedrooms were appropriately furnished, well maintained, and provided residents with sufficient space and comfort. The size and layout of each room supported residents' privacy, dignity, and individual needs. Many residents had personalised their bedrooms with family photographs and meaningful personal belongings. Adequate storage facilities were available for residents to securely store their possessions. Residents had access to a range of suitable communal areas that provided comfortable, spacious environments for relaxation and recreational activities. Private spaces were also available for residents to meet with family and friends. The centre was tastefully furnished and designed to provide a comfortable, accessible, and homely living environment.

Corridors were wide, equipped with appropriately positioned handrails, and were maintained free of obstacles to support the safe mobility of residents using walking aids. Call-bells were available throughout the centre and were responded to promptly. Adequate toilet and bathroom facilities were provided for residents. Appropriate ancillary facilities were available, including a housekeeping room and sluice rooms. The centre was clean, tidy and generally well-maintained. Despite

exceptionally high temperatures on the day of inspection, the centre remained cool and well ventilated.

Residents had safe and unrestricted access to well-maintained outdoor areas, providing opportunities to enjoy nature, fresh air, and gardening. The enclosed courtyard gardens featured seasonal flowers, vegetable beds, and suitable outdoor seating.

Residents were observed throughout the day in communal areas, engaging in activities such as watching television, reading, socialising with each other and staff, and participating in organised activities. Some residents chose to relax quietly and observe daily life within the centre, while a small number spent time in the privacy of their bedrooms. Residents moved freely and comfortably throughout the centre and its gardens.

Communal areas were appropriately supervised, and residents who remained in their bedrooms, or were unable to access communal spaces, received ongoing support from staff. Staff spoken with by inspectors demonstrated a good understanding of residents' assessed needs and individual preferences. Personal care practices observed were of a high standard. While staff were seen to be busy actively supporting residents with their care needs, the inspector observed that care and support were delivered in a calm and unhurried manner. Warm and positive interactions between residents and staff were evident, contributing to a relaxed and pleasant atmosphere across the centre.

The inspector spoke with several residents throughout the day. Residents were happy to engage and provided insight into their experiences of living in the centre. Feedback was positive, with residents expressing satisfaction with their bedroom accommodation and the overall environment, which they described as comfortable and suitable to their needs. Feedback from residents was positive, with comments including, "I love it here, I have everything I need," and "It's very good here and the people are lovely." Residents also described the centre as "very well run" and highlighted that staff were "always very helpful." One resident noted that they had made many friends since living in the centre. While some residents were unable to provide feedback on the centre, observations showed that they were comfortable, content, and at ease in their environment.

Friends and family were facilitated to visit residents, and the inspector observed visitors attending the centre regularly throughout the day.

The lunchtime dining experience was observed to be a social occasion. Meals were appetising and well presented. Residents who required assistance were supported by staff in a sensitive and discreet manner, while others were encouraged to dine independently. Residents told the inspector that they had a choice of meals and drinks available to them each day. Residents were complimentary about the quantity and quality of the food provided.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. There was a schedule of activities in place, including exercise sessions, arts and crafts, and music. Residents told the inspector that they

were free to choose whether or not they participated. During the inspection, residents were observed engaging in a range of activities, including exercise, flower arranging, walks, and games, which they appeared to enjoy. Residents also had access to television, radio, newspapers and books.

In summary, the inspector found that residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced monitoring inspection, conducted by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The inspector reviewed the action taken by the provider to address identified areas of non-compliance found on the previous monitoring inspection in August 2025. This inspection found that while there was a good level of compliance across most of the regulations reviewed, actions taken were not sufficient to bring the centre into full compliance with the regulations, as there were repeated findings of non-compliance with Regulation 23: Governance and management, Regulation 5: Individual assessment and care planning, and Regulation 29: Medicines and pharmaceutical services. In addition, this inspection found that the oversight and management of health care did not meet the requirements of the regulations.

Retreat Nursing Home Limited is the registered provider of this designated centre. The company has two directors, one of whom represents the provider and works in the centre as a manager. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The management team consisted of the registered provider and a person in charge supported by two clinical nurse managers. The person in charge and provider representative were present throughout the inspection, and were observed to be a strong presence in the centre. There was a full complement of staff including nursing and care staff, activity, housekeeping, catering, and maintenance staff. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

The provider had systems of monitoring and oversight of the service in place. A number of clinical and environmental audits had been completed, including medicines management, infection control, food and nutrition and falls management. However, the oversight arrangements were not sufficiently effective to identify a

number of recurring deficits in care planning and medicines management found during this inspection.

An annual review of the quality and safety of the services had been completed for 2025, and included a quality improvement plan for 2026.

There were systems and processes in place to ensure effective communication between management and staff in the centre. The management team met regularly with both staff and each other. Minutes of meetings reviewed by the inspector showed that a range of relevant issues were discussed, including clinical issues, infection control, safeguarding and staff issues.

A review of staffing rosters found that staffing levels and skill-mix were appropriate for the size and layout of the building, and sufficient to meet the assessed health and social care needs of residents. Staff had the necessary skills, competencies, and experience to carry out their roles. The care team consisted of registered nurses and healthcare assistants, who demonstrated a clear understanding of their responsibilities and interacted with residents in a respectful and considerate manner. Staff were observed working together as a team to ensure residents' needs were met. The person in charge provided clinical oversight and support to all the staff. There were appropriate supervision arrangements for care delivery were in place on the day of inspection.

A review of staff training records evidenced that all staff had completed relevant training to support the provision of safe care to residents. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

The provider had systems in place to ensure the records, set out in the regulations, were available, safe and accessible.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents were in place. Notifiable incidents were submitted to the office of the Chief Inspector of Social Services as required by the regulations.

The centre had a centre-specific complaints policy and procedure which outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received.

Regulation 15: Staffing

The number and skill-mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Judgment: Compliant

Regulation 21: Records

The inspector found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had management systems in place to ensure the quality of the service was monitored, this inspection found that the management systems were not fully effective in relation to the oversight of care planning and medicines management to ensure they met the requirements of the regulations. Similar findings related to these regulations were also identified during the previous inspections in 2024 and 2025. Consequently, the provider's commitment given in the compliance plans was not fully addressed.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

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

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Residents of Retreat Nursing Home were satisfied with the services provided and were content living in the centre. The inspector observed a good standard of care, delivered by staff who were kind, compassionate, and respectful. There was a person-centred approach to care, and residents' well-being and independence were promoted.

The inspector reviewed a sample of residents' records and found that a number of clinical assessments were completed on admission to the centre using validated assessment tools to identify each resident's care and support needs. The outcomes informed the development of individualised care plans to guide staff in meeting residents' assessed needs. A review of a sample of residents' clinical records found inconsistencies in the quality of care plans, with some not reviewed or updated to reflect changes in residents' care needs.

Residents had access to appropriate medical care, including on-site reviews by their general practitioner (GP). Residents were also provided with access to relevant health and social care professionals, in accordance with their assessed needs. However, the inspector found that a number of residents' clinical records did not demonstrate that care was provided in accordance with evidence-based nursing practice and professional guidelines.

There was a policy in place to guide nurses on the safe management of medications. However, the inspector found that the oversight arrangements for medicines management were not sufficient to support the safe administration of medicines, in accordance with current professional guidelines and legislative requirements.

A safeguarding policy was in place to guide staff in protecting residents from the risk of abuse. Staff demonstrated an understanding of the centre's safeguarding procedures, and residents reported feeling safe living in the centre.

The inspector observed that management and staff ensured that residents' rights and choices were respected and upheld. Staff demonstrated a good understanding of a human rights-based approach to care and supported residents to make choices in line with their individual preferences and interests. There was a schedule of recreational activities in place which was facilitated by activities staff. There were sufficient staff available to support residents' participation in their recreation of choice. Visits and social outings were encouraged and facilitated. Residents were supported to access independent advocacy services where required and were encouraged to attend residents' meetings and contribute to the ongoing development of the service.

Residents' nutritional care needs were appropriately monitored. Residents' needs in relation to their nutrition and hydration were documented and known to the staff. Appropriate referral pathways were established to ensure residents identified as being at risk of malnutrition were referred for further assessment by an appropriate health and social care professional. Staff were aware of residents' nutritional requirements, and clear referral pathways were in place to ensure residents at risk of malnutrition were referred promptly for specialist assessment and support.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre were suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily, providing a range of choices to all residents, including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

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 26: Risk management

There was a risk management policy and associated risk register that identified risks and control measures in place to manage those risks.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The processes in place for the administration of medicines were not in accordance with current professional guidelines and legislation. For example, gaps were identified in a small number of medicines administration records.

The arrangements in place for dispensing and storage of medicines did not meet the requirements of the regulation. For example, medicines that were no longer required or had expired were not segregated from other medicines and were not disposed of in line with national guidance.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident files and found that individual assessment and care planning were not fully aligned with the requirements of Regulation 5. For example:

- One resident did not have a care plan developed within 48 hours of admission to the centre,
- The assessments and care plan for one resident who returned from hospital were not reviewed or updated to reflect the change in their health care needs.
- The care plan for a resident with identified safeguarding needs did not reflect the actions required to ensure the resident's safety.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 6: Health care

Nursing practices in relation to falls management did not ensure that residents received evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. For example, residents who experienced unwitnessed falls did not always have neurological observations (serial assessments used to evaluate a resident's central nervous system, identifying early signs of deterioration from brain injuries, infections, or metabolic issues) completed as per the protocol in the centre's policy.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding had access to training, and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Retreat Nursing Home OSV-0000086

Inspection ID: MON-0050959

Date of inspection: 16/07/2026

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Management will meet daily. Robust auditing system to be implemented and outcomes monitored closely to ensure efficient actioning. Ensure areas such as medication management and infection control are compliant with regulation, by closely monitoring on a weekly basis. Continue to maintain an open communication policy with staff, residents and families.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Medicines that are no longer required or have expired are segregated from other medicines and disposed of in line with national guidance.	
Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Each new Resident will have their care plan developed within 48 hours of admission by CNM/DON.
• Assessments and care plans for each resident who returns from hospital will be reviewed and/or updated to reflect the change in their health care needs by the SN on duty on the day/night the Resident returns.
• The care plan for a resident with identified safeguarding needs has been updated to reflect the actions required to ensure the resident's safety.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
If a Resident has an unwitnessed fall, neurological observations will be completed immediately.

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	27/07/2026
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	27/07/2026
Regulation 5(3)	The person in charge shall	Not Compliant	Orange	27/07/2026

	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.			
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.	Not Compliant	Orange	27/07/2026
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	26/07/2026