

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Retreat Nursing Home
Centre ID:	OSV-0000086
Centre address:	Loughandonning, Bonnavalley, Athlone, Westmeath.
Telephone number:	090 647 2072
Email address:	retreatnursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Whyte/Cooney/Whyte/Whyte Partnership T/A Retreat Nursing Home
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 September 2018 10:30	20 September 2018 17:30
21 September 2018 09:00	21 September 2018 15:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

Retreat nursing home is located in a residential area a short drive from Athlone town centre. It is a purpose-built single story building which is well laid out. Full-time, general nursing care is provided, and care is provided for people with a wide range of needs including long-term care, short-term respite care, dementia, and mental health difficulties. The majority of residents are living there on a long-term basis. Nineteen residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The centre did not have a dementia specific unit.

The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspector also followed up on unsolicited information received, related to complaints management at the centre which could not be substantiated. The inspection focused on six outcomes and also followed up the actions from the last monitoring inspection. Prior to this inspection the provider

had completed a self-assessment document. The judgments in the self assessment were that full compliance was demonstrated. The inspector found the provider was in substantial compliance in two outcomes and in full compliance with the remaining four outcomes reviewed. A number of improvements had taken place since the last inspection, and actions relating to the provision of activities care planning, records of safety checks, complaints records were now addressed.

The inspector found that the centre met the individual care needs of residents with dementia and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well managed by staff with good communication skills and meaningful activities available.

Staff had received training which equipped them to care for residents who had dementia. Staff were kind and respectful at all times. Overall a very good standard of communication and interaction was observed, and staff were available in a timely manner to residents and relatives. Residents with dementia had their choices in relation to all aspects of their daily lives respected by staff. Some improvements were required with updating of nursing assessments, medicines management, and the completion of risk assessments prior to the use of any physical restraint in line with national policy.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

Residents' healthcare needs were being met and care provided followed evidence-based practice policies and procedures. Some improvements were required in completing nursing assessments and transcribing practices for medicines management.

There was a clear process in place for assessing residents' needs prior to admission to ensure they could be met in the centre. The admissions policy was clearly written and was being followed by staff in practice.

There were systems in place for communication between the resident/families, the acute hospital or public health providers and the centre. The person in charge visited prospective residents in hospital or at home prior to admission. Resident's files held relevant information such as discharge letters from hospital or common summary assessment reports completed by a multi-disciplinary team of health professionals. Residents who were transferred to hospital from the centre had appropriate information about their health, medications and their specific communication needs included with a transfer letter.

On admission a range of validated assessment tools were used to assess each resident's abilities and needs. Areas assessed included the risk of pressure areas, risk of falls, risk of malnutrition, mood and cognitive ability. A small number of nursing assessments reviewed in the sample required updating. Overall the care plans clearly identified how the resident's care needs were to be met. Overall the inspector saw improvements in all records relating to assessments in relation to activities of living, personal and social care, preferences and previous routines were determined to inform interventions and care planning. The involvement of family and previous care providers were central to the assessment and care planning process delivered. Care plans were reviewed at least every four months, and a range of nursing tools were used to assess if changes in abilities or needs occurred. Care plans were seen to reflect resident's individual preferences and provided information on their social and health history. Families were asked to provide information if residents were not able to provide it. Some residents had a detailed record that included the resident's preferred approach and routine when supporting their activities of living. The personal and social information gathered was

also used to plan the social activities and engagement in the centre. The inspector observed care being delivered as described in resident care plans.

There was access to general practitioners (GP), and the out of hours or acute services used if required. Each new resident was seen by the GP following their admission and thereafter as needed. Staff confirmed and records showed there was also access to a range of allied health professionals. Residents had been seen by the dietitian or speech and language therapist if they had needs relating to weight loss, nutrition, eating and drinking. A physiotherapist and or occupational therapist had carried out assessments for residents who required support with mobility and seating. There was access to psychiatry, chiropody, dental, and optician services as required and upon referral. Staff, residents and records examined confirmed that these services had been provided to residents in the centre.

End-of-life care needs were discussed with residents and relatives on admission, and again when residents felt comfortable to talk about it with staff. Residents were asked about their wishes in relation to the type of care they wanted to received, and their preferences including where they were to be cared for. Where residents had stated preferences these were clearly recorded. Staff in the centre were aware of the key areas of care at end of life, and were able to make arrangements for friends and family to be with the resident if that was their choice.

Overall, medicines management practice was well managed and audit and oversight was good. Evidence of medicines being reviewed and records were adequate. However, some improvements were required as the maximum doses of a small number of prn (as required) medicines was not consistently recorded on the residents' prescription sheet. In addition, the nursing transcribing practices were not consistently in line with medicines policy or evidence-based guidance for nursing staff.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety. The actions relating to completion of safety checks where bedrails were in use had been addressed since the last inspection.

There was a policy and measures in place for the prevention, detection and response to

abuse of residents. Staff spoken with were clear what actions to take if they observed, suspected or had abuse reported to them. Training records confirmed staff had received training in how to safeguard residents. The person in charge promoted dignity and respect of residents in the centre, and this was seen to be put in to practice by the staff team.

At the time of the inspection a small number residents with low level responsive behaviour were being effectively supported by staff. Relevant training including how to support residents with responsive behaviours which had been provided and completed by staff. The inspector observed communication and interaction with residents who had dementia that focused on reminiscence and speaking about subjects that were meaningful to individuals, for example life experiences, previous occupations and country music. This resulted in positive outcomes for the residents and they were supported to remain engaged in their surroundings. There was a policy in place covering the management of responsive behaviour and where necessary there were links with the local hospital and psychiatric services.

The provider was committed to implementing the national policy 'towards a restraint free environment', and overall the use of restrictive practice in the centre was low. There was a policy on enablers and restraint use in the centre that set out the procedure to use when considering if a restriction would result in a positive outcome for residents. The inspector saw that alternatives were available including low low beds in the centre. Where enablers and restrictions were in place some of the nursing assessments reviewed required improvement in terms of recording the assessment and decision-making process including other less restrictive measures trialled. Residents had access to occupational therapy and physiotherapy for specialized seating assessments where required.

There were clear records for supporting residents with the management of finances in the centre. The provider was not appointed as a pension agent.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

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

Findings:

Activities were available and provided met the interests and capabilities of each resident. Improvements had been completed in provision of meaningful activity and expansion of the programme since the last inspection. The inspector found that residents, including

residents with dementia, were empowered and assisted to enjoy a good quality of life and enjoyed their day to day activity. Residents with dementia integrated well with other residents in the centre. Two activity co-ordinators lead out on activity provision, but all staff were seen to fully engage with promoting this aspect of care.

The inspector found that residents were consulted regarding the planning and organisation of the centre. Residents' privacy, dignity and right to make choices about how they spent their day was promoted and respected. Residents were facilitated to exercise their civil, political and religious rights. The person in charge confirmed arrangements in place to ensure the register was updated for any resident wishing to participate in the upcoming referendum vote.

There was evidence that feedback was sought from residents on an ongoing basis, including residents with dementia. A residents' committee met on a regular basis throughout the year. This was facilitated by an independent advocate and attended by members of the management team. Records of these meetings indicated that they were well attended by residents and relatives, and items such as food quality, activities and staffing were discussed. The majority of residents spoken with by inspector expressed strong satisfaction with the service they received and with living in the centre. Records of resident participation in personal and group activity were well maintained. Residents also enjoyed listening to the radio, puzzles, sudoku and visits from the hairdresser.

There was an open visiting policy in place, but this policy also ensured that mealtimes were protected times for residents. There were a number of rooms available to residents to receive visitors in private.

A comprehensive activity programme was well established in the centre, which was informed by regularly reviewed assessments of residents, their preferences, interests and capabilities. The activity schedule was displayed and included activities that were suitable for residents with dementia.

All staff supported the activity co-ordinator in facilitating outings, group and one-to-one activities as part of their role. Group activities on the day of inspection included ball games, flower arranging and live music, which took place in the main sitting room. A number of activities had been devised for residents with dementia, including sensory stimulation sessions, pet and music therapy. The person in charge described planning in place to facilitate input from social care students to engage with activity programme.

A sensory room, courtyards and other areas were also available to residents in order to support engagement in meaningful activities that met their preferences and capabilities. The inspector observed a number of activities throughout the day of the inspection. It was noted that while activities were organized and meaningful, all were supported to engage or not engage and their personal choice respected. This observation indicated that residents' lives were positively enhanced by the activity programme provided, but work was required to ensure the quality was maintained across all areas of the centre. This information was provided to the management team, who had recently identified this issue and were endeavouring to develop a solution.

The Inspector observed the quality of interactions between staff and residents using a validated observational tool to rate and record these interactions at five minute intervals

in the large sitting room. Scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the high quality of the interactions with the majority of residents. The inspector's observations concluded that, for the majority of the observation periods, positive connective care was provided to residents by staff, and residents responding in a positive manner which included laughter and smiles.

Throughout the inspection, staff members were courteous and kind when addressing residents and visitors, and sufficiently respectful and discreet when attending to the needs of residents. It was evident that staff were very knowledgeable regarding the residents they cared for. Staff ensured that residents' privacy and dignity were maintained by knocking on bedroom and bathroom doors before entering rooms, and by ensuring doors were closed and screens were pulled while delivering personal care. Residents' right to refuse treatment or care interventions were respected.

Residents' communication care needs were assessed and documented in care plans. Staff were aware of each resident's communication needs, particularly the needs of residents with dementia.

Residents had access to internet and telephone facilities, local and national newspapers and to media.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

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

Findings:

A complaint's procedure was in place and the inspector reviewed the records. There had been no written complaints recorded since the time of the last inspection. The action relating to maintaining records of verbal issues following the last inspection had been fully addressed. Records were now well maintained, and all matters brought to the attention of the person in charge had been investigated and actioned in line with the policy. The outcomes were clearly recorded in the complaints file. Unsolicited information about complaints management received by the Office of the Chief Inspector could not be substantiated at the time of the inspection.

The complaint's procedure was displayed prominently and this was in line with the information within the complaint's policy. The inspector confirmed that in the first

instance the nurse on duty would try to resolve the issue, and the person in charge as complaints manager would then follow the policy, which was overseen by the registered provider representative and director of the company at management meetings. There was a clear appeals process outlined within the policy should the complainant remain dissatisfied. Residents were facilitated if they wished to access independent advocacy supports with contact details of how to access this service found in the centre, and in the statement of purpose.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The centre had appropriate staff numbers and skill-mix to meet the assessed needs of the residents. Throughout the inspection, the inspector found that staff numbers in the centre were sufficient to meet the needs of the residents. The atmosphere throughout the inspection was calm, friendly and relaxed. Staff did not appear rushed and the provision of care was adequate, with very positive staff engagement. Care tasks were appropriately paced to ensure that residents were not rushed. Staff were observed to reassure and communicate in a clear and open manner with residents, always offering choice before continuing to assist them. Staff demonstrated positive, person-centred care during all interactions observed by the inspector.

The inspector reviewed the planned and actual rota in the centre. The person in charge managed staffing planning and provision. The actual rota was found to be representative of the staff on duty during the inspection. The inspector found that there was an appropriate level of staff supervision in place. The role of person in charge is supported by a clinical nurse manager. An on-call management rota is in place and unanticipated leave was usually covered by existing nursing and care staff. Registration and personal identification numbers for all registered nurses were found to be in place.

Training records were reviewed and found to be up-to-date for training in fire safety, safeguarding and moving and handling. Staff had received in-house training in dementia care, communication skills and responding to challenging behaviours.

The inspector confirmed safe recruitment procedure was in place. A sample of staff files were reviewed. An Garda Síochána vetting disclosures for staff and volunteers were in place.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was purpose built in 1998 and met the needs of the residents in its' layout, and design. It was homely and residents said they found it comfortable.

Bedroom accommodation comprises 17 single and eight twin rooms. Fifteen single bedrooms had an en-suite facility, and a variety of communal bathroom and toilet facilities were available within close proximity of residents bedrooms with privacy locks in place. The inspector viewed a selection of occupied bedrooms with residents and found they had been personalised to each individual's preference. Furniture was provided in each room, including a comfortable chair and lockable drawer. Residents were able to bring additional items with them if they chose to. There was a call bell located by the bed and in the en-suite if they needed to call for assistance. Most windows had been designed to provide good levels of sunlight and views outside even when the resident was in bed. There was overhead and bedside lighting for residents to use as they chose. All bedroom doors had a clear number and if residents chose they could have a picture on the door also.

The centre had sufficient space for dining and a range of comfortable lounge areas. They were decorated in a homely way and seating was arranged to provide different options, for example watching the television, engaging in small group activity or looking out of the window of the sun room to the driveway and entrance. There was a range of seating available including comfortable sofas, high backed chairs, and chairs with arms to support individual preference but also to take account of residents differing mobility needs. There were a number seating areas, off the corridors to aid those who needed or chose to rest when walking around but also to support socialisation opportunities. There was a spacious sun room, oratory, hairdressing room, visitor's room and a sensory room that residents were seen to be using. The inspector was informed that the centre does not have facilities for smoking, and this is clearly outlined in the statement of purpose.

Corridors had been decorated with art and photographs, and signs were in place to support residents, including those with dementia, to find their way around. The corridors also allowed for residents to walk or mobilise with their mobility aids unimpeded. Flooring had been upgraded and the use of contrasting colours was evident to support those with visual difficulties.

On the day of the inspection the centre was a comfortable temperature, well lit and ventilated. There were handrails on both sides of corridors and grab rails in bathrooms that were of contrasting colour to the sanitary wear. Flooring was seen to be non slip and free from trip hazards. There were aids and adaptations available in the centre to meet the needs of the residents and storage arrangements to put them away when not in use.

The household team was seen to be working to ensure the centre was well presented in good decorative order and clean throughout. There were also laundry arrangements in place, and residents were satisfied with the care of their belongings.

Unrestricted access to outdoors was available, accessible through unlocked doors. Two secure courtyard areas were accessible and used by residents. Residents were invited and supported to be involved in those areas if they liked the outdoors, gardening and or other activity.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Leone Ewings
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 report¹

Centre name:	Retreat Nursing Home
Centre ID:	OSV-0000086
Date of inspection:	20/09/2018 and 21/09/2018
Date of response:	05/11/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

A small number of nursing assessments reviewed in the sample required updating.

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

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

Assessments have all been reviewed and updated.

Proposed Timescale: 05/11/2018

Theme:

Safe care and support

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

Maximum doses of prn (as required) medicines were not consistently recorded on the prescription sheet.

Transcribing practices were not consistently in line with medicines policy or evidence-based guidance for nursing staff.

2. Action Required:

Under Regulation 29(5) you are required to: 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.

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

These prescription sheets have been reviewed and amended accordingly. Nursing staff have reviewed the transcribing policy and best practice is now in place

Proposed Timescale: 05/11/2018

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Restraint risk assessments and records of any decision-making were not consistently completed in line with national policy and guidance, with records of alternatives used prior to decision to use bedrails.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

A review of the decision making regarding restraint (with family involvement) is taking place

Proposed Timescale: 16/11/2018