

**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
Provider Nominee:	Tony Whyte
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Leanne Crowe
Type of inspection	Announced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	4

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.

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 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: 22 August 2017 09:00 To: 22 August 2017 20:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was announced and carried out in response to an application by the provider for renewal of the centre's registration. Inspectors followed up on progress with completion of the action plan from the last inspection in December 2016 and found that seven out of eight actions were satisfactory completed. The action requiring provision of meaningful activities for less able residents who were unable to participate in group activities had been progressed but further improvements were required. Inspectors also reviewed issues raised in unsolicited information received by the Health Information Authority (HIQA) in June and August 2017 regarding care of residents by staff in the centre. Inspectors found that residents' healthcare and nutrition needs were met to a good standard by sufficient staff who had the skills and knowledge to meet their needs. Improvement was required in relation to residents' documentation and meeting the social needs of a small number of residents who remained in their bedrooms. These findings are discussed throughout this report.

Inspectors met with residents, relatives, the provider representative, person in charge, general manager and members of the staff team during the course of the inspection. Practices were observed and documentation such as the centre's policies, complaints, risk management (including fire safety) procedures and records, audits, staff training records and residents' documentation and records among other information was reviewed by inspectors.

There was a high level of satisfaction with the service provided expressed by the majority of residents and relatives who spoke with inspectors. Feedback from pre-inspection questionnaires completed by six residents and seven residents' relatives also referenced satisfaction with the service provided including care given and the staff team in the centre. Residents confirmed that they felt safe and had choice in their daily routine. A summary of feedback received during the inspection and in pre-inspection questionnaires was communicated by inspectors to the provider representative, person in charge and the general manager during the inspection.

Inspectors found that there was a happy, relaxed and comfortable atmosphere in the centre. The centre was visibly clean and was maintained to a good standard. The layout and space provided in residents' accommodation met their individual needs. Residents' accommodation was accessible and was arranged at ground floor level throughout.

There were appropriate systems in place to manage and monitor the service. The provider representative, person in charge and general manager held responsibility for the governance, operational management, administration of services and provision of sufficient resources to meet residents' needs. Inspectors found that the provider representative and person in charge were knowledgeable regarding their statutory responsibilities and demonstrated their commitment to providing a good service to residents.

All interactions by staff with residents observed on the day of inspection were courteous, respectful and kind. Residents' comments to inspectors regarding the staff caring for them concurred with these observations. The provider had procedures and arrangements in place to ensure residents were protected and safeguarded from abuse. There was evidence that residents' views were sought and valued and their individual choices were promoted and respected. While there was good evidence that a restraint-free environment was promoted, improvement in residents' records to confirm this finding was necessary.

Residents' healthcare needs were met to a good standard. Staff were knowledgeable regarding residents and their individual needs. Recreational activities provided for residents were varied and meaningful for most residents, some improvements were necessary to ensure all residents were provided with activities that met their interests and capabilities. All staff were facilitated to attend mandatory and professional development training to enhance their skills and knowledge.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in

Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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: 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre's statement of purpose was updated in May 2017. This document described the service that is provided in the centre. 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) were included in the statement of purpose document.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

Inspectors found that there was a clearly defined management structure in place. The provider attended the centre a number of times each week. The general manager and the person in charge worked full-time in the centre. The provider, the person in charge and the general manager formally met on a weekly basis to discuss issues pertinent to the governance and management of the centre. The minutes of these meetings were

made available to inspectors and referenced comprehensive review of key performance indicators. Inspectors findings indicated that a proactive approach was taken by senior management to ensure that the quality and safety of the service for residents was prioritized. Lines of authority and accountability were evident and staff were aware of their individual and collective roles and responsibilities.

There was a system in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Audits were completed in a number of key clinical areas and aspects of the environment. A sample of the audits reviewed by inspectors demonstrated evidence of analysis of audit data collated with improvements identified to address areas that required improvement. Improvement action plans developed from audits were seen to be completed. A process was in place to ensure staff were informed of the results of audits and improvements made were implemented on an on-going basis. An annual review to monitor the quality and safety of care and the quality of life of residents including consultation with residents and their representatives had been completed for 2016. The document was made available to inspectors.

There were sufficient resources available to ensure the service provided met residents' needs. The person in charge confirmed that any additional resources that she deemed necessary to meet residents' needs were provided.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

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

Findings:
A guide to the centre was available to residents, which included a summary of the services and facilities available, the terms and conditions of residency, the complaints procedure and the arrangements for visiting the centre.

Each resident had an agreed written contract which outlined the details of the services to be provided to residents, and the fees to be charged to each resident.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The centre was being managed by a suitably qualified and experienced nurse in care of older people. The person in charge demonstrated that she had authority and was accountable and responsible for the provision of the service to residents. The person in charge demonstrated that she was engaged in the governance, operational management and administration of the centre on a full-time basis over five days each week. The person in charge is supported in her role by a deputy person in charge, nursing, care, administration, maintenance, kitchen and housekeeping staff who report directly to her.

The person in charge is a registered nurse with An Bord Altranais agus Cnáimhseachais Na hÉireann. She has completed a postgraduate course in management and training to maintain her professional development. She demonstrated that she had knowledge of the Regulations and Standards pertaining to the care and welfare of residents in the centre.

The person in charge had a detailed knowledge of each resident's life history, condition and care needs. Inspectors found that she was responsive to residents' needs and fostered a person-centred approach to care of each resident in the centre. Staff confirmed that there was good team communications. The person in charge had systems in place to ensure the quality and safety of clinical care was monitored. Information required was easily accessed and was well organized.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider and person in charge demonstrated they were aware of their responsibility to notify the Chief Inspector of any proposed absence of the person in charge exceeding 28 days from the designated centre and had arrangements in place for the management of the centre during any such absence.

A suitably qualified and experienced registered nurse in older persons care worked alongside the person in charge on a day-to-day basis and deputised in her absence. The person in charge also had arrangements in place to ensure that she and her deputy were not on planned leave during the same periods. This arrangement ensured that a senior member of the nursing team was available each day during the week in the centre.

Judgment:

Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were systems in place to safeguard residents. There was a policy and procedure for the prevention, detection and response to abuse. Records indicated that all staff had received up-to-date training in the prevention, detection and response to abuse. Staff spoken with by inspectors was knowledgeable regarding their training. They could describe what they would do in the event of an allegation, suspicion or disclosure of abuse and their responsibility to report.

Systems in place to promote a restraint free environment in line with the national policy were described and demonstrated. A restraint policy last updated in April 2017 was available. The centre had a record of all restraint currently in use. Records confirmed that in total 14 of the 33 residents were using full length bedrails. Risk assessments were undertaken and the care plans reviewed detailed the use of restraint. The use of bed rails, risk assessments and care plans were reviewed on a regular basis. There was evidence that consent had been sought before implementing any form of restraint. There was also evidence that safety checks were completed when bed rails were in use

and procedures were in place to ensure they were used for the least possible time. However, the records available did not provide sufficient detail to inform comprehensive monitoring when bed rails were in use. Inspectors noted that additional equipment such as half-length bed rails and sensor alarms were used where possible to enable residents' safe independent position changing while resting in bed.

There was a policy and procedure in place for managing and supporting residents predisposed to episodes of responsive behaviours. The inspectors reviewed a sample of residents files and found that staff took a person centred approach towards the care and management of residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff spoken with discussed the triggers to the responsive behaviours and the effective person-centred interventions that they would use to prevent or de-escalate them. Although well managed in practice, inspectors found that care plans lacked details to support a consistent team approach, such as the triggers to the behaviours and the effective de-escalation strategies. Some residents who had complex medical conditions were prescribed psychotropic medications. No psychotropic medications were prescribed for residents on a PRN (a medicine only taken as the need arises) basis for management of responsive behaviours. Arrangements were in place to ensure that chemical restraint was used as a last resort when all person-centred strategies failed to de-escalate responsive behaviours. A review process was in place to monitor frequency of use and to ensure administration was appropriate on each occasion. Inspectors did not observe any residents exhibiting responsive behaviours on the day of inspection.

A system was in place to safeguard small amounts of residents' money kept in safekeeping on their behalf by the centre . This was found to be compliant on the last inspection in December 2016, and therefore was not reviewed on this inspection. The provider representative confirmed to inspectors that at the provider did not function as a pension agent for any of the residents.

Judgment:
Substantially Compliant

Outcome 08: 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(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found that the health and safety of residents, staff and others was promoted

and protected. The centre's health and safety statement was up-to-date. The risk management policy included the measures and actions to control risk of abuse, violence and aggression, self harm, unexplained absence of a resident, accidental injury to residents, visitors or staff as specified by Regulation 26(1). All internal and external hazards were identified, risk assessed and had controls stated to mitigate the level of risk identified. There was evidence that this documentation was regularly referenced and updated. Risks were satisfactorily addressed with the exception of motion-sensor lighting placed in circulating corridors. Risk posed to residents by some motion-sensor lighting in the corridors that turned off prematurely identified on inspection in December 2016 was found to be satisfactorily addressed on this inspection.

Accidents and incidents involving residents were recorded and were found to be responded to appropriately on an individual basis to reduce risk of recurrence. Inspectors found that there was a low level of falls to residents in the centre and the last fall by a resident requiring notification to the Health Information and Quality Authority (HIQA) was in December 2016 as the resident incurred an injury that required additional care in the acute services. The provider utilised sensor alarms to support residents at risk of falling. Low level beds and foam floor mats were also used to prevent injury where appropriate. Inspectors observed discreet use of sensor alarms when residents were in bed and also resting in chairs during the day in their bedrooms or in the communal sitting/dining rooms. Residents were assessed for the risk of falls and care plan documentation outlined strategies to mitigate clinical risks whilst also supporting and promoting residents' independence.

Arrangements and procedures were in place to mitigate risk of fire in the centre. Fire safety management procedures were in place including completed maintenance and checking procedure records. Each resident's personal evacuation needs were assessed and documented. There was evidence that regular fire evacuation training sessions were facilitated to enable all staff to participate in a fire evacuation drill that simulated night and day conditions and staffing resources. However, the details recorded regarding fire drills completed required improvement to include the simulated location of the fire, the simulated time and greater detail of the drill scenarios. This finding is actioned in Outcome 5. Annual fire safety training was completed by all staff working in the centre. Staff spoken with were aware of the procedures they should take in the event of a fire in the centre to ensure residents' safety needs were met. Fire exits and pathways were unobstructed including external fire pathways to the fire assembly area.

Residents moving and handling needs were assessed on admission and were regularly reviewed thereafter. Equipment required to ensure residents needs were safely met was observed to be used by staff as necessary. All moving and handling procedures observed by inspectors reflected best practice procedures. All staff had attended safe moving and handling training.

The premises were visibly clean and cleaning procedures reflected best practice. Procedures and practices consistent with the standards for the prevention and control of healthcare associated infections published by HIQA were implemented by staff. Personal protective equipment such as gloves and aprons were readily available and hand sanitizers were located at the entrance to the centre and throughout resident and staff areas. Inspectors observed that staff took opportunities to cleanse their hands using the

alcohol gels provided as appropriate on this inspection.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
A medication management policy was in place and available to staff to inform safe medicine management practices in the centre. The inspector observed that residents' medications were stored appropriately including medicines requiring refrigeration or controlled under Misuse of Drugs legislation. Balance checking of controlled medicines on the premises was consistently completed. Inspectors examined a sample of these records and found that they were correct. Medicine refrigerator temperatures were checked daily to ensure they were maintained within recommended parameters. Residents' prescribed medications were reviewed at least on a three-monthly basis.

Inspectors observed medicine administration to residents that all medicines were administered by a registered nurse on an individual basis as prescribed in line with professional guidelines. Areas identified for improvement on the last inspection were satisfactorily completed. Each medicine administered in a crushed format was administered as instructed by the prescriber on residents' prescriptions. The maximum permissible amount of PRN (a medicine only taken as the need arises) was consistently stated on the residents' prescriptions. Multiple-dose medicines in oral liquid or topical preparations were dated on first opening to ensure they were not used beyond the timescales recommended by the manufacturer. A weekly check procedure was in place to ensure any medicines that were out-of-date or no longer used by residents in the centre were removed from the medicines trolley and returned to the pharmacy.

The pharmacist dispensing residents' medications was facilitated to fulfil their obligation. Residents' choice of pharmacy to dispense their medicines was also facilitated. The pharmacist was available to meet with residents if they wished and provided advice and medicine management education for nurses in the centre. The pharmacist completed quarterly medicines management audits in the centre. While a copy of completed audits by the pharmacist could be obtained, there was opportunity for improvement by the pharmacist providing a copy of their audits for reference by the person in charge if necessary as part of residents' records. This finding is actioned in Outcome 5.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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(s):

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

Findings:

There were 33 residents accommodated in the centre on the day of this inspection. One resident was in hospital. A number of residents had complex care needs including dementia and acquired brain injury.

Residents had good access a general practitioner (GP) of their choice, allied health professionals, community palliative care and psychiatric services. A physiotherapist attended the centre one day per week and an occupational therapist was available as necessary as part of the service at no additional charge to residents. The physiotherapist also developed treatment plans for residents that informed continuity of appropriate exercises for residents by staff. Residents' documentation confirmed they had timely access to medical and allied health professional services. They were supported to attend out-patient appointments as necessary. A dietician and a speech and language therapist attended the centre as necessary and assessed residents with or at risk of unintentional weight loss and residents with swallowing difficulties. They undertook assessments and provided professional advice as required. Recommendations made by these specialist services were documented in residents' care plans reviewed by inspectors. Residents' weights were checked on a monthly basis or more often if necessary. Procedures were in place for recording fluid and food intake for residents assessed as being at risk of dehydration or malnutrition. The sample of fluid intake records reviewed by inspectors were detailed and clearly informed necessity for further intervention. Residents had access to two yearly assessment of their vision with provision of spectacles free of charge if necessary. Dental and further optical care services were accessible locally. A chiropodist attended the centre at regular intervals at an additional fee to residents.

Inspectors found on this inspection that arrangements were in place to meet residents' assessed healthcare needs. Residents' care needs were assessed on admission and regularly thereafter using validated risk assessment tools. This information informed person-centred care plans to meet each resident's identified needs. However some care plans examined did not contain sufficient detail to support a consistent team approach to care provision. Daily progress notes were completed by staff and were linked to care plans. Arrangements were in place to ensure care plans were reviewed on a four-

monthly basis or more often in reflect residents' changing needs. There was evidence that residents' care was discussed with them or their relatives where appropriate. The majority of residents and relatives who met with inspectors throughout the inspection expressed satisfaction with the care and service provided in the centre. Inspectors followed up on medical and care issues raised in the unsolicited information received prior to the inspection and did not find evidence to indicate that residents' healthcare needs were not met. Staff were trained in subcutaneous fluid administration to treat dehydration in the centre, negating need for hospital admission for this treatment. Residents' health was promoted by annual influenza vaccine, vital sign monitoring, weekly access to the physiotherapist and support with regular exercise.

Residents' risk of falling was closely monitored. Each resident's level of risk of falling was assessed on admission and reviewed on at least on a four monthly basis or more frequently in response to a change in their health, mobility or following a fall incident. Inspectors observed that residents were encouraged and supported to maintain their independence with mobilizing. Inspectors observed staff assisting residents to go for short walks along the corridors in the centre. walk there was a low incidence of residents falling. Residents at increased risk of falling wore hip protectors and were provided with increased staff supervision, support equipment, sensor alert alarm equipment, low beds and floor mats to mitigate risk of injury.

There were no residents with open skin wounds in the centre on the day of this inspection. Procedures were reviewed for care of residents with grade one pressure related skin injury and were found to reflect best practice procedures. Inspectors reviewed pressure ulcer prevention and wound care procedures in the centre and found that these procedures reflected evidence-based practice. Assessment of risk of skin breakdown was completed for each resident on admission and regularly thereafter. Equipment such as pressure relieving mattresses and cushions in addition to care procedures were used appropriately. Position changing schedules and records were reviewed by inspectors and were found to be completed contemporaneously. There was a system in place to routinely monitor that pressure mattress air pumps were set correctly for each resident. Improvement was required to ensure residents at risk of pressure related skin damage had their skin care interventions clearly documented in their care plan.

Arrangements were in place to ensure any residents with wounds were assessed by staff using an appropriate wound assessment system which assessed size, type, and exudate and included a treatment plan to inform wound dressing procedures. Tissue viability, dietician and occupational therapy specialists were available as necessary to support staff with management of at risk of developing wounds or with wounds that were not healing or deteriorating.

Judgment:
Substantially Compliant

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(s):

No actions were required from the previous inspection.

Findings:

A recently revised policy and procedure for the management of complaints was in place.

A summary of the complaints procedure was on display near the reception of the centre, and was also available in the residents' guide. There was a person nominated to manage complaints, and a person nominated to record complaints and any further action taken. However, the process for the management of complaints required review as it did not outline the person nominated to ensure that all complaints were appropriately recorded and responded to, as required by the Regulations.

A record of complaints was maintained in the centre. Inspectors found that while written complaints were managed appropriately, improvement was required in relation to the recording of verbal complaints.

An appeals process was outlined in the complaints policy, including the contact details of two independent advocates. Details of the Ombudsman were also included in this policy.

Judgment:

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(s):

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

Findings:

Inspectors found that residents' were provided with food that was varied, nutritious and prepared to meet for their individual dietary needs. All residents and visitors who spoke with inspectors, with the exception of one person, expressed satisfaction with the quality of the food provided.

There was a comprehensive policy in place to inform assessment, monitoring and recording of nutritional intake. Processes were in place to ensure that residents did not experience poor nutrition or dehydration. Inspectors found that all residents were weighed monthly, or more frequently as appropriate. Food diaries were maintained for residents who were at risk of inadequate nutritional intake. Each resident was assessed on admission and regularly thereafter to identify risk of dehydration or malnutrition. Residents requiring intervention were referred to the dietician and speech and language therapy services as appropriate. Inspectors observed from residents' records reviewed that these specialist services attended residents to assess their needs in the centre as necessary. Their recommendations were communicated to the kitchen and documented in individual residents' care plans.

There was evidence that residents who experienced swallowing difficulties had been assessed by the speech and language therapy services. Inspectors observed that the information outlining residents' individual special dietary requirements was available in the kitchen. Staff responsible for preparing residents' meals were knowledgeable regarding residents' preferences, the various specialised diets and food consistencies including modified consistency and fortified diets, thickened fluids, diabetic and renal diets.

The centre's menu rotated on a regular basis and was developed in consultation with the centre's dietician. The chef also held a qualification in nutrition, and outlined to inspectors the emphasis she placed on serving organic fruit and vegetables to residents on a daily basis. Food was presented to residents was appetising and residents requiring modified consistency meals were served the same menu as other residents. Choices were available to residents at each meal and alternatives to the menu on offer were also available. It was noted by inspectors that extensive efforts were made by kitchen and catering staff to ensure that residents were satisfied with the food they received.

Snacks, water and other refreshments were available at all times throughout the day. The inspectors observed that mealtimes were a social occasion with many residents chatting to each other and with staff. Residents in large assistive chairs were facilitated to eat their meal together from a specialized table that was raised to allow them to sit within comfortable proximity to their meal. This also supported their independence with eating. Inspectors observed that residents were provided with assistance by staff at mealtimes in a discreet and sensitive manner.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

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

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

Findings:

Inspectors found that residents were consulted with and encouraged to participate in the organisation of the centre. While the quality of life for independent residents in the centre was enhanced by their participation in the activity programme provided, further improvement was required to ensure that all residents were supported to participate in meaningful activities to meet their individual interests and capabilities. This action had also been identified at the previous inspection in December 2016, and while improvements were noted in the interim, further work was required.

Following admission to the centre, residents underwent an assessment that outlined their interests, life histories, personalities and preferences and capabilities in relation to activities. This information was used to inform an overall activity programme that was provided by two dedicated activity staff throughout the week. A number of external services also provided activities as part of the overall activity programme. For example, pet therapy was provided to residents every Thursday and music groups played live music on a frequent basis. A large noticeboard in the centre outlined recent events that had taken place, as well as events planned for the coming weeks. These included a summer party, live music, a choir performance and a day trip to a historic monastery. Afternoon tea had been arranged to take place in a local hotel in the days following the inspection.

On the day of the inspection, a number of activities were held in the day room throughout the morning and afternoon, including card games, music and flower arranging. Inspectors observed several of these activities taking place and observed that residents who attended were engaged in these sessions. While inspectors acknowledged the progress that had been made since the previous inspection to ensure residents who were unable to participate in bigger group activities in the sitting room were provided with suitable one to one activities, further improvement was required. Activity staff informed inspectors that they dedicated a period of time each day making room visits, or engaging in one-to-one sessions with residents. Since the previous inspection, a room had also been developed to provide sensory stimulation to residents. This room was used frequently on a one-to-one or group basis to good effect and inspectors observed one-to-one sessions taking place. Records were maintained to document residents' participation in activities, both within a group or one-to-one setting. However, these records did not evaluate residents' level of engagement in the activities they attended to ensure their needs were met. A sample of records reviewed by inspectors also indicated that in some instances some less able residents or residents who chose to stay in their rooms were not sufficiently supported to participate in meaningful and purposeful activities.

The inspectors also reviewed resident and relative pre-inspection questionnaires submitted to HIQA. In total 13 resident and relative questionnaires were returned, and

inspectors also met with five residents' relatives on the day of the inspection. Overall, feedback in relation to the centre was positive and people spoke highly of the centre, the staff and the services provided. Some areas of dissatisfaction were raised but inspectors did not find evidence in relation to these issues on the day of the inspection. Respondents described the centre as "homely" and stated that staff are "kind and respectful", "wonderful and caring".

Inspectors found that a residents' committee met every three months, and minutes of these were made available to inspectors. The most recent meeting was held in July 2017. Of the last four meetings, between 29% and 40% of residents were in attendance. Some residents' relatives also attended these meetings. Minutes of the meetings indicated that a range of topics were discussed and any actions arising from these meetings were forwarded to a relevant staff member such as kitchen or activity staff. Residents were also reminded at each meeting that an independent advocate could attend residents' committee meetings if they wished. Inspectors noted that contact details for independent advocacy services were displayed in the centre.

Residents were facilitated to exercise their civil, political and religious rights. A small oratory was located in the centre and was available to residents for funeral services in line with their end-of-life wishes. The person in charge outlined to inspectors how residents were supported to practice their respective faiths. Mass was held once a week in the centre, and a service in the local area is provided via a webcam facility to the centre on a daily basis. Voting could be facilitated from the centre, and residents could also vote in their electoral area if they so wished.

Staff were observed to treat residents with dignity and respect. Examples of this included providing care in a sensitive and discreet manner, being respectful in their interactions with residents and knocking on residents' doors before entering their rooms.

While some residents had their own telephones, all residents could access the centre's portable telephones if they wished. Wireless internet was available throughout the centre, and the person in charge informed inspectors that computers were available for residents' use.

A signature book for visitors to the designated centre was available at the front entrance. There were many visitors in the centre on the day of inspection and there were a number of rooms or quiet areas where residents could meet with their visitors in private if they wished. A "protected mealtimes" initiative was operating in the centre, whereby residents were supported to eat their meals without interruption.

Information about the centre was available. There were notice boards available throughout the centre providing information to residents and their visitors. Radios, televisions and newspapers were available for information about current affairs and local matters.

Hairdressing services were provided on-site every fortnight. A staff member was also available at other times to provide hairdressing services for residents. The person in charge informed inspectors that some residents were also supported to visit hairdressing services in the community.

Two internal gardens were accessible to residents, and these contained flowers, shrubbery and suitable seating. Residents did not access these gardens on the day of the inspection due to adverse weather conditions. However many residents and relatives commented on the gardens and told inspectors that they loved to walk or sit and relax in them.

Residents' communication needs were met. Their needs were assessed and care interventions were outlined in their care plans.

Judgment:

Substantially 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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors spoke with visitors and residents regarding staffing levels and their ability to meet residents' needs. Overall feedback from residents and relatives about the staff and staffing levels was positive and complimentary. Two people raised concerns about the availability and timeliness of staff responding to call bells or requests for assistance. Inspectors did not find evidence of this on inspection. Other residents and relatives who spoke with inspectors were satisfied that the staff were caring and responded quickly when called to provide assistance or support. Staff interviewed stated that the staffing levels throughout the day and at night were appropriate to meet the needs of the residents. Inspectors observed that throughout the inspection there were appropriate staffing levels and skill mix to meet the needs of all residents. Staff were observed to be responsive to residents' needs at all times throughout the day. Inspectors also observed that call bells were placed within easy reach of residents and they were answered promptly on each occasion. Staff were aware of residents who experienced difficulty using the call bell system to alert them and they were observed to visit these residents in their bedrooms frequently to ensure they did not require assistance. Inspectors also noted that there was consistent supervision of residents in communal areas on the day of inspection.

Copies of the planned and actual staff rosters were reviewed by inspectors, and these

were found to reflect the number of staff working in the centre on the day of the inspection. There was at least one registered nurse on duty at all times as residents were assessed as requiring full-time nursing care.

A training programme was in place for all staff, and training records were provided to inspectors for review. All staff had completed up-to-date mandatory training in fire safety, safe moving and handling procedures and prevention, detection and response to abuse. Additional training was also facilitated for staff to support their professional development and skills in meeting the needs of residents, including residents with dementia, end of life care, nutrition and basic life support.

Evidence of current professional registration for all nurses working in the centre was made available to inspectors. Inspectors reviewed a sample of four staff files and these were found to contain all of the information as required by Schedule 2 of the regulations. A vetting disclosure was in place in the sample of staff files reviewed and the provider and person in charge gave verbal assurances to inspectors that all staff working in the centre had a Garda vetting disclosure in place.

Supervision arrangements were in place for staff, including annual appraisals.

Meetings were held regularly by the person in charge with staff and minutes of these were available to inspectors.

Inspectors were informed that one volunteer was currently operating in the centre. Garda vetting had been completed for this person and their roles and responsibilities were set out in writing.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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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:	22/08/2017
Date of response:	14/09/2017

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

There was evidence that safety checks were completed when bed rails were in use and procedures were in place to ensure they were used for the least possible time. However, the records available did not provide sufficient detail to inform comprehensive monitoring when bed rails were in use.

1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a

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

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:

Written documentation in place

Proposed Timescale: 14/09/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Some care plans examined did not contain sufficient detail about required nursing interventions. Inspectors found that care plans for responsive behaviours lacked details to support a consistent team approach, such as the triggers to the behaviours and the effective de-escalation strategies.

Although practices in relation to the assessment and prevention of pressure ulcers were appropriate, the interventions to mitigate the risk of pressure related skin damage were not clearly documented in their care plan.

2. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Care plans completed

Proposed Timescale: 23/08/2017

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 management of complaints required review to ensure that verbal complaints were appropriately recorded.

3. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

Verbal complaints now documented

Proposed Timescale: 23/08/2017

Theme:

Person-centred care and support

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

The complaints' policy did not outline a nominated person to ensure that complaints were appropriately recorded and responded to.

4. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

The nominated person to ensure that complaints were appropriately recorded and responded has now been changed on the complaints policy.

Proposed Timescale: 31/08/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

While improvements in relation to the provision of activities were found since the previous inspection, further improvement was required to ensure that all residents were supported to engage in activities that met their interests, preferences and capabilities.

5. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Plan has been reviewed and expanded. Daily participation recording for all residents in place.

Proposed Timescale: 01/09/2017