

**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):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	2

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 December 2016 09:30 To: 12 December 2016 18:00

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	Substantially Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. The inspector spoke with residents and staff members and reviewed documentation and practices. Progress with completion of 13 action plans from the last inspection in May 2016 was also reviewed on this inspection. The inspector found that 11 actions were satisfactorily completed and two actions related to residents' activation needs and the lighting system provided in corridors were not completed. The collective feedback from residents spoken with was of satisfaction in relation to care, the staff team and the service provided to meet their needs.

The centre accommodated residents with complex care needs, including residents with dementia and acquired brain injury. The inspector found there were measures in place to ensure residents were protected from abuse. Staff interactions with residents as observed by the inspector were respectful, supportive and empowering.

Overall the inspector found that there was substantial compliance with the requirements of the regulations in most areas. Improvement was required to medication management procedures to ensure professional standards were met. Residents' healthcare needs were met and staff knew residents well. Documentation to inform and support some areas of care required improvement.

The inspector found that the centre was clean, suitably decorated and maintained to a good standard. The layout and variety of internal communal and external safe outdoor areas were found to provide a comfortable and interesting environment for residents.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

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):

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

Findings:

The centre's statement of purpose was updated since the last inspection in May 2016. 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):

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

Findings:

There was a clearly defined management structure in place. Lines of accountability and authority were evident and staff were aware of their roles and responsibilities. The

person in charge and general manager, who also holds an administrative role, worked full-time in the centre. The provider representative met with the person in charge and the general manager each week to discuss issues pertinent to the governance and management of the centre. There were sufficient resources available to ensure the service provided met residents' needs.

Systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Audits were completed on a number of key clinical parameters. Audits reviewed by the inspector demonstrated evidence of analysis with improvements identified to address areas that required improvements. The results of audits were communicated to staff on an on-going basis. The person in charge was developing an auditing schedule for 2017. 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 2015. The document was in draft format and the inspector requested that a copy of the finalised report be forwarded to HIQA. Areas identified for improvement in 2016 were either completed or at an advanced stage of completion. The review was informed by residents' feedback on the quality of the service and the management team proposed to share the finalised document with residents.

Judgment:

Substantially Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

Since the last inspection in May 2016, the centre's policies and procedures were updated by the person in charge to inform best practice.

All other records as required by the regulations were maintained and were kept updated.

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):

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

Findings:

Policy documentation was available to inform procedures for protection of residents. The inspector found that there were measures in place to safeguard residents and to protect them from abuse. Staff spoken with by the inspector were knowledgeable regarding safeguarding procedures and demonstrated their responsibility to report any incidents, allegations or suspicions of abuse. Staff training records recorded that all staff had received training on prevention, identification and management of abuse with the exception of four staff. Training was scheduled for attendance by these four staff members on the 20 December 2016. All interactions between staff and residents were observed by the inspector to be respectful, supportive and empowering on the day of inspection. Residents who spoke with the inspector were complimentary in their feedback about the staff caring for them and the service they received in the centre.

Residents with dementia and brain injury integrated with other residents in the centre. The inspector observed that each resident was appropriately supervised by staff in all areas of the centre. There were 19 residents with dementia on the day of inspection. There were no incidents of behaviours and psychological symptoms of dementia (BPSD) which indicating that these residents' needs were well supported. Residents with brain injury were also satisfactorily supported. Behavioural support care plan were developed and implement for residents with BPSB and responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Multidisciplinary input was evident in their management including neurology and psychiatric of older age specialist input. Staff training records confirmed that staff had attended training on dementia and management of responsive behaviours.

A restraint management policy was available to inform practice. All restraints used were recorded in a restraint register. There was evidence of risk assessments completed for residents using bedrails or other restraints. Auditing procedures were in place and there was evidence of a decrease in the incidence of bedrail use. Some residents used one bedrail for the purpose of enablement which did not limit their access in and out of their bed on the other side as they wished. Procedures were in place where full-length bedrails were in use to limit the time they were used. The person in charge demonstrated that on-going efforts were being made to reduce full-length bed-rail use

by trialling of alternatives such as enablement equipment, low beds and floor mats. Sensor alert bracelets were used as a control to support management of residents who were assessed as being at risk of leaving the centre unaccompanied. This equipment was recognised as a restraint measure and included in the risk register. No residents were receiving PRN (a medication taken as a need arises) medications to support them with managing their responsive behaviours.

There was a system in place to safeguard residents' finances and valuables. Secure, lockable storage units were provided in each resident's bedroom for their use to store their valuables safely. Arrangements were in place for some residents' monies to be held in safekeeping on their behalf. The inspector did not review individual transactions or balances on this inspection as found compliant on the last inspection.

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

Findings:
The health and safety of residents, staff and others were promoted and protected. A health and safety committee was in place. The committee met regularly and meetings were minuted. The centre's health and safety statement was reviewed for 2016. The risk management policy and risk registrar viewed by the inspector was a 'live' document and referenced areas and assessed levels of risk with control measures. Risk management procedures were in place and included risk of abuse, violence and aggression, self harm, unexplained absence of a resident, accidental injury to residents, visitors or staff as required by the regulations. On the last inspection in May 2016, the inspector found on review of the risk register that not all risks were identified and controlled. These risks were satisfactorily addressed with the exception of motion-sensor lighting placed in circulating corridors. While the motion-sensor light identified on the last inspection was adjusted to remain lighted, some other motion-sensor lights in place in the corridors were observed to turn-off prematurely. The inspector observed that this hindered residents' safe access and posed a risk of fall to residents due to insufficient continuous lighting. The inspector discussed this finding with the provider on the day of inspection who advised that it would be addressed as a priority.

The provider utilised sensor alarms to support residents at risk of falls. The inspector observed discreet use of these alarms when residents were in bed and also resting in

chairs during the day in the sitting room. Accidents and incidents involving residents were recorded and were found to be responded to appropriately on an individual basis to prevent re-occurrence. Care plan documentation outlined strategies to mitigate clinical risks whilst also supporting residents' independence. Low-beds and crash mats were also used to prevent injury where appropriate.

The inspector saw that precautions against the risk of fire were in place. Fire safety management procedures were in place including maintenance and checking procedures which were consistently recorded. There was evidence of regular fire evacuation training sessions to enable all staff to participate in a fire evacuation drill. Annual fire safety training was completed by all staff working in the centre. Each resident had their evacuation needs assessed and documented. Fire exits and pathways were unobstructed including external fire pathways to the fire assembly area. No flammable items were stored in the designated smoking room.

The premises were visibly clean and cleaning procedures in place reflected best practice. 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. The inspectors observed that staff took opportunities to cleanse their hands using the alcohol gels provided as appropriate on this inspection. Since the last inspection in May 2016, storage of linen and continence wear in a room off a toilet was reviewed. Clean linen was found to be appropriately stored on this inspection and although continence wear continued to be stored in a room off a communal toilet, the door was code locked to prevent unauthorised access. A new storage room was in place for clean items of equipment and storage of clean equipment in the sluice room on this inspection was not observed.

Judgment:
Substantially 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 to inform safe medication practices and was updated since the last inspection in May 2016 to describe ordering and prescribing procedures. The policy also informed procedures for return of unused or out-of-date medicines to the pharmacy. The inspector observed that residents' medications were stored appropriately including medicines controlled under Misuse of Drugs legislation. Balance checking of stock of controlled medicines was consistently completed.

Residents' prescribed medications were reviewed at least on a three-monthly basis.

The inspector observed medication administration in the dining room. The inspector observed that the nurse administered residents' medications on a individual basis from the drug storage trolley and recorded medications taken as prescribed in line with professional guidelines. Some areas requiring improvement were identified

- nursing staff were administering medication to some residents in a crushed form although it had not been specifically indicated on the prescription.
- nursing staff were administering medications prescribed for PRN (a medicine only taken as the need arises) use, although the maximum permissible amount of medicines was not consistently indicated on the prescription.
- date of opening was not documented on residents' topical creams/ointments and oral liquid medications to ensure they were not used beyond the timescales recommended by the manufacturer.
- some liquid medicines no longer used by residents in the centre were not removed from the medicines trolley and discarded appropriately.

The pharmacist dispensing residents' medications was facilitated to fulfil their obligation. Residents had access to a local pharmacist and the pharmacist was available to meet with residents if required. The pharmacist also undertook regular audits of medication procedures.

Judgment:
Substantially Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
A record of all incidents and accidents to residents that occurred in the centre was maintained and records since Jan 2015 were reviewed by the inspector. One incident of a resident falling and requiring hospital treatment in January 2015 was not notified within 3 working days as required. Since the inspection, notification of this incident was forwarded to HIQA. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding specified accidents and incidents that occurred to residents. To date and to the knowledge of the inspector, all relevant incidents have been notified to the Chief Inspector by the provider and person in charge.

A quarterly notification report was forwarded to HIQA referencing details of required information up to the end of September 2016 including use of restraint.

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 35 residents accommodated in the centre on the day of this inspection. Many residents had complex care needs including dementia and acquired brain injury.

Residents had good access to a choice of GPs, allied health professionals, palliative care and psychiatric services. Residents' documentation confirmed they had timely access to these specialist services as required in addition to support to attend out-patient appointments. Physiotherapy and occupational therapy were provided as part of the service residents received in the centre. The physiotherapist developed treatment plans for residents that informed continuation of appropriate exercises by staff. Residents spoken with by the inspector expressed their satisfaction with the care they received. A dietician attended the centre as necessary and assessed residents with or at risk of unintentional weight loss and set out recommendations to supplement their intake as appropriate. Recommendations made were documented in residents' care plans reviewed. Residents' weights were checked on a monthly basis or more often if necessary to assess treatment interventions and progress more closely.

The inspector 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 care plans to meet each resident's identified needs. Some of this information required improvement to ensure it was person-centred. Daily progress notes were completed and were generally linked to care plans. Arrangements were in place to ensure care plans were reviewed on a four-monthly basis or more often in response to residents' changing needs. While there was evidence that residents' care was discussed with them or their relatives where appropriate, this consultation was not consistently documented.

Resident falls were closely monitored. Residents' risk of falling was assessed and reviewed on a four monthly basis or reassessed following a fall incident. The inspector observed that 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 pressure ulcers or other wounds in the centre on the day of this inspection. The inspector reviewed pressure ulcer preventative procedures and wound care procedures in the centre. Assessment of risk of skin breakdown was completed for each resident. Equipment such as pressure relieving mattresses and cushions in addition to care procedures including repositioning schedules were used appropriately. Since the last inspection in May 2016, the person in charge developed reference protocols to ensure that pressure mattress pumps were at the correct setting to guide the staff as to the appropriate setting. Arrangements were in place to ensure any residents with wounds were assessed by staff using an appropriate measurement system which assessed size, type, and exudate and included a treatment plan to inform care procedures. Tissue viability, dietician and occupational therapy specialists were available as necessary to support staff with management of wounds that were not healing or deteriorating.

Staff were trained to provide subcutaneous fluid administration to avoid unnecessary hospital admission. Residents' health was promoted by annual influenza vaccine, regular vital sign monitoring, weekly access to the physiotherapist and regular exercise.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

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

Findings:

The design and layout of the premises met its stated purpose. Accommodation was provided for 35 residents in a variety of single and twin bedrooms. Some of the single bedrooms have en-suite have shower, toilet and wash hand basin and others have a toilet and wash hand basin. Sufficient communal toilet and washing facilities were also available to residents. The bedrooms provided sufficient space for residents' mobility and storage needs.

Residents' bedrooms were personalised with their own photographs, ornaments and small pieces of furnishings. There was a variety of communal rooms provided for residents including a spacious living room, dining room, sun area and a sitting area inside the front door which also had a visitor's toilet. A smoker's room was conveniently located for residents off the living room. An oratory and hairdressing facilities were also provided. The centre was warm and cosy and a lighted electric fire in the seated area on entering the centre created an inviting ambience. The centre environment was suitably adapted to support the accessibility and independence of residents.

The centre was well maintained and in a good state of repair. Areas identified for improvement in the action plan from the last inspection in May 2016 were satisfactorily addressed. The provider was in the process of laying new floor covering on some corridors. The new floor covering was in a matt finish without bold designs or patterns to enhance access for residents with dementia. Handrails were fitted in communal circulating corridors and grab-rails were fitted in showers/toilets. Adequate storage facilities were available for residents' equipment such as assistive chairs, hoists and commodes. A ceiling hoist was fitted in the communal bathroom.

All residents had access to safe and secure outdoor areas. These areas were landscaped with shrubs, small trees and safe pathways. Outdoor seating was provided and the inspector observed residents using the gardens on the day of inspection.

The inspector noted that there was a variety of assistive equipment for use by residents including hoists, pressure relieving equipment and mobility aids.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Residents' nutritional and hydration needs were met. A validated nutrition assessment tool was used to identify residents at risk of malnutrition or dehydration on admission and regularly thereafter. Residents' weights were recorded on a monthly basis or more frequently if required. Residents assessed as being at risk of malnutrition were appropriately referred to a dietician as necessary. Residents with swallowing difficulties were referred appropriately to speech and language therapy services. Reference sheets

were available outlining residents' special diets including diabetic, fortification, modified consistency diets and thickened fluids. The inspector observed that residents received their correct dietary requirements and meals were prepared in a consistency recommended to meet their needs. The person in charge prepared a summary of residents' special dietary needs informed by the recommendations made by the dietician and speech and language therapist. However, improvement was required to ensure that the chef had a copy of original recommendations made by the dietician and speech and language therapist for referral to while preparing residents' meals.

The inspector saw that residents were appropriately supervised during mealtimes and received discrete support with eating as necessary. There were two hot meal choices on the menu prepared for the lunchtime meal and other dishes were available as an alternative option to meet residents' food choices. The menu was displayed and residents in the dining room at lunchtime were also given the option of changing their mind regarding their choice of meal. Each resident was provided with a linen napkin to protect their clothes. The dining room was decorated in a domestic style and provided adequate space for residents and staff to circulate around the tables. The lunchtime meal was observed to be a social occasion with some residents using the time to chat to each other.

Drinking water, milk and juices were provided for residents and snacks were available outside of meal times if required. The inspector observed residents regularly receiving drinks during the day of inspection.

Judgment:
Substantially 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:
Person-centred care and support

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

Findings:
Inspection findings supported that residents were consulted and involved in the running of the centre. There was a residents' committee forum in place, which was convened at regular intervals with minutes available. Actions from the meetings were addressed. The centre was warm and comfortable on the day of inspection and residents spent their day

in the various communal rooms and going for walks around the centre. There was evidence that the team were making efforts in all resident areas to make the environment homely for residents. For example, items of domestic furniture such as a kitchen dresser in the dining room, some traditional memorabilia in the sitting room and a lighted open fire in the seated area inside the front door. There were areas for residents to meet their visitors in private outside their bedrooms if they wished. Residents told the inspector that they were happy and comfortable living in the centre.

The inspector observed staff knocking on the doors of residents' bedrooms and closing doors when carrying out personal care to ensure residents' privacy and dignity was respected. Locks were fitted to bathroom and toilet doors to ensure residents' privacy when using these facilities. However, some personal information regarding residents' dietary and hydration needs were displayed in the sitting room.

The inspector saw that there were a variety of activities provided facilitated by an activity co-ordinator. An activity co-ordinator was on-duty seven days per week from 10:00 to 16:45hrs each day. Although there were improvements made since the last inspection in May 2016, further improvement was required. The assessment for residents, especially residents with dementia required improvement to ensure that activities provided met their interests and capabilities including whether 1:1 or small sensory based group activities were more appropriate to meeting their needs. Although staff knew residents well and were aware of their likes, dislikes and interests, 'key to me' documentation or an activity care plan were not completed to ensure that activities provided were based on residents' interests and capabilities. Personal assistant hours were available to support some residents with acquired brain injury.

Residents were supported to practice their religion. Religious ministers and the priest could be contacted at any time.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector found that the numbers and skill mix of staff were appropriate to the assessed personal care and nursing needs of residents and the size and layout of the centre on the day of inspection. A registered nurse was on duty at all times in centre. Residents confirmed that there were staff available in sufficient numbers and with the appropriate skills and competencies to meet their personal and health needs. Residents spoken with were complimentary in their comments about staff and confirmed that staff were caring, responsive to their needs and treated them with respect and dignity.

Staff observed and spoken with by the inspector demonstrated an understanding of their role and responsibilities in the delivery of person-centred care to residents. They also demonstrated that they were knowledgeable about residents' individual needs and the process in place for reporting incidents, suspicions or allegations of abuse.

Staff told the inspector that they were well supported by the person in charge and management team. Supervision of staff was supported by a formal appraisal system which allowed each staff member to be informed of their progress and strengths, and have opportunity to address their development needs with the person in charge or their representative. This system also informed staff training needs. Competency assessments were completed with staff nurses and induction documentation was available for new staff.

Staff were facilitated to attend professional development and mandatory training requirements as evidenced by the centre's training records given to the inspector. A staff training programme was on-going. Staff had completed up to date mandatory training in fire safety, adult protection and safe moving and handling procedures. Training was scheduled for a date in the weeks following the inspection for four staff to attend protection of vulnerable adult training. Additional staff training and education in areas that reflected the needs of the resident profile in the centre was facilitated.

The inspector viewed a sample of staff files which contained full and satisfactory information and documents as specified in Schedule 2 of the Regulations including vetting records and records of nurses' registration with An Bord Altranais agus Cnáimhseachais Na hÉireann.

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:

Catherine Rose Connolly Gargan
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:	12/12/2016
Date of response:	27/01/2017

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 02: Governance and Management

Theme:
Governance, Leadership and Management

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

An annual review to monitor the quality and safety of care and the quality of life of residents was in draft format.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The 2016 Annual Review will be completed by the 13/2//2017. Copy of current Review was forwarded on 12/1/2017. Copy attached.

Proposed Timescale: 13/02/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Some motion-sensor lights in place in the corridors were observed to turn-off prematurely and as such hindered residents safe access and posed a risk of fall to residents due to insufficient continuous lighting.

2. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The motion sensors have been adjusted and lights are on continuous lighting for 30 minutes unless there is no movement detected on the corridor. The risk posed to residents is documented in the risk register. A daily summary sheet is recorded.

Proposed Timescale: 12/12/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

Nursing staff were administering medications prescribed for PRN (a medicine taken only as required) use, although the maximum permissible amount of medicines was not consistently indicated on the prescription.

Nursing staff were administering medication to residents in crushed form although it had not been specifically indicated on the prescription.

3. 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:

GP has reviewed and amended drug Kardex. A daily check is in place and if amendments are required staff notify the relevant GP.

Proposed Timescale: 27/01/2017

Theme:

Safe care and support

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

The 'date of opening' was not documented on residents' topical creams/ointments and oral liquid medications to ensure they were not used beyond the timescales recommended by the manufacturer.

Some liquid medicines no longer used by residents in the centre were not removed from the medicines trolley and discarded appropriately.

4. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Date of opening is recorded and any medication no longer in use is documented weekly. All medication not in use is returned to pharmacy.

Proposed Timescale: 27/01/2017

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:

While there was evidence that residents' care was discussed with them or their relatives where appropriate, this consultation was not consistently documented.

5. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Arrangements are in place to meet with Resident &/Relatives to review care plans and this is documented, however a summary form is now in place to ensure this is consistently completed for all residents by named nurses.

Proposed Timescale: 24/02/2017

Outcome 15: Food and Nutrition**Theme:**

Person-centred care and support

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

Improvement was required to ensure that the chef had a copy of original recommendations made by the dietician and speech and language therapist for referral to while preparing residents' meals.

6. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

The food modification poster and A4 poster displayed in the Kitchen have been relocated to central area in the kitchen

Proposed Timescale: 27/01/2017

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:

Some personal information regarding residents' dietary and hydration needs were displayed in the sitting room.

7. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Personal dietary/hydration information has been relocated to the nursing office and the kitchen

Proposed Timescale: 27/01/2017

Theme:

Person-centred care and support

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

Assessment for residents, especially residents with dementia required improvement to ensure that activities provided met their interests and capabilities including whether 1:1 or small sensory based group activities were more appropriate to meeting their needs.

8. 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:

Both Activity Co-Ordinators are Sonas Trained and have up to date Dementia Care Training. They are in the process of completing individualised assessments with the Team and Family input in accordance with the resident's interests and capabilities. A quiet room is being planned to facilitate residents in small groups or on a one to one for a more personal input.

Proposed Timescale: 01/03/2017