



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

Issued by the Chief Inspector

Name of designated centre:	Retreat Nursing Home
Name of provider:	Retreat Nursing Home Ltd
Address of centre:	Loughandonning, Bonnavalley, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	25 May 2022
Centre ID:	OSV-0000086
Fieldwork ID:	MON-0036820

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 May 2022	09:30hrs to 15:30hrs	Kathryn Hanly	Lead
Wednesday 25 May 2022	09:30hrs to 15:30hrs	Mary McCann	Support

What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Inspectors observed residents in the main living room, having hand massages, reading newspapers, knitting, playing games and doing arts and crafts. The inspectors noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. The inspectors saw that staff were respectful and courteous towards residents.

The inspectors spoke with six residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided and the standard of environmental hygiene. Residents also expressed relief and joy that there had been no outbreaks of COVID-19 in the centre to date.

The centre is a one storey building. Bedrooms comprised 17 single rooms and ten twin rooms, each of which contained a handwash basin for resident use. Eleven single rooms contained an en-suite toilet facilities, while four single bedrooms contained an en-suite shower room. Through walking around the centre, inspectors observed that the centre was homely and well decorated. However some décor including paintwork and wood finishes was showing signs of minor wear and tear. Painting was in progress on the day of inspection.

Some residents had personalised their rooms with photographs and pictures. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the en-suite bathrooms and along the corridors to maintain residents' safety.

The oratory was not available for use by residents on the day of inspection, as it was being used as a storage area for residents' equipment. The person in charge confirmed that this would be addressed when the painting was completed.

Inspectors observed that alcohol hand gel was available at point of care within each room. However posters illustrating the correct procedure to perform hand rubbing were not clearly displayed above all alcohol gel dispensers. There were a limited number of clinical hand wash sinks dedicated for staff use. The available sink in the dirty utility room did not comply with current recommended specifications for clinical hand hygiene sinks. The provider was endeavouring to improve current facilities and physical infrastructure at the centre through ongoing maintenance and renovations. Inspectors were informed of plans to install a further three clinical hand wash sinks. This would ensure staff had access to dedicated clinical hand washing facilities within easy walking distance of residents rooms.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared clean with few exceptions. For example, the sluice room and housekeeping room required de-cluttering and a deep clean. The covers of several resident pillows were worn or torn. These items could not

effectively be decontaminated between uses. Inspectors also observed that reusable nebuliser chambers were not rinsed with sterile water and stored dry after each use.

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

Capacity and capability

Overall inspectors found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance, guidelines, training, oversight and monitoring systems. Infrastructural barriers to effective hand hygiene and laundry management were also identified during the course of this inspection. Findings in this regard are further discussed under Regulation 27.

The Retreat Nursing Home is operated by Retreat Nursing Home Ltd. The person nominated by the provider to represent the registered provider, the provider nominee, attended the centre each day. Inspectors found that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the centre.

The centre had not had an outbreak of COVID-19 to date which is commendable. The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. The person in charge was the designated infection prevention and control lead and link practitioner. However the provider did not have formalised access to an infection prevention and control specialist.

Online infection prevention and control training had been completed by all staff. However there was an over reliance on online training resources. Face to face infection prevention and control training and competency assessment had not taken place since the beginning of the pandemic.

A recent infection prevention and control audit had been undertaken in April 2022. The audit tool viewed was comprehensive and covered a range of topics including waste and linen management, environmental hygiene and hand hygiene facilities. However this audit had failed to identify some of the issues identified on the day of the inspection. Findings in this regard are presented under regulation 27.

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. Visits were encouraged and practical precautions were in place to manage any associated risks. There were no visiting restrictions in place and national guidance on visiting was being followed. External visits and outings were also facilitated. However visiting care plans to identify the residents nominated support person (in the event of an outbreak) were not in place.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were being transferred to the acute hospital setting. This document contained details of health-care associated infections to support sharing of and access to information within and between services. However this section had not been completed on a copy of a form viewed by inspectors. Findings in this regard are presented under regulation 27.

Clinical and general waste was segregated in line with national guidelines. Ample supplies of personal protective equipment (PPE) were available in dispensers along corridors. However PPE was not readily available within the sluice room for ease of access. Staff wore surgical masks when providing direct care to residents. Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre. However further training and oversight was required on standard infection control precautions including cleaning practices and processes, glove use, sharps safety and equipment management. Findings in this regard are presented under regulation 27.

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- Local infection prevention and control guidelines lacked detail and were not aligned to national guidelines and best practice. For example guidelines did not give sufficient detail on the use of standard infection control precautions or transmission based precautions to be implemented when caring for residents with known or suspected infection or colonisation. COVID-19 guidelines did not reflect the most up to date public health recommendations.
- Infection prevention and control audits were not tracked and trended to monitor progress. There were no records of actions or improvements that

had been implemented as a result of recent audits undertaken. This was a lost opportunity for learning.

- Surveillance of antibiotic use, infections and colonisation was not routinely undertaken and recorded. This meant that the provider was unable to monitor antimicrobial use and changes in infectious agents and trends in development of antimicrobial resistance.
- Admission and transfer documentation reviewed did not include a comprehensive infection prevention and control history or risk assessment. Care plans for residents with indwelling medical devices did not outline measures to be taken to prevent infection. A small number of care plans reviewed had not been updated since summer 2021.

Staff did not consistently adhere to standard infection control precautions. This was evidenced by;

- A small number of staff were observed to be wearing gloves in communal areas when there was no indication for their use.
- There were a limited number of safety subcutaneous and hypodermic needles available for use as recommended in the centre's needle-stick injury guidelines.
- Inspectors observed that the detergent in the bedpan washer was expired and empty. This impacted the efficacy of decontamination. A small number of bedpans were visibly unclean.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- A limited number of clinical hand wash sinks for staff use within the centre. The inspectors were informed of plans to install two additional clinical hand wash sinks in the corridors.
- Residents laundry was washed onsite. However the laundry did not facilitate the segregation of a 'dirty' to 'clean' work flow. This increased the risk of cross infection during the laundering process.
- Dust control measures observed were not in line with local guidelines or best practice. There was also some ambiguity regarding the dilution and use of disinfectants to be used in the event of an outbreak.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Not compliant

Compliance Plan for Retreat Nursing Home OSV-0000086

Inspection ID: MON-0036820

Date of inspection: 25/05/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Infection prevention and control guidelines have been updated and are aligned to national guidelines. Covid19 guidelines have been updated to reflect the most up to date public health recommendations. • Infection prevention and control audits are being tracked in order to monitor progress and action/improvements are recorded. • Antibiotic use, infections and colonisations are now being recorded in order to check antimicrobial use and changes in infectious agents and trends in the development of antimicrobial resistance. • Admission and transfer documentations have been updated in order to ascertain infection control history. Care plans for residents with indwelling medical devices are updated and now include infection control measures to prevent infection. Care plans are updated. • All staff have attended inhouse IPC training and are reminded at daily handover of IPC policy regarding glove use. • In order to ensure decontamination a senior team member has been nominated to check the bedpans and detergent in sluice machine on a daily basis. • 3 additional clinical hand basins are currently being installed on the corridors to facilitate hand washing. Due for completion 10th August 2022. • The laundry 'dirty' to 'clean' workflow has been reviewed in order to decrease the risk of cross contamination. • All team members have been reminded of policy re dry mopping floors before wet 	

mopping. Domestic team are reminded of the dilution and use of disinfectants

Areas pointed out for improvement have been noted and staff relevant to specific areas aware of improvements required also. Deep cleaning of the sluice room and de cluttering of the domestic store have taken place. The planned refurbishment of the sluice room is due to take place week beginning 8th August. Posters over alcohol gel points have been updated. Clinical sinks have been ordered and we are awaiting same to be delivered, as advised on the day of inspection. Same should all be installed by the 8th of August.

Audit tools have been updated and improvements made to track issues noted. Extensive audits have commenced in relation to antibiotic therapy etc. Visiting care plans have been introduced to residents care plans.

PPE is now available in the sluice room. Detergent has been updated and a member of the team allocated to check same on a weekly basis.

New public health guidelines have been noted and policy updated to reflect same

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	03/10/2022