

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Retreat Nursing Home
Centre ID:	0086
Centre Address:	Bonnavalley
	Athlone
	Co Westmeath
Telephone number:	0906-472072
Fax number:	0906-473165
Email address:	joe.gilgan2010@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Tony Whyte
Person in charge:	Joseph Gilgan
Date of inspection:	25 October 2011
Time inspection took place:	Start: 09:15 hrs Completion: 12:15 hrs
Lead inspector:	Catherine Connolly-Gargan
Support inspector(s):	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Type of inspection:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Retreat Nursing Home is a purpose-built, single-storey building providing care for up to 40 residents with long term and dementia care needs who are over 65 years. Residents under 65 years are also accommodated in the centre.

Accommodation includes 14 single bedrooms with en suite toilet and hand-washing facilities. There is also one single room, five twin bedrooms and five bedrooms, each with accommodation for three residents. These bedrooms have hand-washing sinks in each. Ten additional toilets, (five of which are wheelchair accessible), five showers and three assisted bathrooms, a dining area, a spacious day room and two additional seated areas are available for residents' needs. A kitchen is located next to the dining room and the toilets are within a short distance of the dining and sitting rooms.

The centre also has a laundry room, ironing room and offices. A designated smoking room, visitors' room and hairdressing salon are also available for residents. There is an oratory with comfortable seating also located in the building. While the oratory is accessible to residents through an adjoining door, it can also be accessed externally if necessary.

Externally, the site is enclosed by a perimeter wall. There are two enclosed large, well-maintained patio and garden areas accessible from a number of doors in the centre.

Location

Retreat Nursing Home is located in a residential setting within close proximity to a number of local amenities and is also close to Athlone town centre, Co Westmeath.

Date centre was first established:	June 23 1998
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	3

Dependency level of current residents	Max	High	Medium	Low
Number of residents	10	9	8	10

Management structure

The centre is owned by a partnership, Whyte, Cooney, Whyte and Whyte. Mr Tony Whyte, one of the partners is the nominated provider on behalf of the partnership for Retreat Nursing Home. The Person in Charge is Mr. Joe Gilgan who works on a full-time basis in the centre.

He answers directly to the provider and is supported in his role by a senior staff nurse, Ms Linda Neale who deputises in his absence. The person in charge is also supported by staff nurses, care assistants, cleaning, catering, laundry and maintenance staff.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	5	2	1 x cleaning 1 x laundry	0	1 x activities coordinator 1 x occupational therapist

Background

The registration inspection and first inspection of Retreat Nursing Home was completed on the 21 and 22 of July 2010 and an action plan containing 17 actions was developed as a result of inspection findings. These actions required some and significant improvements in protection of residents, staffing levels and skill mix, fire safety, storage, residents clothing, statement of purpose and complaints management required review, restraint management and medication management were not of an adequate standard and required improvement. A satisfactory provider response to the action plan was agreed following a number of amendments on the 31 March 2011.

As a result of the registration inspection findings, a Provider Led Investigation Report was also requested from the provider on 04 August 2010. This was to assure the Inspectorate that residents under 65 years were provided with suitable and sufficient care to maintain their welfare and well-being, having regard to the nature and extent of their dependencies and needs as set out in their care plans. An extension was requested due to annual leave arrangements and the Inspectorate received the report on the 13 and 14 of September 2010. This investigation report was satisfactory and referenced suitable and sufficient care of residents under 65 years currently accommodated in the centre.

An unannounced follow-up inspection was completed on the 27 April 2011 to review progress to which the provider and person in charge had addressed the actions in the action plan from findings of the registration inspection. Six actions out of 17 actions were satisfactorily completed at this time. Of the remaining eleven actions ten were in the final stages of completion. One action was not satisfactorily completed and involved ascertaining residents' end of life wishes and their participation in developing and reviewing their care plans. The provider was in the centre for the follow-up inspection.

Findings at this inspection evidenced that the provider and person in charge had been working to meet the legislative requirements as detailed in the action plan developed from the findings of the registration inspection of the centre in July 2010. Areas still requiring significant improvement included medication management in the areas of prescribing and administration of medications. Review of the quality and safety of care also required

greater structure with improved procedures for analysis which would highlight deficits in standards of practice. For example, the area of medication management procedures.

The provider and person in charge were invited to attend a meeting in the Authority's offices in Smithfield on the 05 September 2011 to obtain final agreement with the action plan following a number of revisions. This was achieved and inspectors discussed each of the actions required with the provider and person in charge.

Summary of findings from this inspection

This inspection was the third inspection of the centre by the Authority. The inspector found that all thirteen actions and recommendations were addressed to a good standard.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide grab-rails in shower and toilet areas.

This action was satisfactorily completed.

The inspector viewed grab rails which were installed on both sides of the toilets. Grab rails were also available for use in shower areas.

2. Action required from previous inspection:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Make a report in respect of any review conducted for the purposes of Regulation 35(1), and make a copy of the report available to the Chief Inspector.

This action was satisfactorily completed.

The inspector viewed a plan where audits and reviews of the quality and safety of care were scheduled for completion throughout the year. This schedule focused on review of high risk areas. An analysis of questionnaires distributed to the families and next of kin of residents was also available for inspection. The person in charge explained that these anonymous questionnaires were completed by relatives and next of kin together with residents and were designed to gather a collaborative overview of the quality of care in the centre. For example a falls audit was done which linked up with efforts to reduce use of bed rails which was achieved and was on-going. Staff requested further training in falls risk assessment. Initiatives identified to reduce resident falls included clipping of a call bell to a resident's clothing. Another residents falls were resolved by use of slippers with a Velcro strap attached to prevent them slipping off and presenting as a trip hazard.

A medication audit was completed in March 2011 and was scheduled to be done again in November 2011. This also referenced a review of the medications each resident was prescribed. As a result the number of residents on psychotropic medications was reduced by approximately 33%.

A review of residents care plans in March and April 2011 found that quarterly reviews were not all completed and some residents who had care needs that required additional care plans had these completed and implemented. For example a resident who had a hiatus hernia had a care plan developed to manage associated oesophageal reflux. The person in charge explained that he planned to repeat this audit in December 2011.

A documentation audit was completed on the 25 July 2011 which included a review of all computerised and written documentation referencing residents care. Findings included that reporting in general in the computerised narrative notes required development to

improve detail. Following address with staff, the person in charge found that training was required which was put in place. A food audit was also commenced including a review of the menu provided in response to feedback from the residents' committee meetings.

3. Action required from previous inspection:

Maintain an up to date record of each resident's personal property that is signed by the resident.

This action was satisfactorily completed.

A standard operation procedure has been developed referencing management of residents' property in the centre. A copy of this procedure had been attached to the laundry policy. The laundry staff had specific responsibility for maintaining residents' property in the centre. A comprehensive property listing template had been developed and a list of each resident's property was maintained in a 'property folder'. These lists were updated on a three monthly basis. This list also included place for documenting residents' furniture or other valuables other than clothing.

4. Action required from previous inspection:

Ensure unobstructed exit from the building through designated fire exits at all times of the day and night if necessary and initiate a checking procedure to ensure that all designated fire exits are available.

This action was satisfactorily completed.

All four fire exits from the centre were clear on the day of inspection. A checking procedure was in place. Externally the tarmac directly outside the fire exit door was painted with yellow boxes prohibiting obstruction. The area to the side of the building was protected by a loose chain with a sign advising that the area was to be kept clear at all times.

5. Action required from previous inspection:

Ensure provision of suitable and sufficient care to maintain the resident's welfare and wellbeing in relation to restraints, taking into consideration the nature and extent of the resident's dependency and needs.

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

This action was satisfactorily completed.

A revised restraint management policy was in place dated January 2011. There were twenty residents using bed rails which were reducing and six residents in recliner chairs.

There was evidence that residents were assessed for restraints and a schedule was in place for removing restraints used for a minimum of ten minutes every two hours. The release schedule was reviewed every 24 hours and the need for the restraint used was reviewed weekly. Weekly reviews were prompted by an automatic reminder on the computerised system. Restraint release was supported by repositioning charts to ensure pressure area management was of a good standard. The person in charge told the inspector that there were no residents with pressure related skin injuries on the day of inspection.

While an occupational therapist was in the process of assessing the seating needs of all residents, those in recliner chairs were assessed by the physiotherapist and occupational therapist to ensure this seating was suitable in meeting the resident needs. These chairs have sheepskins insitu to protect residents' pressure areas. A passive exercise programme was in place for residents who did not move around or spent prolonged periods in bed. The occupational therapist and the physiotherapist document their assessments and treatments. Residents are encouraged where possible to sign their own restraint consent. The person in charge told the inspector that he was strengthening the multidisciplinary process in assessing restraint use for residents with conditions that cause them cognitive impairment.

The person in charge and another staff member had completed 'train the trainer' courses in restraint management and were planning roll-out of training to other staff in the centre.

6. Action required from previous inspection:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

This action was satisfactorily completed.

The medication management policy was redrafted to include a procedure advising on the standards to be maintained in the centre for transcribing medication prescriptions. The medication prescription charts have been revised to include signatures required. All transcribed medications are rechecked for accuracy by the person in charge or deputy. Maximum dosage for 'as required' (PRN) prescriptions was clearly documented. Medications with a 'high alert' status such as wafarin was referenced in the medication management policy. The process for blood sampling, analysis, prescribing and administration was clearly documented. The GPs rang the laboratory for the result of blood analysis and faxed a prescription which was documented in the appropriate documentation within a specified timeframe.

7. Action required from previous inspection:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

This action was satisfactorily completed.

A review of staffing levels was carried out while no change was made to the numbers of care staff and staff nurses on duty, their roles were revised. There was no evidence of staffing shortage on the day of inspection. Residents were adequately supervised and residents who required assistance received same in a timely and competent way.

Laundry staff were recruited to facilitate laundry services on seven days each week. The person in charge completes resident dependency levels on a weekly basis and told inspectors that he would get additional staff in if necessary from their own staff compliment.

8. Action required from previous inspection:

Supervise all staff members on an appropriate basis pertinent to their role.

Provide replacement laundry staff with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

This action was satisfactorily completed.

The person in charge revised supervision arrangements and has worked with staff on night duty. For example, the person in charge worked from 23:00 hrs to 06:00 hrs on the night of the 04 September 2011. All staff members rotate from night to day duty promoting supervision and opportunities to avail of staff training. The person in charge also works into the evening occasionally. The deputy person in charge also works occasionally into the night or at the weekends to ensure staff competence and residents needs are met on night duty and out of hours to a good standard. Staff appraisals had also been completed with all staff. Newly recruited staff work for a probationary period of 12 months. The person in charge meets new staff on a three monthly basis during this period.

A newly drafted laundry policy was in place dated September 2011. This policy included a standard operation procedure to be followed by laundry staff. Laundry staff were given copies of this document and it is displayed on the laundry wall for quick reference. A poster with common laundry washing symbols was also displayed in the laundry. Laundry procedures were directly supervised by the person in charge. There were no complaints referencing dissatisfaction from residents regarding care of their clothes.

9. Action required from previous inspection:

Provide ventilation, suitable for residents in all parts of the centre, which are used, by residents.

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

This action was satisfactorily completed.

A new extraction fan unit was installed in the smoking room. The room underwent air quality sampling which was of an acceptable standard. A remotely controlled Velux window was installed in the ironing room. Additional worktop space and electrical sockets was also installed in this area.

Three of the three bedded rooms accommodated two residents only due to their dependency needs. The person in charge told the inspector that three bedded accommodation would be allocated for residents with assessed low dependency needs. The provider has plans to eventually reduce three bedded rooms to two bedded accommodation with ensuite toilet facilities.

10. Action required from previous inspection:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

This action was satisfactorily completed.

The provider was in negotiation in finalising signatory agreement on one contract. All other residents had their revised contracts signed and available for reference.

11. Action required from previous inspection:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

This action was satisfactorily completed.

A sample of two staff files were reviewed in detail. One of these belonged to a staff member who had commenced work in the centre recently. All documentation required by the legislation was in place including fitness to work in the centre.

12. Action required from previous inspection:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances as and no less frequent than at 3-monthly intervals.

Make each resident's care plan available to each resident.

Revise each resident's care plan, after consultation with him/her.

Notify each resident of any review of his/her care plan.

This action was satisfactorily completed.

The person in charge had been conducting meeting with residents and their families to review their care plans. This process was confirmed by signatory evidence. A review of a sample of residents care plans by the inspector confirmed that each residents needs were documented in a care plan. For example, one resident on wafarin therapy had a care plan in place referencing this. Another resident had a care plan in place to address difficulty sleeping. All residents had a recreation and social care plan in place referencing their needs in this area.

Arrangements were in place for three monthly reviews to be carried out or sooner if necessary.

13. Action required from previous inspection:

Identify and facilitate each resident's choice as to the place of death, including the option of a single room or returning home.

This action was satisfactorily completed.

All residents had an end of life care plan, a sample of which was viewed by the inspector. End of life wishes had been discussed with all residents where possible or relatives on residents behalf where necessary. Some residents choose not to share their end of life wishes at the time which was respected. Those who did share their wishes in this regard had very person centred and individualised care plans in place.

Residents in twin or three bedded rooms who choose to remain in the centre at that stage of their lives could have an option of single accommodation if wished. This information was documented in the centre's end of life policy.

Standard	Best practice recommendations
Standard 24: Training and Supervision	<p data-bbox="379 1559 1382 1671">Commence staff development and appraisal where each staff member has their strengths and weaknesses identified and addressed where necessary</p> <p data-bbox="379 1711 687 1744">Provider Response</p> <p data-bbox="379 1749 1326 1861">Staff development was always in place; All staff members do have appraisals. A copy of an appraisal will be forwarded to the Health Information and quality Authority as requested.</p> <p data-bbox="379 1901 703 1935">Inspection Findings</p> <p data-bbox="379 1980 1366 2013">This recommendation was satisfactorily completed, Two staff records</p>

	were reviewed in detail, appraisals were in place in each case for 2011.
Standard 26: Health and Safety	<p>Ensure that equipment used to contain fires is used appropriately by removing wedges and other furniture used to prop bedroom fire retardant doors ajar so that residents in bedrooms are protected in the event of fire.</p> <p>Provider Response <u>One</u> door is held slightly ajar as per inductions from the resident and his family; family have been informed of fire regulations on several occasions. Are we to dismiss our resident's request? A risk assessment will be carried out, also any room which is propped open at the residents and family's request will be included in the fire safety plan. We do not advocate propping open doors in the interest of health and safety.</p> <p>Inspection Findings This recommendation was satisfactorily completed. Inspectors noted that no designated fire doors were wedged open.</p>
Standard 3: Consent	<p>Develop and implement an operational policy for the provision of advocacy services for residents with disability to assist them to make decisions.</p> <p>Provider Response See July 2010 inspection recommendation response Standard 3 Page 40 We have been in contact with HSE advocacy personnel and they hope to roll advocacy service out for the midlands this summer. We have also been in discussions with our local citizen's advice centre and we are awaiting their response.</p> <p>Inspection Findings This recommendation was satisfactorily completed. There is an advocate in place. The person in charge told the inspector that she was coming to the next residents committee meeting where she will introduce herself and speak to all residents.</p>
Standard 15: Medication Monitoring and Review	<p>Each resident on long-term medication should be reviewed on a three monthly basis.</p> <p>Provider Response All residents' medication is reviewed by their GP every three months as per our medication management policy. All GPs will be requested to sign review dates and our medication policy will have this added.</p> <p>Inspection Findings This recommendation was satisfactorily completed. A system has been implemented to ensure that this recommendation is in place. Charts reviewed referenced this.</p>

<p>Standard 25: Physical Environment</p>	<p>Provide a handwashing sink in the cleaning room of the centre for use by cleaning staff.</p> <p>Provider Response Hand-basin is installed.</p> <p>Inspection Findings This recommendation was satisfactorily completed. Hand-washing sink in place viewed by the inspector.</p> <hr/> <p>Provide residents using assistive seating equipment with suitable footrests to support their independence and well being.</p> <p>Provider Response We have a vast amount of specialised chairs and equipment in place unfortunately the chair in question was not used to its full potential for the benefit of our resident at the time in question. All staff have been Re-instructed on the importance of correct use of equipment.</p> <p>Inspection Findings This recommendation was satisfactorily completed. On the day of inspection, the occupational therapist was working with one resident in assessing the suitability of a chair on the day of inspection.</p>
<p>Standard 29: Management Systems</p>	<p>Put policy and procedure on CCTV usage in place in the centre taking cognisance of data protection legislation.</p> <p>Provider Response CCTV policy was previously sent to inspector, on the day of inspection the inspector was advised of this and she said she would get in touch if she needed another copy. (policy is in SOP folder) Another copy has now been attached.</p> <p>Inspection Findings This recommendation was satisfactorily completed. Notices are displayed indicating use of CCTV in corridors of the centre and outside the front door. A CCTV policy was available to staff.</p>
<p>Standard 25: Physical Environment</p>	<p>Inspection Findings Provide suitable and sufficient worktops and racking for sorting, drying and storage of laundry.</p> <p>Provider Response A Velux skylight window is currently being installed in the laundry room in order to improve ventilation. A worktop is currently being designed to be fitted in our laundry room. However, we do not separate clean and soiled laundry in a specific room as there are colour coded laundry carts in place to prevent such practices as per our infection control policy.</p>

Inspection Findings

This recommendation was satisfactorily completed.

Report compiled by:

Catherine Connolly-Gargan
 Inspector of Social Services
 Social Services Inspectorate
 Health Information and Quality Authority

25 October 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
21 and 22 July 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
27 April 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
05 September 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Meeting <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
25 October 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Any comments the provider may wish to make:

Thank you for your inspection report of 25 October 2011.

We appreciate the contents of same and are satisfied with the report.

We hope to be able to continue with our efforts to provide the best possible service to our Residents.

Many thanks again for your support.

Provider's name: Mr Tony Whyte (Proprietor)

Date: 14 November 2011