Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated Centres under Health Act 2007

Centre name:	Retreat Nursing Home
Centre ID:	0086
Centre address:	Bonnavalley
	Athlone
	County Westmeath
Telephone number:	0906-472072
Email address:	retreatnursinghome@gmail.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Whyte, Cooney, Whyte and Whyte
Person authorised to act on behalf of the provider:	Tony Whyte
Person in charge:	Joseph Gilgan
Date of inspection:	17 and 21 August 2012
Time inspection took place:	**Day-1 Start:** 13:00 hrs **Completion:** 17:00 hrs **Day-2 Start:** 10:00 hrs **Completion:** 17:00 hrs
Lead inspector:	Catherine Connolly-Gargan
Support inspector:	N/A
Type of inspection	☐ **announced** ☒ **unannounced**
Date of last inspection:	25 October 2011

About inspection

The purpose of inspection is to gather evidence on which to make judgements 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* under 18 outcome statements. The outcomes set out what is expected in designated centres.

Outcome 1 *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.*
Outcome 2 *The quality of care and experience of the residents are monitored and developed on an ongoing basis.*
Outcome 3 *The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure*
Outcome 4 *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.*
Outcome 5 *The health and safety of residents, visitors and staff is promoted and protected.*
Outcome 6 *Each resident is protected by the designated centre's policies and procedures for medication management.*
Outcome 7 *Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*
Outcome 8 *Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*
Outcome 9 *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 discreet and sensitive manner.*
Outcome 10 *Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

Outcome 11 *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.*
Outcome 12 *Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*
Outcome 13 *The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*
Outcome 14 *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.*
Outcome 15 *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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*
Outcome 16 *The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*
Outcome 17 *A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*
Outcome 18 *The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

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.

The inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Retreat Nursing Home is located in a residential setting within close proximity to Athlone town centre, County Westmeath and all the amenities the town provides. Retreat Nursing Home is a purpose-built, single-storey building providing care for up to 40 residents with long term and dementia care needs.

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 facilities in each. There are 10 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 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, well-maintained patio and garden areas, one of which is accessible from a number of doors in the centre.

Date centre was first established:	23 June 1998
Date of registration:	17 November 2011
Number of registered places:	40
Number of residents on the date of inspection:	35

Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents	11	13	0	11

Gender of residents	Male (✓)	Female (✓)
	✓	✓

Management structure

The centre is owned by a partnership, Whyte, Cooney, Whyte and Whyte. Tony Whyte, one of the partners is the nominated Provider on behalf of the partnership for Retreat Nursing Home. The Person in Charge is 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, 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	6	2	2 cleaning Staff and 1 laundry staff	1	maintenance provider x 1

Summary of compliance with 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*.

This report set out the findings of an unannounced inspection. This inspection took place over two days. As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector also noted that there were no actions required from findings of the last inspection of 25 October 2011.

During this inspection the inspector found that residents continued to enjoy a good quality of life in the centre. There was a sense of happiness and contentment in the centre reflected in a resident satisfaction survey and in discussions with residents on the days of inspection. A high number of visitors attended the centre on the days of inspection which the inspector was told was "usual" in the centre. Residents told the inspectors how they loved to see their visitors, many of which were sons, daughters, spouses, nieces, nephews and neighbours.

Quality and safety reviews were in evidence in a number of clinical high risk areas and improvements were being made in response to findings. Although not done to date, there was a stated commitment to sharing quality reports with residents. Care plan documentation had been reviewed and although more reflective of each resident's individual needs, still required more improvement to ensure each residents' needs had a corresponding care plan in place. Further education is required in this area for staff to ensure all resident needs were identified and addressed.

The centre is purpose built and of a good standard, is clean, bright and spacious. The external area around the centre is safe for residents. Traffic calming measures have been recently addressed with disabled parking within close proximity of the centre to facilitate residents to go out of the centre with their families.

Mandatory actions that must be taken to meet 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* are documented in the Action Plan at the end of this report.

Compliance with 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*.

1. Statement of purpose and quality management

Outcome 1
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.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The most recent copy of the statement of purpose received by the Authority was dated October 2011. This document was reviewed by the inspector. The registration number and date was required plus the conditions of registration as stipulated on the registration certificate were not evident in this document. Clarification of staff numbers to clearly state Whole Time Equivalent (WTE) or persons employed was also required. Not all persons involved in management were detailed. Other areas in the document requiring review to meet all aspects of the Regulations were notified to the provider.

Outcome 2
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

The quality and safety of key areas of clinical care and quality of life for residents was monitored and reviewed on an ongoing basis. Clinical audits were carried out by the person in charge, administrator and the deputy person in charge. Areas of practice reviewed to date included care planning, medication, hygiene and accidents and incidents involving residents and complaints. An annual Quality of Life survey was also completed which reviewed all aspects of the residents' experience in the centre.

There was evidence of continuous quality improvement in a number of areas, some of which involved significant and ongoing changes in work organisation and responsibilities. For example, following review of the complaints received relating to the laundry, the laundry service underwent a full review including provision of an independently staffed service over seven days. The care plan audit highlighted improvements required in developing care plans for some residents with specialist needs, which were completed. The outcome of a medication audit in July 2012 actioned the use of a pain assessment tool at all times to assist with accurately assessing and treating residents' pain.

The results of the annual resident satisfaction survey informed some changes to the centre routine for residents. Although an annual audit was done referencing quality of the residents lives in the centre, increased frequency would be of benefit in this area and could to provide an up to date knowledge of resident satisfaction in areas undergoing change. For example, satisfaction with the range of recreational activities made available by a newly appointed activity coordinator.

Notwithstanding the evidence of audits an established system was not readily available to include, for example, a schedule of all planned audits and evaluations undertaken, key findings, action taken to ensure systematic continuous quality improvement and the date scheduled for the next audit to take place in the area. Some of the audits completed did not have clear recommendations stated to be used to develop actions to improve the service.

Some audit reports were produced but these had not been made available to residents. The provider and person in charge told the inspector that they were planning to share results of audits done with residents at the residents' meetings and to have a report available accessible to residents if they wished.

Outcome 3
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings
A complaints policy was in place to inform practice in this regard. A copy of the complaints process was displayed. Some revision was completed to accurately reflect the information required by the legislation. For example reference made to the Ombudsman was not correct. Revision was made to the policy during the days of the inspection and the policy was noted to be then complete. Details displayed also required revision and this was also completed. An audit of complaints was completed. There was none being investigated at the time of inspection.

Residents told the inspector that they had no worries regarding making a complaint and felt that they would be listened to. A record of all complaints was maintained in a designated complaints log. However details of the investigation undertaken and the outcome of each complaint addressed by the designated complaints officer were not adequately documented.

Seeking satisfaction on the outcome of all investigations was alluded to but had also not been documented in every case. Therefore, without knowledge of satisfaction, the appeal process could not be advised to complainants as appropiate.

2. Safeguarding and safety

Outcome 4
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.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Residents confirmed to the inspector that they felt secure in their environment. The person in charge promoted a strong emphasis on protection of residents which he also instilled in staff. The need to maintain resident security in the home at all times was prioritised which was reflected in the arrangements in place to control unauthorised public access. Closed-circuit television (CCTV) was in operation on the front door and in the lobby. Although the front door was not staffed, access and egress to the centre was electronically controlled and viewed from the nurses' station. A written log of visitors entering and exiting the centre was also maintained. The person in charge confirmed that all staff in the centre had completed elder abuse recognition and prevention training confirmed by a training matrix given to the inspector. Staff spoken with were knowledgeable on how to manage a variety of alleged elder abuse scenarios posed by the inspector. A recently reviewed elder abuse management policy required some further revision to inform staff of the specific care and procedures that was most appropriate to take for each type of abuse. Response to take in the event of an abuse allegation against a senior member of staff also required some clarity.

A whistleblowers policy was in place in the centre documenting protective procedures for disclosures from staff, residents, relatives or members of the public.

There was a policy document available to inform staff on procedures to follow in relation to managing residents belongings. Some residents' finances were kept in safekeeping by the provider. A hand-written log was maintained detailing all activity with each account. Each resident had a separate wallet for safekeeping of their receipts, cash and a reference notebook detailing their account transactions. The

inspector viewed the process followed and found it to be secure, transparent and accurate. A statement of account was given to residents on a monthly basis.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings
There were systems and practices in place aimed at promoting the health and safety of residents, visitors and staff. The inspector viewed centre specific written operational policies and procedures relating to promoting the health and safety of residents, staff and visitors.

A safety statement and risk register was in place dated August 2012. This was viewed by the inspector and effectively captured all risks as they occurred. The risk register was a live document where all actual and potential risks were logged with controls identified in each case. Blank risk assessment templates were available if required. However, the provider told the inspector that he was going to review this process further with the intention of improving it. A risk management policy was available and advised staff on hazard identification and risk assessment.

This risk management policy dated December 2011 also advised on specific risks as required by the Regulations which needed to be titled referencing the policy titles as specified in the Regulations. An incident log was in place and up to date. Arangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents was also documented.

There was a missing person policy in place dated 1 November 2011 which included clear procedures to guide staff should a resident be reported missing. Photographic identification and a profile were available for each resident filed in their care records to assist with their recovery in the event of them leaving the centre unaccompanied. The person in charge advised the inspector that he had conducted missing person drills to ensure staff had an opportunity to practice procedures to follow in the event of a resident leaving the centre unaccompanied. The last drill was completed on 28 May 2012. Although he assessed the staff response, detailed documentation of this was not in place and therefore improvements required were not easily tracked.
An emergency plan was in place to guide staff in responding to fire and other potential untoward events such as flooding or loss of utilities. Contingency arrangements were provided should it be necessary to evacuate residents from the building.

Procedures for fire detection and prevention were in place. Emergency lighting, smoke detection units and evacuation signage was provided throughout the building. The inspector noted service records which showed that the fire alarm system, emergency lighting and fire equipment were last serviced on 15 June 2012. Records were available which showed that inspections of fire exits were carried out daily. The inspector noted that none of the fire exits were obstructed on the days of inspection.

The training records given to the inspector confirmed that all staff had received annual fire safety training and that staff had participated in a fire drill to reinforce the theoretical training provided to ensure they were confident of the procedure to be followed in the case of a fire. Fire drills were on 1 May 2012 and 13 June 2012. Controlled fires were lit externally for staff to practice correct use of fire blankets and extinguishers. The person in charge told the inspector that a report was completed documenting the level of compliance with fire procedures and areas were identified for improvement. A fire alarm test was routinely done each day. All residents had an evacuation sheet on their bed. An evacuation risk assessment was completed for each resident which documented the most appopiate equipment to be used in the event of evacuation being necessary. This was reinforced by placing quick reference symbols at the top of each resident's bed indicating the equipment assessed as most appropriate in each case.

Records with regard to mandatory training in moving and handling were also made available to the inspector. According to this record, all staff had completed moving and handling training. The inspector noted that documented resident moving and handling assessments were reflected in practice in this area. Each resident had a manual handling assessment placed inside the wardrobe door which could be easily referenced while also respecting confidentiality. There was good use of assistive moving and handling equipment and resident moving procedures by staff were observed to be of a safe standard.

Fall prevention procedures were in place. All residents were assessed for risk of falling using an accredited risk assessment tool. Residents at risk had corresponding controls in place such as low-low beds or sensor equipment detailed in care plans advising on prevention management. A falls audit reviewed the falls from January to June 2012. This referenced a 50% reduction in incidents on introducing monitoring and prevention strategies. Five residents were referred for physiotherapy and occupational therapy input.

Outcome 6
Each resident is protected by the designated centre's policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings
There was a comprehensive, recently reviewed, medication policy that referenced all aspects of medication management including the procedures for prescribing, administering, recording and storing of medication. Medications were stored and dispensed from a medication trolley appropriately secured. The centre has a designated pharmacy service - the pharmacist visits the centre in relation to residents' medications and completes a quarterly medication audit. Unused or out of date medications were returned to the pharmacy as necessary. The prescription and administration document was of a very good standard. They were clear and legible and formatted in booklet style minimising risk of lost pages. Resident photographs were of a good standard.

The medication management policy advised staff on administration of anticoagulants. Prescribing practices in relation to anticoagulant medication required review to ensure all doses of this medication was appropriately prescribed and recorded in accordance with the requirements of the legislation and professional practice. Currently these prescriptions were documented on faxes and were transcribed by the nurse. However, the prescription sheet was not formatted to include the transcribing nurse's signature. The person in charge had confined transcribing practice to himself and the deputy person in charge to promote the safety of this procedure. The person in charge was planning an audit of transcribing in line with professional recommendations. Medications controlled under terms of the Misuse of Drugs Act were stored, checked and administered as required.

3. <u>Health and social care needs</u>

Outcome 7
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings
There was evidence that residents had good access to general practitioner (GP) services in the centre, an entry was made in the residents' notes each time the resident was reviewed. Access to other services was also of a good standard. A physiotherapist is contracted by the employer and attends the centre twice a week. Her role includes review of residents who are at risk of or who had fallen and provide symptom relief for residents with acute conditions. For example, chest infections and promoting best practice in relation to resident mobility. Numerous entries in the residents' documentation by the physiotherapist were viewed by the inspector and noted to be focused on mobility promotion as well as symptom alleviation. Residents who do not get up for long periods during the day due to their frail conditions have range of movement exercises done with a programme in place so staff can complete these exercises on the days the physiotherapist is not on site. An active range of movement programme was in place and was been facilitated by the activity coordinator on the days of inspection for residents in the communal room. A motorised exercise bicycle was also available for use by residents who were assessed to use it. Another resident attends the local physiotherapy out-patients department to avail of the gym equipment there.

Many residents also had assistive equipment to meet their needs. Access to occupational therapy is no less than monthly but on occasions may be weekly depending on the assessments she is completing. She assesses residents seating and positioning including pressure relief cushions on chairs. Residents who had dexterity issues were provided with additional supports. There was evidence of appropiate referral and timely review. Residents also had good access to the dietician and speech and language therapy services.

A comprehensive suite of accredited assessment tools were used to promote health and address related issues. These included assessments of each resident's risk of developing pressure ulcers, malnutrition and falls risk. Appropriate measures were put in place to manage and prevent risk. The person in charge told the inspector that no resident in the centre had pressure related skin breakdown

A care plan was in place for each resident. The provider had installed a computerised system to manage residents care documentation. Access to this documentation was password protected. Each staff nurse had been delegated responsibility for completing and updating a group of residents care plans. The inspector noted that the narrative evaluating care was of a good standard in that it was informative and resident centred. However, not all residents' needs had a corresponding care plan in place to inform care. For example, some residents had sore eyes, although reviewed by an ophthalmologist and cared for as recommended, this care was not clearly documented in a corresponding care plan. Further training and supervision is required on care plan management to ensure residents' needs are met in all cases.

An activity coordinator attends the centre five days each week from 11.00 am to 4.30 pm. Recreational activity was planned to meet the interests of all residents. An activity calendar was displayed on a daily basis with activities which residents could participate in if they wished. The inspector noted that along with a core of scheduled recreational activities, other impromptu activities were happening. For example, a number of residents were leaving the centre at various times of the day to go to

their home or on outings with families. Two enclosed paved gardens with raised flowerbeds throughout were available and noted to be used by residents and their visitors. The centre was busy with a lot of visitors coming and going which the person in charge encouraged as the residents enjoyed chatting and keeping up to date with their families. There were a number of comfortable seated areas throughout the centre where residents could also meet their families and visitors in private.

Restraint management was guided by a policy to inform practice. A restraint register was maintained. The person in charge is an accredited trainer in restraint management and has trained all staff in this regard. The person in charge told the inspector that the provider and the team were aiming for a restraint free environment. The team displayed information on this to inform residents and families on this positive change. The provider purchased equipment to assist residents' safety with gaining confidence without restraint use. The person in charge described how the team had reduced bedrail use from 26 to 19. All residents using bedrails had a bedrail assessment completed. Monitoring of restraints in use was done and residents had care plans in place to address risks and potential risks associate with use of restraint.

Outcome 8
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings
Resident's end-of-life wishes were ascertained where possible and were documented in care documentation as a routine and updated as necessary. Although there were no residents in receipt of end-of-life care on the days of inspection, the inspector viewed a care plan referencing end of life which would be populated with appropiate information when the resident entered this phase of their lives. An end of life policy supported practice in this area. Residents in receipt of end-of-life care were accommodated in single accommodation where possible and this was documented in the end of life policy document.

Community Palliative Care Services were based locally and were available to support residents requiring this service. There is an oratory accessible to residents. This oratory was available for religious removal ceremonies of residents. The person in charge explained how residents with other faiths and customs are facilitated where possible and have access to pastors and ministers. Relatives are facilitated to stay overnight if they wished with residents receiving end of life care.

Outcome 9
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 discreet and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings
The inspector was satisfied that residents received a nutritious and varied diet. An accredited nutritional risk assessment was used to identify residents at risk of malnutrition. A nutrition policy was available. There was evidence that staff were guided by its contents. Fluid balance charts were totalled at the end of each 24 hour period to enable fluid balance assessment. The dietician stipulated the range of foods that met the various dietary needs of residents with restrictive conditions such as diabetes or renal failure. The speech and language therapist has reviewed residents and 10 residents required modified consistency diets. Although copies of the recommended food texture and fluid grade was available for each resident on modified consistency diets, accessibility in the kitchen needed improvement to ensure these recommendations were diligently referenced at all times. Food fortification was done on an 'as required' basis for some residents. There was regular monitoring of residents' weights on a monthly basis which was increased to monitor residents at risk. Residents who were being monitored for weight changes had treatment plans in place which included recommendations made by the dietician following review.

The dining experience was a pleasant occasion for residents. Many residents chatted with each other while dining. The dining room was domestic in style. The menu choices on the days of inspection provided nutritious and wholesome food. Residents were provided with dishes outside the planned menu. For example, one resident requested scrambled egg on toast while another asked for some black pudding which was provided as requested. There was a focus on home baking. The chef had baked bread suitable for residents with diabetes. Residents spoken with complimented the standard of food and told the inspector they were happy with food on offer. Adequate staff were available at mealtimes and were observed assisting residents with their meals when required in a respectful and patient manner.

A number of more frail residents eat together at a table in the sitting room which gave them more space. The resident staff ratio was higher. Residents were sensitively and respectfully assisted where needed. These residents were provided with recreational activities while waiting on the other residents to finish their meal.

The inspector saw residents being offered drinks throughout the day. Residents told the inspector that they could have a drink and snacks any time they asked for them. Water dispensers were available and jugs of water with a choice of fruit diluents were also available if desired.

4. Respecting and involving residents

Outcome 10
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings
The inspector viewed a sample of residents' contracts of care. All contracts were signed. On admission each new resident received a copy of their contract with other admission documentation. Each resident's contract described their terms and conditions. Although the total fees chargeable each week were documented in contracts, details were not included of each resident's individual contribution to the total fee in every case. Address of this situation had commenced.

Outcome 11
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.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings
The inspector noted that residents received dignified and respectful care on the days of inspection. Their capacity to exercise personal choice and autonomy within the centre was encouraged and their views were sought and listened to. Residents confirmed that they felt that they were able to talk to staff at any time and were able to make independent choices.

A communication policy was in place. The speech and language therapy service had completed some communication assessments advising on ways to better meet the communication needs of residents referred. Residents who had difficulty communicating had specific care plans in place.

The inspector observed staff knocking before entering residents' bedrooms and waiting for permission to enter. Curtains and doors were used in private and semi-private rooms to ensure that residents' privacy and dignity was maintained.

Residents monthly meetings were facilitated in the centre by a rotating chair shared among the care staff. The most recent meeting held on 18 July 2012 had seven residents in attendance, 13 residents attended the previous meeting on 29 June 2012. The minutes recorded where residents requested more live entertainment at the weekends while another resident suggested access to a shop would be of value. The person in charge said he was striving to meet these requests as they were important to the residents.

Outcome 12
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings
The inspector found that there was adequate space for residents' possessions. The inspector reviewed the laundry system in place to ensure that residents' property was appropriately cared for. Although there were reports of some missing clothing, this was now fully resolved with review of the laundry service. Residents spoken with told the inspector that their clothes were well minded and that they had no complaints in this regard. The inspector noted that residents' clothing was of a good standard and was clean.

There was a laundry system in place - residents' laundry was washed and ironed on site. The laundry service had undergone recent improvements and was now staffed full-time on a seven day basis. A record of each resident's property was maintained by the laundry staff and was up to date as of 2 July 2012.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings
The current person in charge has worked in the centre as the person in charge for approximately 10 years. He works on a full-time basis in the centre. The inspector found that he demonstrated authority, accountability and responsibility for the service provided. Suitable deputising arrangements were in place to facilitate his leave if necessary. A nominated registered nurse is in overall charge of the centre at all times outside of the hours worked by the person in charge.

Outcome 14
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.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings
There was evidence of ongoing staffing review in response to changing dependency levels, three care assistants and a staff nurse were recently recruited in response. The inspector was satisfied that there was adequate staff on duty on the days of inspection to meet the residents' needs. Residents were attended to promptly and were adequately supervised on the days of inspection.

There were arrangements in place where all staff were adequately supervised including staff working out of hours. There was a system in place where staff did not remain on night duty indefinitely. This ensured supervision of all staff. A full staff handover occurred at the commencement of the morning and night shift and was attended by staff nurses and carers. A key worker system was in place where each resident had a named nurse and carer.

The inspector reviewed a sample of four staff files. On this occasion the inspector found that staff personnel files contained the required documentation in accordance with Schedule 2 of the Regulations with the exception of medically assessed evidence of physical and mental fitness. This was available for all staff but in a self declaration format. The inspector was told that person identification numbers (PIN) for registered nurses were available for all nursing staff and a sample were viewed by the inspector.

There was a recruitment policy available in the centre in line with the Regulations. An induction programme for staff was in place followed by a probationary period.

The inspector noted that approximately seven residents had dementia related conditions and a further six residents had conditions that caused cognitive impairment. According to the provider nine staff had training in challenging behaviour which also referenced training on dementia care. However, according to the training record given to the inspector only two members of staff had specific training in dementia which referenced areas other than behavioural management. While further training would be of benefit to staff, it was also noted that greater than half the care staff had completed Further Education and Training Awards Council (FETAC) Level 5 training to date.

6. Safe and suitable premises

Outcome 15
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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

CCTV was in operation in front lobby area and was used as security for the front door as staff could view persons requesting access to the centre out of hours. Its use was clearly displayed and a policy was in place to guide practice in this area.
The provider had repainted designated parking bays including two areas for disabled parking. These spaces were bedside the front door and improved close parking access by families taking their relatives on outings.

Handrails were available on corridors to assist residents with maintaining independence. The corridors were clear and unobstructed. The centre was spotlessly clean and odour free. Carpet cleaning was scheduled every two months and cleaning records were available to confirm completion. The administrator completes hygiene audits every 10 to 12 weeks, a report is done on findings and an action plan to address deficits if present is developed and implemented. A hygiene audit was also done by an independent external team to independently review the standard of hygiene in all parts of the centre. Some recommendations were made based on findings of same which were addressed.

The centre was in a good state of repair throughout. The provider was in the process of refurbishing some three bedded rooms to accommodate two-bedded accommodation.

There was appropriate assistive equipment available such as hoists, pressure relieving mattresses, wheelchairs and walking frames. There was a sufficient number of toilet and washing facilities with wash-hand basins in each bedroom and communal toilets located in close proximity to the communal dining and seating areas.

7. Records and documentation to kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:
Part 6: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

All operating policies and procedures as required by Schedule 5 of the Regulations were in place and available for reference by staff if required.

The directory of residents was reviewed and found to be incomplete in that it did not document all information as required by Schedule 3 of the Regulations. Examples of some of the information missing included the transfer location name and address to which a resident went to from the centre, be it a hospital or another nursing home.

The Residents' Guide was reviewed by the inspector. It was revised in the past year. Some minor revisions are required to reflect the requirements of the Regulations. For example, the management structure is not accurately documented. There was not a blank copy of the contract and a copy of the most recent inspection report published attached to the resident's guide reviewed.

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings
All accidents and incidents were recorded in the centre and were maintained in a log. The person in charge was aware of the legal requirement to notify the chief inspector and the timescales within which notifications must be forwarded to the Authority.

Notifications submitted were reviewed during the inspection. The inspector noted that returns had been made in respect of quarterly notifications for 31 July 2012.

Outcome 18
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings
Not applicable on this inspection. The person in charge has not taken leave in excess of 28 days.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Catherine Connolly-Gargan

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

17 August 2012

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report*

Centre:	Retreat Nursing Home
Centre ID:	0086
Date of inspection:	17 and 21 August 2012
Date of response:	13 September 2012

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect:

Not all matters listed in Schedule 1 of the Regulations were documented in the Statement of Purpose and Function document.

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

Action required:

Make a copy of the updated statement of purpose available to the Chief Inspector.

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

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Copy of amended statement of purpose was forwarded to Inspector by email on 5 September 2012	05/09/2012

Outcome 2: Reviewing and improving the quality and safety of care

2. The provider is failing to comply with a regulatory requirement in the following respect:

An established system was also not readily available to include for example, a schedule of all planned audits and evaluations undertaken, key findings, action taken to ensure systematic continuous quality improvement and the date scheduled for the next audit to take place in the area.

Audit reports were produced but these had not been made available to residents.

Action required:

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Action required:

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

Reference:

Health Act, 2007
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**

Provider's response: The inspector was shown the yearly wall planner showing the planned audit dates. Audits completed did have recommendations and action to be taken stated. The date for the next audit was on the planner but not on the actual audit. The next audit date has now been put on the audit. Audit reports made available to residents, example falls and restraints	22/08/2012

Outcome 3: Complaints procedures

3. The provider is failing to comply with a regulatory requirement in the following respect:

Details of the each investigation undertaken and the outcome of each complaint addressed by the designated complaints officer were not adequately documented in some cases.

Seeking satisfaction on the outcome of all investigations was alluded to but had also not been documented.

Action required:

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Reference:

Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Although the small number of complaints was resolved we have now put in place a detailed satisfaction report for any complaints received.	06/09/2012

Outcome 4: Safeguarding and safety

<table>
<tr><td colspan="2">4. The provider is failing to comply with a regulatory requirement in the following respect:

The elder abuse management policy required some further revision to inform staff of the specific care and procedures that were most appropiate to take for each type of abuse and the response to take in the event of an abuse allegation against a senior member of staff also required some clarity.</td></tr>
<tr><td colspan="2">Action required:

Revise the policy in place on and procedures for the prevention, detection and response to abuse to include the specific response to take in each type of abuse and the response to take in the event of an abuse allegation against a senior member of staff.</td></tr>
<tr><td colspan="2">Reference:
Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 8: Protection</td></tr>
<tr><td>Please state the actions you have taken or are planning to take with timescales:</td><td>Timescale:</td></tr>
<tr><td>Provider's response:

Policy was revised to include action to be taken in the event of an allegation of abuse against senior member of staff although this has always comprehensively covered during induction and training of all staff</td><td>21/08/2012</td></tr>
</table>

Outcome 6: Medication management

<table>
<tr><td>5. The Provider is failing to comply with a regulatory requirement in the following respect:

Prescribing practices in relation to transcription of anticoagulant medication required review to ensure all doses of this medication was appropriately prescribed and recorded in accordance with the requirements of the legislation and professional practice.</td></tr>
<tr><td>Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and the Person in Charge shall ensure that staff are familiar with such policies and procedures.</td></tr>
</table>

Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A medication management policy has always been in place and is reviewed accordingly. It includes suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents (as per An Bord Altranais Medication Management July 2007 Article 2.3 P16). The Medication Management Policy and Transcribing Policy were reviewed by the Inspector on the days of inspection. Anticoagulant medication dose is always accompanied by a hand written signed instruction from the individual residents GP as per our Anticoagulant Medication policy.	17/09/2012

Outcome 7: Health and social care needs

6. The person in charge is failing to comply with a regulatory requirement in the following respect: Not all residents' needs had a corresponding care plan in place to inform care. For example, some residents had sore eyes, although reviewed by an ophthalmologist and cared for as recommended, and this care was not clearly documented in a corresponding care plan.
Action required: Set out each resident's needs in an individual person centred care plan developed and agreed with the resident.
Reference: Regulation 6: General Welfare and Protection Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: There are currently 610+ individual resident centred care plans in operation. Two residents had sore eyes on the inspection date care plans have now been put in place and agreed with the residents concerned until such time as treatment is no longer necessary as advised by their GP/Ophthalmologist. The care plan audit showed to the inspector	22/08/2012

Outcome 10: Contract for the provision of services

7. The provider is failing to comply with a regulatory requirement in the following respect: Although the total fees chargeable each week were documented in contracts, details were not included of each resident's individual contribution to the total fee in every case. Address of this situation had commenced.	
Action required: Ensure each resident's contract includes the fees to be charged.	
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The total fees have always been included in all Contracts for Care. Although it has not been a previous requirement that the personal individual contribution to fees be included in Contract for Care the Personal and NHSS/NTPF fees and HSE NHSS/NTPF confirmation letters were added to all contracts for care on the day of inspection and was acknowledged by the Inspector.	17/08/2012

Outcome 14: Suitable staffing

8. The person in charge is failing to comply with a regulatory requirement in the following respect: Further training and supervision is required on care plan management to ensure residents' needs are met in all cases. Further training in dementia care is required to ensure staff are knowlegable in meeting all needs of the residents with dementia and Alzheimer's in the centre.	
Action required: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice in respect to care planning and care of residents with dementia/alzhiemers.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The care plan audit did highlight that some new care plans needed to be put in place and some management of same required The purpose of the audit was to highlight deficiencies There are seven residents with dementia related conditions and six residents with CVA whom have some symptoms of cognitive impairment (35:total no of residents on day of inspection) Also listed on the training record given to the Inspector was that over nine of our staff have completed training on challenging behaviour which included specific training in providing care for a person with dementia.	 18/08/2011

Outcome 16: Records and documentation to be kept at a designated centre

9. The provider is failing to comply with a regulatory requirement in the following respect: The Residents' Guide was reviewed by the inspector. It was revised in the past year. Some minor revisions are required to reflect the requirements of the Regulations. For example, the management structure is not accurately documented. There was no contract attached to the Residents' Guide and a copy of the most recent inspection report published was also not attached to the Residents' Guide reviewed.

Action required: Amend the Residents' Guide as required to reflect the requirements of the Regulations.	
Action required: Supply a copy of the revised resident's guide to each resident.	
Reference: Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Residents' Guide has been amended to include management structure All copies of resident guides are in process of being amended.	30/09/2012

10. The person in charge is failing to comply with a regulatory requirement in the following respect: The directory of residents was reviewed and found to be incomplete in that it did not document all information as required by Schedule 3 of the Regulations. Examples of some of the information missing included the transfer location name and address to which a resident went to from the centre, be it a hospital or another nursing home. The date, time and cause of death of residents who died in the centre were not documented.
Action required: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.
Reference: Health Act, 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: As shown to the Inspector on the days of the inspection the date, time and cause of death of residents who died in the centre were documented in the Residents Register and highlighted in red. Any resident discharged, for example to their home would already have had their home address recorded in the register on admission. Is it a requirement that they have their home address recorded twice on the same column? We added a column to Register to record gender on the day of inspection	 21/08/2012

Any comments the provider may wish to make:

Provider's response:

We would like to extend our thanks to the Inspector for the courtesy shown to the residents and the team at Retreat Nursing Home during the days of inspection. We are committed to providing the highest standard of care and will endeavour to work with the Authority to achieve this aim.

Provider's name: Tony Whyte
Date: 13 September 2012