



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

Issued by the Chief Inspector

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| Name of designated centre: | Retreat Nursing Home |
| Name of provider: | Retreat Nursing Home Ltd |
| Address of centre: | Loughandonning, Bonnavalley, Athlone, Westmeath |
| Type of inspection: | Unannounced |
| Date of inspection: | 23 February 2023 |
| Centre ID: | OSV-0000086 |
| Fieldwork ID: | MON-0037525 |

About the designated centre

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

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

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------------------|-------------------------|------------------|---------|
| Thursday 23 February 2023 | 09:30hrs to 18:45hrs | Leanne Crowe | Lead |
| Thursday 23 February 2023 | 09:30hrs to 18:45hrs | Rachel Seoighthe | Support |

What residents told us and what inspectors observed

Overall, the inspectors found that residents were content with living in the designated centre, with one resident telling inspectors that "they would give it four or five stars". The inspectors observed that residents were comfortable in the company of staff and that staff were attentive to the residents' needs for assistance and support. While residents spoken with expressed satisfaction with the service, the inspectors found that improvements were required in relation to a number of areas, such as assessment and care planning, health care and medication management, to ensure positive outcomes for residents.

When inspectors arrived at the centre they were guided through infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks and checking for symptoms of COVID-19. Following an introductory meeting with the person in charge, the inspectors spent time walking through the centre where they met and spoke with residents as they prepared for the day.

Retreat Nursing Home provides long term and respite care for both male and female adults with a range of dependencies and needs. The centre is a single storey building located in Athlone, County Westmeath. The centre was bright and spacious and had a variety of communal rooms and areas for residents, including a large sitting room, a quiet room, a sun room, a dining room and secure outdoor courtyards. The communal rooms were decorated in a comfortable and homely manner, while the courtyards were well-maintained with shrubbery and appropriate garden furniture.

Residents' bedroom accommodation comprised 17 single rooms and 10 twin rooms, each of which contained a hand wash basin. Eleven single rooms contained an en-suite toilet, while four single bedrooms contained an en-suite shower room. A number of communal shower rooms and toilets were also available to residents. Residents were seen to personalise their bedrooms with personal mementos and pictures. Residents who spoke with inspectors were happy and content with their rooms and felt that they had sufficient space to store their items.

There was a relaxed and calm atmosphere in the centre throughout the day of the inspection. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Staff used these opportunities to engage with residents and were overheard having polite and pleasant conversations with them. From these conversations and inspectors' observations, it was clear that staff knew the residents, their routines and their personal preferences. This was particularly apparent during residents' mealtimes, where residents receiving assistance from staff seemed to enjoy the friendly and light-hearted conversations. Residents told inspectors that "the staff are "so caring" and that "you couldn't ask for better".

Residents who spoke with the inspectors were aware of the planned activities for each day, and some were observed participating in these activities, including as a sing song, an exercise class and reciting the rosary.

Residents told the inspectors that they enjoyed their meals, stating that "the food is beautiful". They confirmed that there was a choice at meal times, with the options for the day displayed on a large menu in the dining room. The majority of residents took their meals in the dining room. Tables were decorated with tablecloths, linen napkins and a selection of condiments. Classical music was softly playing in the background as residents chatted amongst each other and with staff. The meals served to residents were nicely presented and served appropriately. There were enough staff on duty at meal times to assist those residents who needed help with their meals. Drinks and snacks were served throughout the day and could be requested at any time.

Inspectors observed that staff wore face masks during the provision of direct care to residents. Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along all corridors for staff use, as were a number of hand wash basins that were located along three corridors.

Visitors were seen coming and going throughout the day of the inspection. Residents could meet their visitors in the privacy of their bedrooms, in communal areas or in a designated visitors' room near the main reception. Visitors who spoke with the inspectors were satisfied with the visiting arrangements in place in the centre.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

The inspectors found that some improvements had been implemented since the previous inspections in December 2021 and May 2022. However, the governance and management systems that were in place required improvement to ensure that the care and services provided for the residents were safe and appropriate and that standards of care were consistent with best practice.

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). During the service's previous inspections in 2021 and 2022, a number of non-compliances had been identified in areas such as infection control, premises, individual assessment and care planning and residents' rights. The compliance plans submitted by the provider to address these findings was assessed at this inspection to determine

whether all actions had been effectively carried out. The inspectors found that some of these actions were completed but some remained outstanding in relation to regulations such as infection prevention and control.

Retreat Nursing Home Limited is the registered provider for this designated centre. A company director represents the provider entity and works full-time in the centre. The nursing management team consists of the person in charge and a clinical nurse manager (CNM) who oversee the work of a team of nurses, health care assistants, an activity co-ordinator and housekeeping and catering staff.

There were systems in place to monitor the service but these were not robust. For example issues identified in relation to medication records and delays in the assessment of residents had not been identified by the management team. Audits of clinical and operational areas of the service were being completed and action plans were developed and were monitored by the management team. Other upcoming audits planned for the centre included fire safety and quality of care. However, improvements were needed to ensure that these audits were completed accurately and were identifying deficits in the service. For example, an audit of the use of psychotropic medications had been completed, but the findings did not reflect the medication administration records reviewed on this inspection. The person in charge was unable to provide a clarification regarding this finding. Furthermore, areas of improvement identified by the inspectors in relation to assessment and care planning and skin integrity had not been identified by the audits completed by the nursing management team. As a result, inspectors were not assured that there was sufficient oversight of the quality and safety of some areas of care and services to ensure best outcomes for the residents.

There were regular management team meetings which were attended by the person in charge, the clinical manager and person representing the provider entity. Records of these meetings were available for review and indicated that status of residents, staffing, training and various audits were discussed.

An annual review of the quality and safety of the service had been completed for 2022.

There was a training programme in place which ensured that staff had up-to-date mandatory training. Staff were facilitated to complete training in other areas such as falls prevention, end of life care and medication management. There was an induction programme in place that included competency assessments and regular reviews by the management team. Annual appraisals were also conducted with staff once they had completed the six month probationary period.

The inspectors found that the centre had sufficient staffing resources on the day of the inspection to meet the needs of residents. The completed rosters reflected the staff on duty in the centre and the inspectors observed that there were sufficient staff to attend to residents' needs promptly.

Regulation 15: Staffing

From a review of the rosters and speaking with staff and management, the inspectors found that there were adequate levels of staff on duty for the size and layout of the centre. Staff spoken to were knowledgeable regarding the residents' individual needs and residents and inspectors observed that residents were assisted with meeting their needs without delay.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training programme in place and training records showed that staff were up-to-date with their training in moving and handling practices, fire safety and the prevention, detection and response to abuse. Staff who spoke with the inspectors and the inspectors' observations of their practices gave assurances that they were familiar with residents' needs and were competent with carrying out their respective roles.

Judgment: Compliant

Regulation 22: Insurance

A current insurance contract was in place that had an appropriate level of insurance covering injury to residents and their property.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors were not assured that the management oversight systems that were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored were effective. For example:

- The gaps and delays that were found on this inspection in completing assessments had not been identified by the management team through their current oversight and audit processes. As a result, the required improvements

to ensure that comprehensive assessments were completed had not been implemented. This was impacting on the care delivered to residents as discussed under Regulations 5 and 6 in the next section of the report.

- While there was evidence of audits being carried out, an audit completed in relation to psychotropic medicines did not correspond with medication administration records. On the day of the inspection, the reason for this discrepancy could not be explained by the management team.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While notifications were submitted within the specified time frames and as required by the regulations, quarterly reports submitted to the Chief Inspector did not include the following:

- the use of chemical restraint including psychotropic medicines administered on a PRN (as required) basis
- the use of environmental restraint, such as external doors with key code locks that restricted residents' movement in the centre.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a quality of life which was respectful of their wishes and choices. There were many opportunities available for social engagement and staff were observed to be respectful and kind towards the residents. However, inspectors found that more focus and effort were now required to ensure that residents received good quality, safe care in line with their needs to ensure the best possible outcome for all residents.

The pre-admission assessment process required improvement to ensure resident needs could be adequately met by the designated centre. Inspectors found the arrangements in place to comprehensively record the needs of residents prior to and following their admission to the centre were not robust. For example, pre-admission assessments and comprehensive admission assessments were not in place for a large number of residents. This did not ensure that the residents' social, personal and health care needs were being adequately met. For example, care records showed there were delays of up to a month for the completion of nutritional assessments for some residents who were newly admitted to the centre. The gaps

and delays in completing assessments had not been identified by the nursing management team. This is discussed further under Regulation 5: Assessment and care planning.

Residents had regular access to a general practitioner (GP) who visited the centre. Residents had access to allied health services such as physiotherapy and occupational therapy services. There was evidence of access to dietetics services and speech and language therapy. However, inspectors found that where tissue viability specialist consultations were required, these services were not always obtained in a timely manner. This did not ensure that nursing staff could provide the most appropriate wound dressing treatments to promote effective wound healing and was not in line with the centre's own wound management policy. This is discussed under Regulation 6, Health care.

Residents were complimentary about the food they received and the availability of snacks and refreshments throughout the day. Feedback form residents and observations at meal times assured inspectors that residents were offered choices in relation to meals. Inspectors observed that there were enough staff available to provide support and assistance in a respectful and discreet manner at meal times. Inspectors reviewed a sample of the residents' food intake charts and monthly nutritional assessments and were assured that each resident's nutritional and hydration needs were being monitored and were responded to appropriately. Fluid intake was recorded for individual residents. Residents at risk of weight loss were referred to a dietitian. Additional nutritional supplements were provided when it was recommended by dietitians. Residents who were identified as having swallowing difficulties had access to speech and language therapy services.

There was a restraint policy in place. However, restrictive practices were not always managed in accordance with this policy and the national restraint policy guidelines. This is discussed under Regulation 7, Challenging Behaviour.

There was evidence that residents were consulted with and were supported to participate in the organisation of the centre. A review of meeting records showed that resident meetings were convened on a quarterly basis. At these meetings, residents were invited to discuss or provide feedback on items such as activities and visiting arrangements. Action plans were developed and completed in response to any feedback received. Meeting records showed that residents were satisfied with the service. Surveys were also conducted with residents to ascertain their level of satisfaction with the service.

Residents had access to local and national newspapers, television, radio. Residents had access to an independent advocacy service, information about this service was displayed in the reception area of the centre.

Visiting was facilitated in line with the latest COVID-19 guidance on visitation to residential care facilities. The inspectors observed visitors coming and going throughout the day of inspection.

The activity co-ordinator confirmed that activities took place seven days per week. This was validated by the inspectors observations on the day and feedback from

residents. Residents were observed enjoying a variety of activities on the day of inspection, such as exercises, ball games and reciting the rosary. Residents were supported to practice their religious faiths. There was an oratory in the centre and mass was held on a weekly basis. Live music was played monthly and a community group had visited regularly before Christmas to build and decorate a Christmas sleigh, as well as nativity cribs. Regular outings were organised and recent ones included trips to a garden centre, a park and shopping centre.

Infection prevention and control measures were in place and monitored by the senior management team. There was evidence of improvements in relation to access to clinical hand wash basins since the previous inspection. The sluice room had been refurbished since the last inspection in order to support compliance with good infection control processes. However, further improvements were required in areas such as the cleaning of resident equipment and the management of waste. This is discussed further under Regulation 27, Infection Prevention and Control.

The inspectors reviewed the laundry facilities during their walk around the centre. The laundry area was small and not well defined in regard to the segregation of clean and dirty laundry. The management team advised that works to improve the size and configuration of the laundry were in progress.

While some maintenance works had recently been carried out, such as the painting of the sitting room, the inspectors observed that some areas of the building required repair and maintenance. These observations included scuff marks and chipped paint on walls, doors, skirting boards and handrails. Additionally, a small area of mould was identified in a communal shower room.

The provider had completed planned works in relation to fire safety since the inspection in December 2021. This had included the installation of fire doors and fire-stopping measures which decreased the size of the fire compartments in the centre. The centre had emergency lighting, fire fighting equipment and fire detection and alarm systems that provided the appropriate fire alarm coverage. The service records for these systems were up-to-date. The fire register for the centre included comprehensive in-house maintenance checks.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visits were encouraged with appropriate precautions to manage and mitigate the risk of introduction of COVID-19 infection.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed evidenced that staff had actively engaged with residents to elicit their end-of-life care wishes. There was support of community palliative care services available and utilised.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises conformed to the requirements of Schedule 6 of the regulations. This was evidenced by the lack of storage in the centre. For example the inspectors found that the oratory was being used to store residents' equipment such as specialised wheelchairs. This was a repeated finding from the previous inspection in December 2021.

The paint on areas of the walls, wooden skirting, handrails and door surfaces was chipped or missing, and therefore these surfaces could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with adequate quantities of nutritious food and drink at mealtimes. Inspectors found that this food was properly prepared and served, in line with residents' dietary requirements and personal preferences. There was sufficient staff available to provide assistance to residents at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

Further actions were required to ensure that the designated centre fully met the requirements of Regulation 27 Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018). For example:

- The current laundry facilities in the centre did not facilitate the segregation of a 'dirty' to 'clean' work flow. This increased the risk of cross infection during the laundering process. The inspectors were informed that work was ongoing

- to address this issue, including significant structural changes to the room
- Damaged surfaces on some resident equipment and other furnishings impeded effective cleaning. This included rusted frames on a drying rack in the sluice room, a torn foot rest on a chair and scuffed wood finishes on hand rails and skirting boards. A similar action was identified on the inspection in December 2021
 - The management of clinical waste required review. Three bins contained in the sluice room were designated for clinical waste, but these contained non-clinical waste.
 - A waste bin in the sluice room did not have a lid.
 - A plastic bag containing urinals, a toilet seat and urinal holders was on the ground beside the bed pan washer, therefore these items had not been disposed of appropriately.
 - Some equipment for residents was visibly unclean, such as shower chairs. This posed a risk of cross contamination.
 - Mould was visible in a residents' communal shower room.
 - Some toiletries were being stored in a communal toilet. This posed a risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors found that fire drills were carried out regularly, however, a record of simulated emergency evacuation drills was not available to provide assurances regarding residents' timely evacuation to a place of safety from the centre's largest compartments with the lowest staffing levels, to ensure that residents could be safely evacuated with these staffing levels.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors were not assured that medication practices were in line with the safe administration of medicines professional guidance, for example:

- Records showed that a resident was not administered a medicine in accordance with the direction of the prescribing GP on four occasions. Nursing staff did not record any rationale for this action and this was not identified by the nursing management team through their oversight and audit processes.
- Some multi-dose medicines did not have a date of opening marked on them. This meant that staff would not be aware of date of opening and when the

medication would become out of date and should be removed from use for return to pharmacy.

- Some unlabelled medicinal products which were not in use, such as tablets, ointments and eye-drops, were not segregated from other medicinal products. These were disposed of on the day of the inspection.
- The inspectors reviewed the medication records and found that medications were not being transcribed in line with best practice professional guidelines and the centre's own medication management policy. Some medications were transcribed to a patient information without cross referencing against a general medical script (GMS). Transcribing was undertaken by one nurse on multiple occasions. This was a breach of the centres own policy which stated that a medications should be transcribed by two nurses and co-signed by the person in charge. One transcribed medication record did not contain any nurse signature. Furthermore, some medication records were not signed by the prescribing general practitioner (GP).

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a number of residents assessment and care plan documentation and found that significant actions by the provider and person in charge were necessary to ensure residents needs were appropriately assessed and that care plans were developed and implemented to address any needs identified. This was evidenced by the following findings;

- Comprehensive assessments were not completed for a large number of residents and therefore there was a risk that some of their care needs would not be identified. For example three residents with nutritional care needs did not have a nutritional care assessment recorded completed within 48 hours of admission to the centre.
- One resident who was colonised with an MDRO (Multi-drug resistant organism) did not have their infection prevention and control needs assessed. This was not identified by nursing staff and the resident did not have a care plan in place that set out all of their care needs and interventions required.
- There were gaps found in some repositioning records available and this did not assure inspectors that the residents were repositioned in accordance with their plan of care.
- A nutritional risk assessment completed contradicted the information contained in the resident's nutritional care plan which stated that the resident was at low risk of malnutrition. Therefore the documentation did not clearly guide staff as to the nutritional needs of the resident.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider did not ensure that, having regard to the care plan prepared under Regulation 5, all residents received a high standard of evidence-based nursing care, in line with their assessed needs. This was evidenced by the following examples where;

- The inspectors found that wound assessment charts were not completed for three residents with wounds. Therefore, information in relation to wound progress was not available to ensure that the wound care plan that was in place was effective in promoting wound healing.

There was delay in referring one resident who had a recurring wound, for a medical review and a specialist tissue viability nursing assessment.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, the record keeping of incidents of responsive behaviours were not consistent and did not support effective monitoring of each resident's episodes of these behaviours. For example where chemical restraint was administered there was not always a clear record of the resident's episodes of responsive behaviours and of any de-escalation or alternative measures trialled before the administration of chemical restraint. This information was required to both monitor the residents needs in relation to their responsive behaviours and secondly to review the use of restraints to ensure that any restraints that were being used were used in the least restrictive manner and for the least period of time in line with national guidance.

Judgment: Substantially compliant

Regulation 9: Residents' rights

CCTV was in operation in the residents' sensory room. This room was used by residents for quiet time and therapeutic activities. As this was an area where residents could expect privacy the use of CCTV in the room was not appropriate. Furthermore inspectors were not assured that residents were informed that there

was CCTV in this room.

The layout of four twin rooms on the first corridor did not ensure that residents could carry out personal activities in private. This was evidenced by the configuration of the privacy curtains around the resident's bed which needed review to ensure that residents accommodated in these rooms could access their wardrobes without encroaching on the other person's bed space.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Substantially compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Not compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Retreat Nursing Home OSV-0000086

Inspection ID: MON-0037525

Date of inspection: 23/02/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Whilst we have a number of assessments completed for each resident, we have now completed a comprehensive assessment for each resident.</p> <p>A corrected audit on psychotropic medication has been carried out. The audit programme has been reviewed and a new timetable put in place. All audits will be signed off/ reviewed by the PIC.</p> | |
| Regulation 31: Notification of incidents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Chemical restraint and environmental restraint will, in future be submitted to Chief Inspector as part of quarterly notifications.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: Work on the laundry has been completed so equipment has been relocated and returned</p> | |

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| <p>to the laundry and no longer stored in the oratory. Painting maintenance schedule continues, woodwork, walls on all corridors completed</p> | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control: The laundry room has had works completed and now facilitates a 'dirty to clean' work flow. Equipment that required cleaning, attending to has been deep cleaned and a more regular check list is now in place in the sluice room. The waste bin containing a lid was placed insitu on the day of inspection 1 clinical waste bin is now in place and 2 have been removed. A sign regarding disposal of non clinical waste in place. Residents personal that were found in communal areas were removed on the day of inspection.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Simulated fire evacuations drills have continued to take place, concentrating on time, with minimal staff and records available in the fire log. These drills concentrate on the largest compartment and with night time staffing levels.</p> | |
| Regulation 29: Medicines and pharmaceutical services | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All medication (multi dose) has an opening date on cover at present. All medication no longer in use is returned to the pharmacy in a timely manner. All transcribed medication is signed by two (2) nurses and drug kardexes all updated to contain Gp signatures. Medication Management policy has been reviewed by all nursing staff. Nursing staff have been reminded to refer to policy regularly</p> | |

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| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Whilst a number of assessments were in place for each resident, a comprehensive assessment has been completed for all residents.</p> <p>All residents on return to the nursing home (admission or return from hospital) will be fully assessed and reassessed to ensuring appropriate care plans and assessments are in place to manage any situations that may arise, and care plans set in place for all care needs that may be required.</p> <p>Repositioning records are now recorded on a new form and staff monitored closely regarding the recording of same. Staff nurse on duty/DPIC/PIC will review same and sign off on same at the end of the shift.</p> <p>All care plans and assessments have been reviewed by the DPIC and PIC and now both documents for each resident correlate where appropriate.</p> | |
| Regulation 6: Health care | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>All residents who required review for wound care have continued to be reviewed and care plan updated regarding same.</p> <p>Nurses have commenced refresher training updated in wound care.</p> <p>Audits have commenced in wound care management, and wound care refresher courses booked for staff.</p> | |
| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Incident reporting is in place to report any episodes of responsive behaviours, and records kept to review if chemical restraint is required.

The PIC will oversee and review records which will be recorded on residents notes on the computer system.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: CCTV is now removed from sensory room.

Additional privacy curtains are now in place to ensure privacy and dignity of residents. This is of paramount importance for all staff in Retreat

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
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| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 13/04/2023 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Not Compliant | Orange | 13/04/2023 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare | Substantially Compliant | Yellow | 13/04/2023 |

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| | associated infections published by the Authority are implemented by staff. | | | |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 13/04/2023 |
| Regulation 29(5) | The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. | Not Compliant | Orange | 13/04/2023 |
| Regulation 29(6) | The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a | Not Compliant | Orange | 13/04/2023 |

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| | resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product. | | | |
| Regulation 31(3) | The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4. | Substantially Compliant | Yellow | 30/04/2023 |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned. | Substantially Compliant | Yellow | 13/04/2023 |
| Regulation 6(1) | The registered provider shall, | Substantially Compliant | Yellow | 13/04/2023 |

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| | having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident. | | | |
| Regulation 6(2)(c) | The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment. | Substantially Compliant | Yellow | 13/04/2023 |
| Regulation 7(3) | The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. | Substantially Compliant | Yellow | 30/04/2023 |
| Regulation 9(3)(b) | A registered provider shall, in so far as is | Substantially Compliant | Yellow | 13/04/2023 |

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| | reasonably practical, ensure that a resident may undertake personal activities in private. | | | |
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