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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Padre Pio Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Galfay Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>50-51A Cappaghmore, Clondalkin, Dublin 22</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>16 July 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000082</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0029977</td>
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About the designated centre

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

This centre is a two-storey building comprising of three houses which have been joined together and extended. There are five single bedrooms & 13 twin bedrooms, to accommodate 31 Residents in total. Twenty two beds are located on the 1st floor, which is served by a Platform lift and two chair lifts. Nine beds are located on the ground floor. It is located in a quiet residential area close to the village of Clondalkin. It is also in easy access of Lucan, Palmerstown, Ballyfermot and Liffey Valley Shopping Centre. A refurbishment project was completed in January 2017. Long term care is provided for persons, male and female, over 18 years old, but predominately in the older age group. Care can be provided to residents who have acute or chronic illnesses, dementia, impairment in memory, judgment, language skills and deterioration in social skills. Respite care is also provided to those persons of a similar age bracket who require care & support for whatever amount of time is required, depending on bed availability at the time. Residents of all religions are welcome.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 17 |
How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 16 July 2020</td>
<td>09:15hrs to 16:00hrs</td>
<td>Deirdre O'Hara</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector talked with four residents about their experience of living in the centre. Residents said that they enjoyed a good quality of life and that staff knew them well and were kind and caring to them. Residents described how they spent their day and were seen to enjoy having walks in the area around the centre, watching TV, joining in sing-a-longs while the person in charge played piano, chatting with staff, one to one activity and playing ping pong with staff. Residents were seen freely accessing the enclosed garden. Some residents said that they preferred to spend time in their rooms reading, listening to the radio or watching television.

They said that they had freedom to choose when they got up and went to bed and said that staff respected this. Residents described having choices about their care and treatment and felt they could refuse care and interventions and their choices were respected.

Staff were described as kind and interested in ensuring residents were well cared for and happy in the centre. Residents said that there was plenty of staff available and described them as responsive to their needs and call bells were responded to quickly. Residents commented that they were happy with and understood the restricted visiting arrangements put in place by the centre. Visiting was scheduled and contact with loved ones was facilitated by window, lobby visits and telephone calls. Residents approaching end of life received visitors in their bedrooms. There were no volunteers coming into the centre on the day of inspection.

Residents described meals as varied, good quality and well presented. One resident said they particularly enjoyed Sunday dinners.

Residents said that they had good care and saw doctors or had access to specialists when they were unwell. They said that staff informed them of hospital and clinic appointments. On the day of inspection, a staff member was accompanying a resident to a hospital appointment.

Residents said they felt safe in the centre, had peace of mind and were well looked after by the staff. Residents knew how to raise a concern if they were unhappy about the service being provided. They said they would talk to the staff or to the person in charge and felt confident that issues would be addressed.

Capacity and capability

This was a short-term announced inspection conducted over one day. The centre is
registered by Galfay Limited. The provider is also the person in charge and is very involved in the day-to-day running of the centre. The centre had a good history of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity, and was willing, to make the changes needed to ensure that residents were safe and well cared for.

The registered provider representative had been informed about the inspection on the morning of the 15th July 2020, the day before the inspection. This was done in order to ensure that the inspector was aware of the current infection control procedures that were in place in the designated centre and to ensure that key staff would be available to speak with the inspector.

This purpose of this risk inspection was to monitor ongoing compliance in the centre due to the outbreak of COVID-19. Twenty three residents tested positive for COVID-19, 11 residents had recovered and sadly 12 residents had passed away. Inspectors acknowledged that this was and continued to be a very difficult time. They acknowledged that staff and management always had the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time. The provider had put into place a contingency plan in the event of another outbreak of COVID-19 in the designated centre. The provider had reviewed the COVID-19 outbreak and lessons learnt from it, informed their contingency plan in the event of a second outbreak.

During the outbreak, which started on 19th March 2020, inspectors were in regular phone contact with the management team and were aware the provided requested and received assistance from the HSE during the outbreak. At the time of this inspection managers and staff in the designated centre continued to avail of support and guidance from the Public Health team and the HSE community services.

There were 17 residents accommodated in the centre on the day of inspection. One resident was attending an appointment at a local hospital. On the day of inspection, no residents or staff in the centre were positive for COVID-19, and the centre had been declared COVID-19 free by Public Health.

To assess the assurance arrangements in place, the senior management team were requested to provide a number of documents on the morning of inspection. This included for example, the allocation of staff, residents notes, the centre’s risk register, policies and records of meetings.

Inspection findings validated much of the information received prior to the inspection. The inspector found that the management structure in place had provided a good service in advance of the COVID-19 pandemic. While there adequate and effective management systems to ensure that the quality and safety of care delivered to residents to achieve regulatory compliance, it was noted there were some gaps in infection control management and risk management.

At the feedback meeting, the registered provider gave assurances that all matters raised would be dealt with in a timely manner.
### Regulation 15: Staffing

There was an appropriate allocation of nursing, carers and ancillary staff available to meet the assessed needs of residents. The inspector observed that residents had their personal care and requests attended to promptly during the inspection. Rosters showed that there was at least one nurse on duty in the centre at all times. On the day of inspection, the majority of staff had returned to work following self-isolation protocols.

**Judgment:** Compliant

### Regulation 16: Training and staff development

There was an ongoing training programme for all staff. Records confirmed that staff had completed training on fire safety, safeguarding and moving and handling. All staff had received training on topics related to infection control.

Staff were supervised to ensure that they completed their duties to the standards expected.

**Judgment:** Compliant

### Regulation 23: Governance and management

There was evidence that the centre had sufficient resources to ensure that care and services were provided in line with the statement of purpose. There was a clear management structure in place. The management arrangements, premises and staff resources were generally organised to ensure that safe and appropriate care was provided for residents. However there were some gaps in maintenance documentation, for example in the management of legionella and servicing of bedpan washers. This is discussed further under regulation 27.

The risk management policy had been updated to include a direction for staff with regards to an outbreak of COVID-19. Following the last inspection, this policy was updated to include direction for staff to identify the measures and actions in place to control the risk of abuse.

While there was a centralised list available that clearly showed inspectors how many staff had received training, the frequency intervals for re-training were not clear.

The premises were clean, tidy and well maintained for the benefit of the residents.
who lived there. The provider had good communication links with the community crisis management team and public health during the outbreak. The centre had compiled a detailed review of the recent COVID-19 outbreak that had taken place in the centre. This outlined the lessons learnt and an action plan to manage another potential outbreak. Residents and families were kept updated by the centre.

Judgment: Compliant

### Quality and safety

Overall, the findings showed that on the day of inspection, the provider was delivering good quality care and support. Some improvements required were identified within infection control and risk management.

As previously stated there was significant outbreak of COVID-19 in the centre, and the outbreak had concluded on 4th June 2020. There was a swabbing programme in place in the centre. This was overseen by a the provider and her deputy. Improvements were required with regards to storage, maintenance of a bedpan washer, the provision of a uniform policy to guide staff with regard to when and where to safely change into uniforms.

The provider took a proactive approach to managing risk in the centre. While there was a risk management policy and an emergency plan in place to guide staff, the risk register had not outlined all the measures that had been put in place to prevent further resident and staff infection.

Quality and safety meetings were held regularly where clinical and non-clinical data was reviewed by the person in charge and the clinical nurse manager. There was a suite of scheduled audits with regards to staff compliance with the wearing of personal protective equipment (PPE), and environmental hygiene audits had commenced in June. The provider confirmed that these audits would continue regularly throughout the year.

The premises provided residents with a comfortable and accessible environment. The premises were tastefully decorated. The ventilation systems in bathrooms that required maintenance during the last inspection, were now in good working order.

There were facilities available for residents to meet guests or relatives in a designated area of the centre, following the guidance which at the time of the inspection was two visitors per resident each week for a maximum of 30 minutes. When residents were at end of life, visits were facilitated in the residents room which was safely supported by staff.

Care plans were person centred and were reviewed regularly in line with regulation 5. There were effective systems in place for the assessment, planning,
implementation and review of health and social care needs of residents.

Regulation 26: Risk management

There was a risk management policy in place, there were measures and actions in place to guide staff with regards to abuse, unexplained absence of any resident, accidental injury to resident, visitor or staff, aggression and violence and self-harm.

While there was a register of risks in place which was reviewed regularly, the risk assessment for a COVID-19 outbreak had not been updated since March. It did not reflect the additional measures that management had put in place during and after the outbreak.

There was a plan in place to respond to major incidents and emergencies, including an infection outbreak such as COVID-19.

Judgment: Substantially compliant

Regulation 27: Infection control

During the recent COVID-19 outbreak, records showed that here were formalised arrangements in place to manage the COVID-19 outbreak in the centre. Regular communication was seen in documentation between the centre and public health. *The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities* guidance was available in the centre.

The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control. Training records showed that a number of staff had attended training in the use of cleaning chemicals. Staff were seen putting this training into practice during the day of inspection.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with current guidance. Staff were observed donning and doffing PPE (putting on and taking off) and could describe to the inspector the correct sequence for this. Hand hygiene practice and correct use of PPE was good on the day of inspection.

Overall, the centre was clean. There were cleaning processes in place which was documented in cleaning sign off sheets. Cleaning and cleaning documentation was overseen by a the person in charge or her deputy. Cleaning and nursing staff, who spoke with the inspector were aware of their roles and responsibilities and the cleaning processes needed for terminal cleaning. There were safe laundry and waste
management arrangements in place.

Improvements were required with some aspects of infection prevention and control such as:

- appropriate storage for PPE, waste disposal bags and cleaning wipes, that were stored on grab rails and partition walls. Clean linen and continence wear were not covered when stored on trollies and shelves in linen rooms. These practices could lead to cross contamination in the centre
- some signs in the centre were not laminated to allow for effective cleaning
- there was no uniform policy to guide staff in the safe practice of changing into uniforms when commencing a shift and removal before leaving the centre
- the implementation of a legionella management system as there was no monitoring in place
- a regular maintenance program for the bedpan washer. This machine had not been serviced since it was installed two years previously.

There was on-going monitoring of residents and staff for signs of COVID-19 infection. Staff were aware of the local policy to report to their line manager if they became ill. Staff who spoke with the inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in residents baseline. Visitors to the centre were also checked for symptoms of infection before they could enter the centre.

There was appropriate infection prevention and control signs on display around the centre. Staff supported safe communication between residents and their loved ones. Social distancing measures were observed by staff when they were on break.

There was a system in place for swabbing both residents and staff for COVID-19 infection, to align with national guidelines. A number of staff were trained to take swabs in the centre.

**Judgment:** Substantially compliant

**Regulation 5: Individual assessment and care plan**

In the sample of care plans reviewed, the inspector found that residents’ choices, care needs and health problems were set out clearly and the care interventions were clear and sufficiently detailed to provide good guidance for staff caring for them.

Residents were comprehensively assessed before admission and at regular intervals thereafter. Their care needs were described in person-centred care plans which were routinely updated and reviewed. If their needs changed, there was evidence they were assessed by specialists and care plans were subsequently changed. There was also evidence that residents and their relatives, where appropriate, were consulted.
in the development of the care plans.

'End of life' care plans were reviewed regularly. Some included residents' expressed preferences regarding their preferred setting for the delivery of care. Treatment and resuscitation preferences, where expressed, were recorded in the resident medical notes and reflected in an associated care plan having involved all relevant parties.

Judgment: Compliant

<table>
<thead>
<tr>
<th>Regulation 6: Health care</th>
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<tbody>
<tr>
<td>Suitable arrangements were in place to ensure each resident's health, well-being and welfare was maintained by a high standard of nursing, medical and health and social care.</td>
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<tr>
<td>Residents had access to medical officers and access to geriatric services from a nearby hospital. There was evidence of access to health and social care professionals to assess, recommend supports and meet the care needs of residents. Assessments by dieticians and speech and language professional were by email and phone. Recommendations made by specialists were provided to reflect the current needs of residents, and guided staff in care delivery. Residents had access to palliative care specialist services for end of life care.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
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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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for Padre Pio Nursing Home
OSV-0000082

Inspection ID: MON-0029977

Date of inspection: 16/07/2020

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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 26: Risk management:
The Risk Assessment for covid19 has been updated to reflect the changes put in place during & after the outbreak of covid19.

All measures that are in place to control and reduce the ongoing risk of further infection from covid19 are documented and communicated to Residents, staff & Residents next of kin.

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 27: Infection control:
Storage of PPE- Wall mounted holders for PPE have been fitted throughout the Nursing Home and grab rails are no free from PPE.
Linen storage- The practice of removing clean linen & Incontinence wear from its plastic packaging prior to storing it in the linen cupboard has been changed and staff are all informed.
Signage in the centre is now all Laminated prior to display.

Uniform Policy is now in place and has been disseminated to all staff.

A Legionella Risk Assessment has been carried out by an independent expert. We are awaiting the report at the time of writing this reply.

The Bed-pan washer has been serviced, and it will be serviced annually by its supplier.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 26(1)(b)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>04/08/2020</td>
</tr>
<tr>
<td>Regulation 27</td>
<td>The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>15/11/2020</td>
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