Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre: Padre Pio Rest Home
Name of provider: Cappoglen Limited
Address of centre: Kilderriheen, Cappoquin, Waterford

Type of inspection: Announced
Date of inspection: 15 January 2020
Centre ID: OSV-0005581
Fieldwork ID: MON-0022885
About the designated centre

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

Padre Pio Rest home is registered to provide care for up to 24 residents. It is situated in a rural scenic location on the outskirts of Cappoquin town. It is a single story building which has undergone a number of extensions and substantial renovations over the years. The centre provides a mixture of single and twin bedrooms. There are 16 single bedrooms, 12 of these had en-suite facilities and there are four twin bedrooms with wash-hand basins. There are additional bathrooms, shower rooms and toilets conveniently located for residents use. Communal accommodation included a large sitting room including a sun room, a dining room and an oratory. There is plenty of outdoor space with tables, chairs and walkways around the centre for residents enjoyment and use. Padre Pio Rest Home is entirely smoke free zone since 2014. Staff, residents and visitors are not permitted to smoke in the premises of Padre Pio Rest Home.

The centre is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services. Padre Pio has a bus where residents can visit local activities and events including the local day care and community centre. The centre employs its own activity co-ordinators to provide social activities for the residents. A multidisciplinary team is available to meet resident’s additional healthcare needs including weekly physiotherapy services.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 18 |
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>
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<tbody>
<tr>
<td>Wednesday 15 January 2020</td>
<td>09:00hrs to 18:00hrs</td>
<td>Caroline Connelly</td>
<td>Lead</td>
</tr>
<tr>
<td>Thursday 16 January 2020</td>
<td>08:30hrs to 14:30hrs</td>
<td>Caroline Connelly</td>
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What residents told us and what inspectors observed

The inspector met and spoke with the majority of the residents present on the days of the inspection and also met a number of visitors throughout the inspection. Feedback was also received from a number of residents and relatives via questionnaires issued to the centre by the chief inspector for distribution to residents and relatives for completion. Residents said they were well cared and because it was a small centre and they would see and talk to the person in charge and provider on a daily basis. Residents were very complimentary about the staff, saying staff are excellent, if you need them they are there straight away and give you all the support you need. Other comments included that staff are good humoured and respectful, they are good and obliging, they are good listeners and you can tell them anything. A number of relatives commented that staff could not do more for residents and that they were friendly, outgoing and helpful at all times. A few relatives said are very good at informing them of residents changing needs a few others said they felt improvements were required in this area.

Feedback from residents and relatives was consistently positive about the homeliness of centre. Residents’ said they loved to see the hens and chickens in the back garden. They said it was like a home from home as a lot of the residents living in the centre were from a farming background. They welcomed the gardens and walkways around the centre and the easy access to same. A relative commented that overall it is a fantastic place to end your days if you cannot manage at home.

Residents were complimentary about the food saying choice is offered at each meal and the food is good and wholesome. They spoke of the daily home baking which they looked forward to. Residents and relatives were particularly complimentary about the activities and the activity co-ordinators. They said there was always something to do and something to look forward to. A number said they enjoyed the group activities and others spoke of the trips out in the centers minibus. Residents said they were consulted with on a daily basis and regular residents’ meetings were facilitated. A resident said that the residents meetings were a great way to air grievances and that solutions are always found. They stated they felt they could talk freely with an external mediator running the meetings.

Capacity and capability

There were effective management systems in this centre, ensuring quality person-centred care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified with the exception of premises issues.
The provider has applied to renew the registration of the centre and this inspection was undertaken in response to that application, as one component is the assessment of fitness of the entity. The centre is run by Cappoglen Limited and the director of the company is the Registered Provider Representative (RPR). She is in the centre daily and is actively involved in the management and oversight of the centre.

There was a clearly defined management structure in place. The centre was managed on a daily basis by a person in charge responsible for the direction of care. Although she is new to the role of person in charge she had been involved in management roles in the centre for numerous years. The person in charge was supported in her role by the RPR who is also a registered nurse and by the previous person in charge who continues to work in the centre and a team of experienced nurses and care staff. There were regular management meetings held in the centre that were attended by the person in charge and members of the senior team. Minutes of the management team meetings reviewed, demonstrated oversight of clinical and non-clinical matters and issues highlighted were followed up in subsequent meetings.

The inspector saw evidence of the monitoring the quality and safety of care provided to residents. This was through the collection of key clinical quality indicator data including pressure ulcers, falls, medication errors, missing persons, restraint use, the assessment of risk, and health and safety. A comprehensive schedule of audits was also in place and completed for 2019 and a new schedule commenced for 2020. The person in charge said the audits brought changes to practice and effected change in areas like medication management and in falls prevention. Quality management meetings were undertaken on a regular basis where all aspects of safety quality and risk are discussed and actioned. The inspector saw that a comprehensive annual review of the quality and safety of care and support in the designated centre had been undertaken by the management team in accordance with the standards for 2018 and the review for 2019 was currently being completed. There was evidence of consultation with residents and relatives through residents meetings chaired by the residents' advocate. The inspector noted that issues raised by residents were brought to the attention of the person in charge and appropriate action was taken in response.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. A sample of rosters were reviewed and staff and residents confirmed that there were adequate staff on duty during the day and the night. Staff reported it to be a very good place to work. Staff meetings and shift handovers ensured information on residents’ changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations were available and accessible by staff. Maintenance records were in generally in place for equipment such as fire-fighting equipment. Records and documentation as
required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements and probation reviews. The inspector saw that these were followed through in practice with generally robust recruitment and induction in place.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was new to her role since the previous inspection. She had worked in the centre for a number of years as a nurse manager prior to taking on the role of person in charge in June 2019. She is supported in her role by the RPR and the senior nursing team. The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. Good
Person-centered interactions were seen between residents and staff and there was evidence that staff knew the residents very well.

A review of staffing rosters showed there were always a nurse on duty during the day and at night, supported by the person in charge and other senior nursing staff during the day and an on-call system at night if required. There was a regular pattern of rostered care staff, household, catering and activity staff on duty on a daily basis. Staffing levels during the inspection appeared adequate to meet the needs of the residents and care provided was relaxed and not rushed. Staffing levels were in conjunction as to what was outlined in the statement of purpose.

Judgment: Compliant

**Regulation 16: Training and staff development**

The RPR and person in charge engaged with staff regularly and staff said they were always available for support. A comprehensive induction and orientation was provided to new staff. A comprehensive induction booklet was completed and a copy of same was kept on file. Probationary reviews took place at one month, three months and six months. Annual appraisals were in place for care staff and had been recently recommenced for nursing staff. Staff meetings were scheduled frequently where management communicated current issues or highlighted auditing trends.

Staff had good access to training, including mandatory training and additional training in relevant topics. A comprehensive training matrix was available that showed all staff had received updated training in moving and handling, infection control, safeguarding, fire safety and responsive behaviours. Medication management training was in place for all nursing staff, CPR and restrict practice. A number of staff had attended webinars on catheter care and diet relating to kidney and diabetes. Training in nutrition for residents with dementia was also recently provided to staff.

Judgment: Compliant

**Regulation 19: Directory of residents**

The directory of residents was well maintained and contained all the requirements of legislation.

Judgment: Compliant
Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to well maintained and contained the requirements of schedule 2 of the regulations. The management team provided assurance to the inspector that all staff had Garda vetting in place prior to commencing employment in the centre.

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place to protect residents' property and in relation to injury to residents and staff.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability. The person in charge was supported by the RPR who was in the centre daily and a team of experienced nurses. Regular management meetings took place and good communication and oversight was evident. The RPR who is a registered nurse takes charge of the centre in the absence of the person in charge. Comprehensive on call arrangements were in place.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. Comprehensive management systems and oversight by
the management team provided assurance that the service is consistently monitored.

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There were sufficient resources to ensure residents’ comfort and access to equipment to assist them with the activities of daily living in a holistic manner. The provider has secured planning permission to extend the centre and plans are in place for this to commence in 2020.

Judgment: Compliant

**Regulation 24: Contract for the provision of services**

Contracts for the provision of care were in place which had been updated since the previous inspection. They clearly outlined the room the resident occupied and the occupancy of that room. The contracts of care contained details of the service to be provided, the fee to be paid and they included the charges for additional services not included in the fee. They were found to meet the requirements of legislation.

Judgment: Compliant

**Regulation 3: Statement of purpose**

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre’s vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises. It was found to meet the requirements of legislation.

Judgment: Compliant

**Regulation 30: Volunteers**

Improvements were seen in the maintenance of files of volunteers since the previous inspection. Volunteers roles and responsibilities were now clearly outlined. Gardaí vetting was in place for all volunteers and anybody who provided a service to the residents such as hairdressers, chiropodist and musicians.
<table>
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<th>Regulation 31: Notification of incidents</th>
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<td>All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.</td>
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<td>Judgment: Compliant</td>
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<th>Regulation 34: Complaints procedure</th>
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| A written complaints policy was available in the centre and the inspector saw that the complaints procedure was hung in a prominent place outside the office and was also available in residents rooms. There was a nominated person to deal with complaints in the centre and a second nominated person to monitor and ensure that all complaints were appropriately responded to. There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.  

The inspector reviewed the complaints log and found the complaints process was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. There was evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints. These were discussed at management and quality meetings. The inspector saw care plans updated as a result of complaints into residents care. |
| Judgment: Compliant |

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<th>Regulation 4: Written policies and procedures</th>
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<td>A comprehensive system of policies and procedures was in place. All the required policies and procedures as outlined in Schedule 5 of the regulations had been reviewed and updated during 2019. There was evidence of staff sign off on the policies and these were also discussed at staff meetings.</td>
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<td>Judgment: Compliant</td>
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Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in a homely environment which was respectful of their wishes and choices. Residents’ needs were being met through good access to healthcare services and opportunities for social engagement. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that a ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives generally gave positive feedback regarding many aspects of life and care in the centre. However some improvements were required in premises issues which includes infection control and in fire safety.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents spoken with reported positively on the experience of living at the centre and the inspector saw evidence that residents where possible adopted a relatively independent daily routine and were fully supported in doing so by both staff and management. The centre’s statement of purpose states that "Padre Pio Rest Home is committed to providing quality facilities and services within a loving and caring homely environment where residents are encouraged and supported to realise their full potential." The inspector found that the intention of this statement was promoted by both staff and management in the day to day care at the centre. Residents were seen to move freely around the centre and out into the gardens and grounds not being deterred by the cold weather. They choose times of getting up, attendance at activities and where to have their meals. Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national and local elections as the centre is registered to enable polling.

Systems for consultation with residents were in place. The inspector evidenced minutes of residents’ meetings which depicted how residents were consulted on the centre was run. Feedback was regularly sought from residents and relatives and satisfaction surveys were undertaken. Residents with dementia where represented by relatives and the centre had access to independent advocacy services, independent advocates visited the centre on a regular basis and chaired the residents meetings. There was evidence that the centre is deeply rooted in the local community with local choirs and schools visitors to the centre. Facilities at the centre for recreation and occupation were available with a comprehensive schedule of weekly activities.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. There was evidence that residents had access to other allied healthcare
professionals including dietitians, physiotherapy, speech and language therapy, dental, chiropody and ophthalmology services. Policies and procedures in relation to medication management were in place and the centre provided facilities for residents to self medicate. A comprehensive assessment was undertaken to ensure the capability of the resident and some weekly checking procedures were in place. Storage of medication was comprehensive in residents bedrooms.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly however improvements were required in servicing of emergency lighting. Although regular fire drills took place and the inspector was assured in relation to evacuation times, improvements were required in the recording of fire drills. An emergency plan had been developed and an appropriate response was in place for all emergency situations.

There were good policies and procedures in place in relation to infection control. However, the inspector did identify a number of issues that required action to be compliant with best practice standards. For example, the layout of the laundry and inappropriate storage of equipment both required review.

The premises had undergone a number of renovations and improvements over the years and now generally provided a homely environment for residents. However there are three twin bedrooms which were small in size and the layout would not facilitate residents with high dependency needs. The RPR said she was very aware of this and at the time of the inspection the rooms were only used for single occupancy. The provider outlined her plans to extend the centre and the subsequent conversion of these rooms to single occupancy only.

Regulation 10: Communication difficulties

Staff were observed communicating appropriated with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans.

Judgment: Compliant

Regulation 11: Visits
There was evidence that there was an open visiting policy with the exception of meal times. Residents' could receive visitors in any of the communal areas, the oratory and in residents bedrooms. The inspector saw numerous visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming and friendly.

Judgment: Compliant

**Regulation 12: Personal possessions**

There was plenty of storage space to store personal possessions including a locked storage space available in residents bedrooms. Many bedrooms were seen to be very personalised with furniture including chairs and other furniture from home. Residents bedrooms also contained a locked storage unit to store their own medications.

Laundry facilities were provided on-site for personal possessions and residents were complimentary re the return of laundry in a good condition.

Judgment: Compliant

**Regulation 13: End of life**

Residents’ religious preferences are facilitated through regular visits by clergy to the centre with mass held regularly and administration of sacrament of the sick. The local priest was a regular visitor to the centre and the inspector met him during the inspection. The centre had a lovely oratory available for quiet times and reflection.

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided. The inspector saw that residents and their family members were supported and end-of-life care is provided in accordance with the residents and their families' wishes as outlined in an end-of-life care plan. The resident’s general practitioner and community palliative care services are available as required and provide a good support for the residential care staff team.

Judgment: Compliant
### Regulation 17: Premises

The provider had carried out on-going improvements to create an environment where the overall atmosphere was homely, comfortable and in keeping with the needs of the residents who lived there. Bedrooms were seen to be much personalised with resident’s photos and belongings. There was plenty of access to outdoor space with tables and seating. The inspector noted that the centre was warm and the level of cleanliness and hygiene was of a high standard. There was evidence of a continuous programme of maintenance. There was appropriate assistive equipment available for residents use.

However the inspector identified a number of issues with the premises that required action.

- The are three out of the four twin bedrooms which are small in size and the layout would impede the use of specialist equipment if there were two residents in the room. Therefore they would only be suitable for one resident with high dependency needs or two residents who are mobile.
- The layout of the laundry required review to ensure correct segregation of clean and dirty laundry.
- Storage required review to ensure appropriate storage of commodes in the centre, these had been stored in a general storeroom during the day with other equipment including baking equipment. These were removed during the inspection.

**Judgment:** Not compliant

### Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were well met, meals and meal times were observed to be an enjoyable experience. Meals were served in a bright dining homely room in an unhurried and enjoyable social manner. Assistance was offered in a discreet and dignified manner where required. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food and home baking provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents had access to the dietetic and speech and language services as required.
Judgment: Compliant

**Regulation 20: Information for residents**

Information was made readily available for residents and relatives via the notice board available in the centre. There was a comprehensive statement of purpose and residents guide available. There were a number of posters and leaflets advising on events taking place in the centre and in the community.

Judgment: Compliant

**Regulation 25: Temporary absence or discharge of residents**

The inspector was informed that when residents are temporarily absent from the centre for example transferred to the acute hospital a transfer letter accompanies them with all relevant information about the resident. A discharge letter is received on return to the centre and a medication reconciliation is undertaken.

Judgment: Compliant

**Regulation 26: Risk management**

The centre had policies relating to health and safety. There was an up-to-date health and safety statement reviewed in 2019 available for review. The risk management policy had been updated since the previous inspection and met the requirements of the regulations. The centre maintained a register setting out hazards identified in the centre and the controls in place to minimise the associated risk. A general risk register identified the level of risk and controls in place for internal and external premises issues, resident specific falls and clinical issues.

A record of incidents and accidents occurring in the centre was maintained and included good detail of the circumstances of the event, the treatment given, the outcome for the resident and any learning for the staff in the centre. Post fall reviews were undertaken and measures had been put in place to mitigate the risk of falls.
Judgment: Compliant

**Regulation 27: Infection control**

The centre was observed to be very clean. Appropriate infection control procedures and protective equipment were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

However, the inspector found there were a number of areas where improvements were required in infection control to meet the requirement of good infection control standards and best practice guidance and these have been actioned under premises. They included, the layout of the laundry room required review to ensure appropriate segregation of clean and dirty linen. And the appropriate storage and segregation of commodes from other clean equipment to prevent cross contamination.

Judgment: Compliant

**Regulation 28: Fire precautions**

The centre had fire safety management precautions in place. Procedures to be followed in the event of a fire were displayed prominently throughout the centre. Fire training was provided annually to all staff and included simulated fire evacuation drills and the use of fire equipment. Staff spoken with were aware of their role in the event of a fire. Personal Emergency Evacuation Plans (PEEPs) for residents were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations.

The inspector saw evidence that in-house fire checks were taking place. Daily checks included escape routes, emergency lighting and a health and safety walk about. A manual call point was activated on a weekly basis and door release mechanisms examined. Quarterly servicing of the fire alarm system was documented in addition to annual fire equipment maintenance. However emergency lighting had not been serviced on a quarterly basis the last service on record was . It was serviced on day two of the inspection and the RPR said she had put a contract in place for quarterly servicing in the future.

Certification of fire compliance of the building dated 08 February 2019 was in place from Waterford city and county council. Fire drills were taking place on a regular basis and the RPR said these were simulating evacuations in day or night time conditions, to develop practices and enhance learning. The inspector was given assurances around fire drill evacuation timings and the appropriate evacuation of residents at night time staffing levels. However, the fire drill records were not sufficiently detailed to identify actions taken and learning from same. The person in charge gave assurances to the inspector that a more robust recording of drills using
a fire evacuation checklist would take place in the future.

Judgment: Substantially compliant

**Regulation 29: Medicines and pharmaceutical services**

An electronic medication prescribing and recording system had recently been introduced into the centre and based on a sample of prescriptions reviewed there was concordance with the medication administration record. Administration practice was in compliance with relevant guidance and medications were stored appropriately. There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place. Medications that required administering in an altered format such as crushing were individually prescribed as required from the previous inspection.

Medicines were stored securely in the centre and Person centered practices were evident in medication administration. Each resident’s medication was stored within a locked cupboard in their bedroom. There was evidence that residents’ medicine prescriptions were reviewed at regularly by a medical practitioner as well as a pharmacist. Residents' were facilitated to self medicate if they requested to do so. The inspector saw that assessments of the residents ability to do so were in place to support this practice. Policies and procedure clearly outlined what was required.

Judgment: Compliant

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

Care plans viewed by the inspector were personalised and sufficiently detailed to direct care. Assessments were completed using a range of validated tools and were updated on a regular basis and as required. Comprehensive care plans were seen to be in place for residents with cognitive impairment, communication difficulties, responsive behaviours and end of life. These were updated following changes to the residents needs and on a minimum of a four monthly basis as required by legislation.
### Regulation 6: Health care

The health needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a general practitioner (GP) services and local GP practices provided a weekly visit to the centre to review residents as required. There was an out-of-hours GP service available if a resident required review at night time or during the weekend. A full range of other services was available including speech and language therapy (SALT), physical therapy, occupational therapy (OT), dietetic, psychiatry of later life services and clinical psychology services. Chiropody and optical services were also provided.

Wound care was reviewed and there was a low incidence of pressure sore formation in the centre. Once a sore was identified they were generally well managed and treated in accordance with professional guidelines. Nursing staff had received training in wound care and had easy access to the services of a tissue viability specialist nurse for advise as required.

### Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way, by the staff using effective de-escalation methods. This was reflected in some of responsive behaviour care plans seen.

There was an ongoing reduction in restraint use with only one resident using bedrails as a restraint at the time of the inspection. These were only used following a full assessment. There was evidence of alternatives tried to ensure it was the least restrictive alternative. The centre had an open door so residents could come go in and out as they required. A small number of residents with cognitive impairment wore wandering bracelets to prevent them leaving the centre unaccompanied, good assessments and plans were in place for these residents.
Regulation 8: Protection

The inspector was satisfied that there were general measures in place to safeguard residents and protect them from abuse. The inspector reviewed the centre’s policy on safeguarding residents from abuse abuse and it was found to be comprehensive. Staff training records were reviewed and the inspector saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. Robust systems were in place to safeguard residents' money. The centre provided locked areas in residents bedrooms to store valuables and money. They did not act as pension agent for any resident. Contracts of care clearly stipulated what extras to the fees the centre charged for. Residents received invoices for care and for any required extras such as, activities, hairdressing and chiropody and these were seen to be clear and robust and signed by staff to confirm receipt of the service.

Judgment: Compliant

Regulation 9: Residents' rights

On inspection, it was evident that the centre was managed in a way that took into consideration residents' wishes and choices. There were two activities coordinators who delivered the activity programme over a five day period. The inspector spoke with one of the activities coordinators. The inspector found that she was very enthusiastic and dedicated to improving quality of life for residents. The inspector found that she had intimate knowledge of each resident and their past history in relation to their personal and working life. Group activities on the days of inspection included a book reading reminiscence session, a sonus session, newspaper reading, religious service and a music session. Residents could participate in group activities and one to one sessions were also available to residents who preferred this. Activities included music bingo, exercise sessions, baking, card games, puzzles, reading and walks out. Residents told the inspector that they were happy with the choice of activities on offer. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. There were hens and ducks in the garden and two donkeys from the donkey sanctuary. The centre also had its own bus for trips out which residents said they really enjoyed. Residents told the inspector that they were happy with the choice of activities on offer and said there was always plenty going on in the centre to keep them busy and entertained.

Judgment: 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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</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 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>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>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for Padre Pio Rest Home OSV-0005581

Inspection ID: MON-0022885

Date of inspection: 16/01/2020

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>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17: Premises</td>
<td>Not Compliant</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises:</td>
<td></td>
</tr>
<tr>
<td>1. The three smaller twin rooms will be allocated for one resident with high dependency needs or two residents who are mobile. Planning permission has been applied for to extend the building, bringing the numbers to 36 single rooms and eliminating the twin rooms.</td>
<td></td>
</tr>
<tr>
<td>2. The laundry has been segregated into clean and dirty areas as per infection control guidelines.</td>
<td></td>
</tr>
<tr>
<td>3. New extension will include extra storage facilities.</td>
<td></td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</td>
<td></td>
</tr>
<tr>
<td>1. Fire drill records are now, and will be sufficiently detailed to identify actions taken and learning from same. A more robust recording of drills using a fire evacuation checklist is now in place.</td>
<td></td>
</tr>
</tbody>
</table>
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 17(2)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/12/2021</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(i)</td>
<td>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>07/02/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(e)</td>
<td>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</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>07/02/2020</td>
</tr>
<tr>
<td>practicable, residents, are aware of the procedure to be followed in the case of fire.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>