<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Padre Pio House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000266</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Churchtown, Mallow, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>022 23 789</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:shane@padrepiohouse.ie">shane@padrepiohouse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Inishan Nursing Homes and Company Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Shane McCabe</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Breeda Desmond</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>50</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 07 October 2014 09:00
To: 07 October 2014 19:30

The table below sets out the outcomes that were inspected against on this inspection.

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<tr>
<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This report sets out the findings of an announced registration renewal inspection and it was the sixth inspection undertaken by the Authority. The provider applied to renew the registration of Padre Pio Nursing Home which will expire on 19 February 2015. The inspector met with the provider, person in charge, and the newly appointed deputy person in charge, residents, relatives, and staff members. The inspector observed practices and reviewed governance, clinical and operational documentation to inform this re-registration application.

The provider, person in charge and deputy person in charge displayed an excellent knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centred evidence-based care for the residents.
They were proactive in response to the action required from the previous inspection and the inspector viewed a number of improvements during the inspection which will be discussed throughout the report.

A number of completed questionnaires (four relatives) were received and the inspector spoke with many residents and 3 relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged and this was observed throughout the inspection.

Overall, the inspector found that residents’ wellbeing was central to service provision in the nursing home. There was evidence of good care practices in meeting the day-to-day needs of residents. Staff were kind and respectful to residents and demonstrated good knowledge of residents and intervention necessary for those with divergent needs. Visitors interviewed concurred with this and gave positive feedback regarding care and welfare. The activity staff provided a wide variety of social and recreational activities as well as community involvement.

All staff had received training in elder abuse prevention and protection to safeguard residents in their care. Staff levels and skill-mix were adequate to meet the assessed needs of residents. Residents were encouraged to exercise independence, choice and personal autonomy on a daily basis. Independence of residents was promoted and many were observed mobilising throughout the centre. Residents’ views were sought informally on a daily basis and formally in the residents’ meetings, which were held monthly.

The physical environment was suitable for its stated purpose and was comfortable, homely, bright, and well maintained with many areas newly decorated. Issues which were identified relating to the premises were remedied on inspection and will be discussed in the report.

All staff had received training in fire safety and evacuation and manual handling.

In summary, the inspector was satisfied that the centre was generally operating in compliance with the current conditions of registration granted to the centre. The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection.

These improvements include:

1) care planning
2) medication management policy
3) call-bells in sitting rooms
4) aspects of fire safety.

The action plan at the end of this report sets out the actions necessary to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland (2009).
**Outcome 01: Statement of Purpose**

_There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents._

**Theme:**
- Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
- No actions were required from the previous inspection.

**Findings:**
- The Statement of Purpose (SOP) was reviewed and updated in August 2014 following the appointment of the new deputy person in charge. It described a service which aimed at providing individualised care for all residents. Services and facilities were described accurately. All items listed in Schedule 1 of the Regulations were detailed including the conditions of registration. It was reviewed annually.

**Judgment:**
- Compliant

**Outcome 02: Governance and Management**

_The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability._

**Theme:**
- Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
- No actions were required from the previous inspection.

**Findings:**
- There was a quality assurance programme in place which was continuously reviewed by the provider. The newly appointed deputy person in charge discussed this during the inspection and outlined her vision for taking this programme forward. Since taking up post she had initiated Clinical Governance Team meetings, with meetings held quarterly. The topics included for discussion at each meeting were the 18 outcomes of inspection
in conjunction with the Regulations and National Standards. Remedial actions were identified to ensure compliance with the Regulations. Responsibility was assigned to appropriate staff with completion dates for corrective actions. The deputy person in charge detailed the audits that she had undertaken with associated corrective actions including a complete review of food and nutrition; this included a resident satisfaction survey and meal-time audit as well as a food hygiene and catering area audit. Other audits included restraint and hygiene with several recommendations post audit, for example, policy review, appropriate storage of incontinence wear, and appropriate storage of bedpans and urinals. The provider demonstrated their ‘policy review programme’ which ensured that all policies were timely reviewed; all policies listed in Schedule 5 were evidenced and available to staff on their computers.

Residents were consulted on a daily basis and their input into the daily running of the centre was encouraged and this was evidenced during inspection. There were two activities staff co-ordinating activities in different sitting rooms offering choice of activities and participation was encouraged; relatives stated that they also did one-to-one in residents’ bedrooms whereby they read or give hand massage to residents. A culture of openness and transparency was observed in a relaxed atmosphere. Relatives spoken with also gave positive feedback regarding communication and involvement with their relatives care and welfare and the ease of access to ‘Shane or Mary’ and staff to discuss matters.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Contracts of care were securely maintained in the nurses’ office. The contracts detailed fees to be charged as well as additional fees. Samples of contracts of care for residents were examined and were signed and dated by either the resident or their next of kin in line with best practice. Contracts were renewed with change of fees and/or change of conditions and services provided.

Judgment:
Compliant
### Outcome 04: Suitable Person in Charge

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependant people. She demonstrated knowledge and understanding of the Regulations and National Standards as well as clinical knowledge to ensure suitable and safe care. Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities. The person in charge along with support staff demonstrated a clear commitment to delivering quality care to residents, continually striving for excellence.

**Judgment:**
Compliant

### Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that the records required in Schedule 2 (staffing records), Schedule 3 (residents’ records), Schedule 4 (general records), Regulation 25 (medical records), Regulation 21 (provision of information to residents) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The register of residents was reviewed and while it contained most of the
information required by legislation, the cause of death was not always documented here. This was remedied during the inspection, whereby the cause of death was documented in the register. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

**Judgment:**
Compliant

### Outcome 06: Absence of the Person in charge

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge was aware of her responsibilities relating to Regulation 37 and 38 regarding notification to the Authority should the occasion arise. Appropriate deputising arrangements were in place to ensure care and welfare of residents, whereby the deputy person in charge assumed responsibility. Senior nurses were part of the staff complement and assumed responsibility in the absence of the management team. The deputy person in charge demonstrated a good awareness of her regulatory responsibilities as well as clinical and risk management knowledge with associated quality assurance. She had the experience and qualifications necessary to care for dependant adults.

**Judgment:**
Compliant

### Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Measures were in place to protect residents from being harmed or suffering abuse. The training matrix detailed completed training for staff including adult protection. The new deputy person in charge had completed a training programme to enable her to train staff in adult protection and she had commenced an education programme which included adult protection. Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if care was untoward.

The person in charge spoke with residents on a daily basis and with relatives also; returned questionnaires stated that they would speak with ‘Shane or Mary’ if the need arose. An induction programme for new staff was demonstrated which included safeguarding and safety of vulnerable adults. Staff were supervised as part of their quality assurance programme to ensure safety of residents. Feedback from residents was positive and many stated they felt ‘safe, secure, and content’ in the centre and one resident stated that he ‘wouldn’t want to leave’. One relative’s questionnaire stated that their relative was assisted ‘in every aspect of life, living, comfort and belongingness within the community of Padre Pio’. Relatives spoke of the respect and kindness shown to their relative; they were ‘welcome’ to visit anytime.

Photographic identification required for each resident as part of safe medication management, unexplained absence of a resident and other legislative requirements, were in place. Consent for such photographs was necessary and was obtained from residents or their next-of-kin.

There was an up-to-date policy for adult protection which contained the information as stipulated in Regulation 36 regarding immediate notification to the Authority of an allegation of abuse. The deputy person in charge had completed an audit of restraint in the centre which identified several areas for improvement including policy review and care plans to include rationale for use of bed rails. Evidence was demonstrated to show the least restrictive intervention were used including low-low beds, alarm mats and increased supervision at night time.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The risk management policy contained comprehensive details on the identification and prevention of risks in conjunction with the recording, investigation and learning from
serious or untoward incidents or adverse events. The emergency plan was available with alternative accommodation detailed, should the need arise. The risk management plan detailed a comprehensive health and safety checklist audit which was undertaken daily/weekly/monthly for the protection of residents and staff. Responsibilities were assigned for each issue identified in the audits.

There was a current policy in place for infection prevention and control. Issues previously identified relating to infection prevention and control were all remedied, whereby advisory signage for best practice hand washing and hand hygiene were appropriately displayed; hand hygiene gel and soap dispensers were wall-mounted; hand wash sinks were clean; there was a wall-mounted hand hygiene dispenser at the entrance to the kitchen. The inspector observed that opportunities for hand hygiene were taken by staff. Staff, including cleaning staff, had completed training in infection prevention and control and hand hygiene. The designated areas for storage of chemicals were secure to prevent unauthorised access.

A fire safety register was in place which demonstrated that daily, weekly and monthly checks were completed to ensure fire safety precautions and the maintenance person was responsible for this. All staff had completed their mandatory fire training. Fire drills were completed six-monthly and this was evidenced by fire training records reviewed. Current relevant fire certification for maintenance and servicing was evidenced. Residents’ doors were designated fire doors, however, some had furniture to maintain the fire doors ajar. This was highlighted to the provider and person in charge who gave assurances that a programme of works would be submitted with their action plan to remedy the fire safety door mechanism to enable residents to keep their doors ajar while maintaining fire safety precautions.

All staff had completed their mandatory moving and handling of residents.

A current insurance policy was demonstrated which included residents personal property.

A record was maintained of incidents and accidents’ and these were reviewed by the inspector. They correlated with notifications submitted to the Authority and residents’ care plans were reflective of interventions documented in the incidents and accident forms completed.

There was designated laundry staff with responsibility for residents’ wardrobes and laundry. There was a barrier laundry system in place: the laundry was divided into two rooms, the dirty laundry room and clean laundry room with adjoining doors to ensure workflows that prevented cross contamination. Laundry was segregated at source and alginate pages were available for contaminated items. Protective equipment such as disposable plastic aprons and gloves were available. There was no domestic waste bin for paper towels near the hand wash sink in the dirty laundry room and this was replaced before the end of inspection.

The kitchen was inspected. Advisory signage indicating designated areas for preparation of different foods was in place to ensure safe food preparation practices and mitigate risk of cross contamination, however, these were paper based and not laminated to
ensure effective cleaning. These were replaced by laminated signs by the end of the inspection. Placement of food in the fridge was compliant with food safety and food items were labelled and dated appropriately.

The smokers’ room was alongside main reception. It had an extractor fan as well as adequate natural ventilation and fire safety equipment. There were no residents who smoked at the time of inspection.

The inspector identified that there were no call bells in the sitting rooms. This was remedied before the end of the inspection whereby the provider placed call bells in these rooms.

**Judgment:**
Non Compliant - Moderate

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### Outcome 09: Medication Management

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There was a centre-specific up-to-date medication management policy detailing procedures for safe ordering, storing and administration of medicines and handling and disposal of unused or out-of-date medicines, however, it did not detail prescribing. While transcription was defined, it did not state whether transcription occurred in the centre. The deputy person in charge stated that transcription did not occur. Nursing staff with whom the inspector spoke demonstrated best practice regarding administration of medicines. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Controlled drugs were maintained in line with best practice professional guidelines. The controlled drug register was discussed with nursing staff and the inspector suggested that this book be re-evaluated upon completion as it was more suited to the acute-care setting rather than a designated centre. Medication trolleys were securely maintained within the locked clinical room in the nurses’ office. A nurses’ signature sheet was in place as described in professional guidelines.

Medication management audits were completed regularly and these were evidenced during inspection. Medication reviews were completed at least every three months and this was evidenced on residents’ prescriptions.

**Judgment:**
### Outcome 10: Notification of Incidents

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

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Notifications received by the Authority were reviewed upon submitted and prior to this inspection. Notifiable incidents and quarterly returns submitted to the Authority were timely and comprehensive. A record was maintained of incidents occurring in the centre and these correlated with residents’ care plans. Appropriate interventions were documented as well as a risk analysis post the intervention to ensure the risk of recurrence was mitigated.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The new deputy person in charge has completed an audit of documentation pertaining to resident care and identified that it required attention and the inspector concurred with these findings. While care plans with associated risk assessments were in place, the information recorded did not always correlate, for example, one resident with a diagnosis of dementia and compromised mobility did not have these details reflected in the pressure sore risk tool or the falls risk assessment; of the sample of care plan documentation reviewed, many were neither signed or dated. One resident was re-admitted after several months to the centre, but this detail was not included in the nursing documentation, so it appeared as if no assessments or updates were recorded.
for eight months. The deputy person in charge agreed with these findings.

Residents had timely access to GP services and allied health services including physiotherapy, dietician, speech and language therapy, optician, dental and chiropody services. Residents’ weights and other observations were completed on a monthly basis and more frequent if their clinical condition warranted and there was evidence of this. A daily narrative was maintained on each resident documenting progress. Consent was obtained from the resident or in the case of those with cognitive impairment, discussion with their next of kin. Resident and relative feedback forms indicated that care planning was discussed with them.

Residents had opportunities to participate in meaningful activities appropriate to their interests and needs. As part of residents’ documentation their past and present interests and hobbies were recorded and these informed activities and recreation. There was an extensive activities programme facilitated by two activities coordinators and a monthly schedule of activities was displayed by the main seating area. The ‘October Fest’ was the theme for this month and activities included baking German bread and sampling German food and drink. Photographs displayed throughout showed residents dressed in period costumes and enjoying the associated activities, other photographs showed a reminiscence school day where old school desks were brought in, staff wore school uniforms and residents chatted about their school days. The popcorn machine was a new addition to enhance the ‘movie’ evenings.

There were two enclosed gardens to enhance outdoor activities with seating areas and walkways around the landscaped gardens. There were raised flower and vegetable beds in one garden and a new addition of a chicken coup and some residents fed the chickens from their bedroom windows each morning. They were preparing for the addition of two donkeys to the paddock behind the centre. The provider stated that donkeys from the donkey sanctuary had come to the centre during many of their summer outdoor days and residents enjoy and benefited from the experience.

**Judgment:**
Non Compliant - Moderate

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**Outcome 12: Safe and Suitable Premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The design and layout of the centre fitted with the aims and objectives set out in the statement of purpose and the residents’ profile. It promoted residents’ independence, dignity, and well-being. The premises were purpose-built and could accommodate a maximum of 52 residents. Residents’ accommodation comprised single bedrooms, all with toilet, shower and hand-wash basin en suite facilities. The flooring was replaced with a non-slip surface and one resident with muscular difficulties stated that it was ‘quite easy’ to walk on it. The dining room was redecorated with new tablecloths and seat covers and was bright and welcoming. The visitor’s room was also refurbished and now had a patio door which opened onto a seating area with shrubbery and access to the garden. Other communal rooms consisted of five sitting rooms, a large seating area called the atrium with a high glass-domed ceiling at main reception, another seating area comprised a rockery and fish pool and large aviary with a mural backdrop of forest vegetation; there were additional assisted toilets throughout. The kitchen, laundry and staff facilities were accessible through a keypad access door. Many of the areas throughout were recently redecorated and were bright, clean, well maintained and safe.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
A synopsis of the complaints procedure was displayed prominently at main reception. The provider and person in charge monitored complaints and endeavoured to resolve issues as soon as they arose. The complaints policy was up-to-date and detailed the complaints officer as well as the independent appeals process. Records were maintained of complaints, actions taken following complaints and whether the complainant was satisfied or not with the outcome.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was no resident receiving end of life care during the inspection; care practices observed and the layout of the centre would ensure residents received end of life care in a way that met their individual needs with respect for individual’s autonomy. Care plans demonstrated that end-of-life care wishes were not always discussed to ensure care would be delivered in accordance with residents’ desires and requests. This was highlighted and the deputy person in charge stated that she had identified this following completion of the audit on care plan documentation; she stated she was in the process of developing a centre-appropriate form to elicit residents’ wishes. Divergent spiritual needs were facilitated and Mass was held in the centre weekly. Residents had access to palliative care homecare as well as the hospice services. Staff had completed professional development regarding end-of-life care and the deputy person in charge outlined that end-of-life care was part of her programme for staff training.

Judgment:
Non Compliant - Minor

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a policy in place for risk assessment, monitoring and documentation of nutritional status and residents care plans reflected this whereby diabetic and coeliac diets and specialist consistency diets were documented. Catering staff discussed specialist diets with the inspector and demonstrated knowledge regarding specialist diets and consistency for residents. Staff had completed training in modified consistency food preparation. Residents’ weights were documented on a monthly basis or more often if their clinical condition warranted. Residents had access to fresh water and other fluids throughout the day and feedback from residents spoken with concurred that meals and meal time was a positive experience. Choice of fluids, meals, snacks was provided. Most residents had their breakfast in their bedrooms. The inspector observed breakfast, lunch and tea time in the dining room and this appeared to be a pleasant and relaxed experience. Residents were assisted in an appropriate manner, respectful of residents’ dignity. Menu with choice was displayed in large print at the entrance to the dining
room. Mid-morning and mid-afternoon refreshment composed a variety of fluids and
snacks of biscuits, cakes and yogurts.

The new deputy person in charge together with the cook had compiled a food plan for
each resident which detailed their likes, dislikes, quantity, speciality and consistency;
photographic identification of residents was in place for each food plan. There was
evidence that these plans were updated frequently and following information relayed
from residents’ meetings.

Judgment:
Compliant

**Outcome 16: Residents’ Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each
resident’s privacy and dignity is respected, including receiving visitors in private. He/she
is facilitated to communicate and enabled to exercise choice and control over his/her life
and to maximise his/her independence. Each resident has opportunities to participate in
meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector reviewed minutes of the residents’ meetings which were facilitated by the
activities staff. They occurred once a month with an average of 15 residents attending.
The meeting opened with a minute silence in remembrance of deceased residents,
family and friends. Issues discussed were auctioned and followed up on subsequent
meetings with outcomes included. This committee offered residents the opportunity to
participate and engage in the running of the centre; residents made suggestions about
meals, activities and outings. Residents were observed reading news papers and local
magazines. Residents had televisions and music centres in their bedrooms; large flat
screen televisions were available in the sittings rooms and one sitting room had a
computer for residents.

The open visiting policy was observed throughout the inspection. Relatives spoken with
commended staff on how welcoming they were to all visitors. The manner in which
residents were addressed by staff was seen by the inspector to be appropriate and
respectful. The inspector observed the residents’ privacy and dignity being respected
and promoted by staff in the provision of personal care.

Judgment:
Compliant
**Outcome 17: Residents' clothing and personal property and possessions**
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Locked storage space was provided for residents to store valuables as required. The inspector saw, and residents confirmed, that residents were encouraged to personalise their rooms. Residents’ bedrooms were comfortable and many were personalised with residents’ own cushions, ornaments, armchairs, furniture, pictures and photos. Appropriate storage space was provided in residents’ bedrooms for their clothing and belongings. Positive feedback was relayed in completed questionnaires regarding laundry services.

There was a policy on residents’ personal property and possessions and completed resident’s property lists were seen to be completed in resident’s notes.

**Judgment:**
Compliant

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**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The numbers and skill-mix of staff was adequate to meet the assessed needs of residents. A staff roster was in place which identified management as well as staff speciality. Staff were supervised appropriate to their role and responsibilities by the
provider, person in charge and the deputy person in charge.

Current registration with regulatory professional bodies was in place for all nurses. The staff training matrix examined demonstrated that mandatory training was up-to-date. Other staff training completed in the previous 12 months comprised end of life care, manual handling, dysphagia, medication management, cardio-pulmonary resuscitation, hand hygiene, adult protection and fire safety.

**Judgment:**
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Padre Pio House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000266</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>07/10/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14/11/2014</td>
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</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The following findings were described under Outcome 9 Medication management:

There was a centre-specific up-to-date medication management policy detailing procedures for safe ordering, storing and administration of medicines and handling and disposal of unused or out-of-date medicines, however, it did not detail prescribing.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
While transcription was defined, it did not state whether transcription occurred in the centre.

**Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
Our medication management policy has been updated and details the prescribing procedure and states that transcribing does not occur in the centre.

**Proposed Timescale:** 14/11/2014

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**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents’ doors were designated fire doors, however, five had furniture to maintain the fire safety doors ajar.

**Action Required:**
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

**Please state the actions you have taken or are planning to take:**
The provider recognises that this action is unacceptable and immediately instructed staff to remove any furniture keeping doors ajar. Our fire procedure has also been updated to state that no bedroom doors are to be kept open. We will investigate replacing the current door-closers with new swing-free door-closers linked to the fire alarm.

**Proposed Timescale:** 07/10/2014

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**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Findings of non-compliance were described under Outcome 14 End of Life care:

Care plans demonstrated that end-of-life care wishes were not always discussed to
ensure care would be delivered in accordance with residents’ desires and requests.

**Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
Our End-of-Life care policy has been reviewed and a booklet with documentation called ‘My Advance Care Plan’ has been introduced and is being implemented.

**Proposed Timescale:** 14/11/2014

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While care plans with associated risk assessments were in place, the information recorded did not always correlate, for example, one resident with a diagnosis of dementia and compromised mobility did not have these details reflected in the pressure sore risk tool or the falls risk assessment; of the sample of care plan documentation reviewed, many were neither signed or dated. One resident was re-admitted after several months to the centre, but this detail was not included in the nursing documentation, so it appeared as if no assessments or updates were recorded for eight months.

**Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**
The gap that was identified has been discussed with all Nursing staff and a documentation audit has been completed. Our care planning procedure and documentation has now been updated.

**Proposed Timescale:** 14/11/2014