<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Padre Pio Rest Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000269</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cappoquin, Waterford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>058 54 117</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:padrepioresthome@gmail.com">padrepioresthome@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Margaret Martin</td>
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<tr>
<td>Provider Nominee:</td>
<td>Margaret Martin</td>
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<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>22</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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: 01 July 2014 10:00
To: 02 July 2014 16:30

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

| Outcome 01: Statement of Purpose |
| Outcome 03: Information for residents |
| Outcome 04: Suitable Person in Charge |
| Outcome 05: Documentation to be kept at a designated centre |
| Outcome 06: Absence of the Person in charge |
| Outcome 07: Safeguarding and Safety |
| Outcome 08: Health and Safety and Risk Management |
| Outcome 09: Medication Management |
| Outcome 10: Notification of Incidents |
| Outcome 11: Health and Social Care Needs |
| Outcome 12: Safe and Suitable Premises |
| Outcome 13: Complaints procedures |
| Outcome 14: End of Life Care |
| Outcome 15: Food and Nutrition |
| Outcome 16: Residents' Rights, Dignity and Consultation |
| Outcome 17: Residents' clothing and personal property and possessions |
| Outcome 18: Suitable Staffing |
| Outcome 02: Governance and Management |

Summary of findings from this inspection
This was an announced inspection following an application by Padre Pio Rest Home, in accordance with statutory requirements, for re-registration of a designated centre. As part of the inspection the inspectors met with residents, the provider, the person in charge, nurses, relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The documentation submitted by the providers as part of the renewal process was submitted in a timely and ordered manner.

Previous inspection findings were positive and where regulatory non-compliance had
been identified the providers demonstrated their willingness, commitment and capacity to implement the required improvements. The last inspection was undertaken on 30 July 2013 and the report, including the provider’s response to the action plan, can be found on www.hiqa.ie.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. There was a variety of choice for residents in their day-to-day living with personal preferences accommodated as requested. A regular routine of daily supervised activities was in place and undertaken by a dedicated activity coordinator.

Overall the inspection findings were positive with actions from the previous inspection satisfactorily completed. The safety of residents and staff within the centre was actively promoted and a centre-specific risk management policy was in place. Whilst inspectors were satisfied overall that the centre was well operated and compliant with the conditions of registration granted, there remain significant shortcomings in relation to the design and layout of the premises. These issues impact on wider aspects of care such as infection control and health and safety, areas which are covered in more detail in the body of the report.

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**Section 41(1)(c) of the Health Act 2007. 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.**

<table>
<thead>
<tr>
<th><strong>Outcome 01: Statement of Purpose</strong></th>
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<tbody>
<tr>
<td><em>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.</em></td>
</tr>
</tbody>
</table>

**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 statement of purpose for Padre Pio Rest Home had been revised in keeping with recommendations from the last inspection. It consisted of a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review.
The inspectors' review of the statement of purpose found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). A copy of the statement of purpose was readily available for reference.

**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:**
A guide in respect of the centre was available to residents. Each resident had a written contract, signed and dated, which included details of fees to be paid and services to be provided in relation to care and welfare.

**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 designated centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of service. The person in charge was a long standing member of staff who operated on a full-time basis and had extensive experience in clinical care. Throughout the course of the inspection the person in charge demonstrated a commitment to the role along with a well developed understanding of the associated statutory responsibilities.
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):
No actions were required from the previous inspection.

Findings:
Up-to-date and site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Staff spoken with demonstrated a satisfactory understanding of the policies discussed and their application in practice; for example cleaning practices in relation to infection control and evacuation procedures when responding to emergencies.

Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were in keeping with requirements. Other records to be maintained by a centre such as complaints, notifications and a directory of visitors were also available.

Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records. Other records were maintained electronically such as complaint and incident logs.

Policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations, including fire procedures, emergency plans and records of fire training and drills. Maintenance records for equipment including hoists and fire-fighting equipment were also available. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by the inspector and found to contain comprehensive details in relation to each resident such as name, contact details for relatives and contact details for their GP.
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:
There had been no occasions where the person in charge had been absent in circumstances that would require notification to the Chief Inspector.

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):
No actions were required from the previous inspection.

Findings:
There was a policy on, and procedures in place for, the prevention, detection and response to abuse in a range of circumstances that included staff members, residents and members of the public.

All staff had received training in elder abuse and those spoken with understood what constituted abuse and, in the event of such an allegation or incident, were clear on the procedure for reporting the information. Residents and relatives spoken to were also clear on who they could go to should they have any concerns they wished to raise. Residents spoken with stated they were very much at ease in the centre and felt safe. No allegations of abuse had been reported.
An up-to-date safety statement was in place, as was a policy on resident's accounts and personal property. No valuables or monies were retained by the centre on behalf of any residents.

A current policy and procedure was also in place in relation to managing challenging behaviour; staff spoken with had received training in this area and demonstrated the appropriate skills and knowledge to respond to and manage behaviour that is challenging. A care plan reviewed by the inspector contained a thorough assessment around identifying and alleviating the underlying cause of stress behaviour in relation to a particular resident. Nursing notes reflected regular monitoring and continual review. The restraint policy promotes a restraint free environment with restraint used only as a last resort. Where bed-rails were in use appropriate risk assessments had been undertaken and consent obtained from the resident where possible.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**

The centre had policies and procedures relating to health and safety and a health and safety statement dated April 2014. A comprehensive risk management policy was in place which met the regulatory requirements. An emergency plan and procedures were in place and staff had received current training in the required areas such as manual handling and fire prevention and evacuation. Staff spoken with were able to demonstrate an understanding of the necessary actions to take in the event of an emergency or fire and evacuation plans were on display in the centre and in residents' rooms. Documentation was available to verify that the fire alarm is tested quarterly and all fire safety equipment is serviced annually. Records were maintained of fire drills and also the daily checks of fire exits and alarms. Certification of compliance with the requirements of the statutory fire authority was also available.

Although appropriate infection control policy and procedures were in place the layout of the premises was such that adequate storage space was unavailable for equipment including wheelchairs and hoists, some of which were inappropriately stored in bathrooms for example.

Arrangements were in place for investigating and learning from serious incidents and adverse events involving residents and where there were learning outcomes for staff in
relation to procedure they were conveyed during scheduled staff meetings. There were some gaps in documentation however and in one instance of unexplained absence by a resident it was not clear how the learning from this incident had been captured or whether any mechanism was in place that would trigger a review of policy and procedure if necessary.

Judgment:
Non Compliant - Moderate

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

**Findings:**
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Staff observed during the administration of medication were seen to adhere to national guidelines as issued by An Bord Altranais agus Cnaimhseachaisna hEireann. Medication was securely stored in the nurses station where access was restricted. Medicines requiring refrigeration were stored in a locked fridge with a daily log of the temperature range recorded. Prescription sheets were appropriately maintained and signed. Administration sheets contained the required biographical information and were in keeping with prescribing instructions.

A policy and procedure was in place for the disposal of unused and out of date medicine - records were maintained in relation to this procedure and a secure storage facility was in use.

Policy, procedure and practice in relation to the recording and storage of controlled drugs was safe and in keeping with current guidelines and legislation.

Residents had the option of retaining the services of their pharmacist should they so choose. Medication reviews were undertaken regularly by a GP and records to this effect were seen by the inspector. No prescriptions were being transcribed and where medications were being crushed the action had been signed off by a GP in the medical notes. Medication management was regularly audited, the last being in March 2014. The pharmacy provider attended and undertook an audit bi-annually and a record was available for the most recent review on 26 June 2014.

Judgment:
Compliant
### 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:**
A record of notifiable incidents occurring in the designated centre was maintained though in one instance a notification had not been provided to the Chief Inspector within the required time-frame.

**Judgment:**
Non Compliant - Minor

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

**Findings:**
Previous action around consultation with residents in relation to care plans have been addressed. Residents spoken with indicated that they were consulted with, and participated in, communication and decisions around healthy living choices including care plans, daily activities and personal preferences. Signed documentation was available in this regard.

Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. Care plans and nursing notes were maintained electronically. The care plans reviewed by the inspector contained evidence of pre-assessments undertaken prior to admission. On admission activities of daily living such as mobility, cognition, nutrition and communication were assessed and there was evidence that care plans were reviewed on a quarterly basis, or as assessed needs required. Staff and management at the centre demonstrated an active commitment to person-centred care.
Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the personal circumstances around individual residents. Residents spoken with felt very well cared for and supported in their choices. Residents were seen to enjoy a level of independence appropriate to their assessed abilities.

Regular attendance by a medical practitioner was in place with ongoing access to allied healthcare professionals such as a speech and language therapist, dietician and occupational therapist. Care plans reviewed contained recorded assessments using standardised tools and referrals based on these assessments were made in a timely manner. Documentation and correspondence around discharges and transfers were complete and accessible.

**Judgment:**
Compliant

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

**Findings:**
Padre Pio Rest Home was established in 1975. It is a single-storey building with a cultivated garden and car park to the front and an enclosure at the rear for keeping hens and geese. There is also a vegetable garden.

Communal space consists of a lounge/sitting room, a dining room, an oratory and a sun-room to the front of the building that is accessible from the lounge/sitting room. There is also a conservatory area located in a widened area of the main hallway. There are two assisted bathrooms, one of which is also used for hairdressing, two toilets and a shower room/toilet.

The centre has four single bedrooms without en suites and another 12 single bedrooms with en suite toilet and wash-hand basin. There are three twin bedrooms without en suites and one twin bedroom with an en suite toilet, shower and wash-hand basin.

The design and layout of the centre was not suitable for its stated purpose and cannot adequately meet the range of needs presented by the resident profile in a way that satisfies statutory regulatory requirements.
There was not adequate or suitable storage for essential equipment such as wheelchairs, commodes or hoists. Inappropriate storage of equipment presented hazards in relation to both infection control and the risk of accidental injury to staff or residents.

Hallways were narrow and did not facilitate the independent movement of residents with mobilisation aids. An extended sun-room built onto the front of the building still had the external, pebble-dashed surface on the retaining wall which presented a hazard to residents at risk of falling.

The sluicing and laundry areas were not appropriate to the size of the centre and did not comply with best practice infection control. There was not suitable and adequate storage and changing facilities for staff.

These issues have been identified throughout previous inspections and the provider has made a series of improvements on an interim basis. During the course of this inspection the provider demonstrated a commitment to taking the necessary actions to address the issues identified. To this end planning proposals are being progressed on an ongoing basis and the inspector was presented with documentary evidence to this effect. The provider explained that progressing with structural work on the premises had been impeded by technical delays with planning. The inspector reminded the provider of the statutory responsibilities associated with the registration of a designated centre, and the duty to ensure that planning proposals and actions were completed within time-frames that complied with the regulatory requirements.

Judgment:
Non Compliant - Major

**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):**
No actions were required from the previous inspection.

**Findings:**
An up-to-date, site specific complaints policy and procedure was in place which covered both written and verbal complaints, a summary of the complaints procedure was on display in the centre. Details of the nominated person responsible for dealing with complaints were provided along with a summary of the appeals process. Information about advocacy services and contact details were also provided. Residents and relatives spoken with were aware of how to make a complaint should they so wish though those spoken with reported communication with staff and management was very good such
that issues and suggestions were addressed on an ongoing basis without the need to escalate matters via the complaints procedures. Where complaints had been received they were recorded electronically and responded to in a prompt and timely manner with outcomes recorded.

**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:**
A current policy was available which was comprehensive, centre-specific and covered the emotional, psychological and physical aspects of care in relation to residents approaching, and during, end of life care. The policy referenced assessment as "an ongoing and proactive process which is both planned and responsive". The inspector found this approach to be actively implemented and a review of a sample of care plans indicated that consultation with residents in relation to end of life needs was an ongoing process and included discussion around spirituality and dying referencing residents’ own personal experiences and religious requirements.

Management and staff spoken with were clear in their understanding and commitment to the support of residents’ wishes. Good care practices and facilities were observed to be in place so that residents could receive end-of-life care in a way that met their individual needs and wishes. Both staff and management demonstrated a supportive attitude in relation to facilitating family and friends to be with their relative at the end of life stage. Though the centre had no specifically designated accommodation there was capacity at the centre to facilitate relatives or friends to stay overnight on a short term basis.

The regional palliative care team were readily available and also provided training support for staff as required. Where intervention in terms of pain relief was required, administration was appropriate and in accordance with best practice. An oratory was available for prayer services and could be used by any denomination as necessary.

**Judgment:**
Compliant
**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector noted that the quality of produce used in the preparation of meals was of a high standard with fresh, organic, ingredients regularly provided, often from an allotment tended by residents on-site.

The dining areas were bright, clean and well decorated with individual table settings attractively presented. During the lunch service on the day of inspection a menu board offered a choice of meals. The food, including modified meals, was well prepared and presented. Residents spoke very favourably about the choice, quality and preparation of food. A policy was in place for the monitoring of nutrition and hydration needs and documented records of assessments were on file. Residents who needed assistance with eating their meals were observed being assisted by staff using appropriate techniques and in a respectful manner. Refreshments were seen to be available and on offer on a regular basis.

The inspector spoke with kitchen staff who were familiar with the likes and dislikes of residents and could reference communication with, and input by, a dietician in April 2014 around nutritional needs and the development of a menu.

**Judgment:**
Compliant

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**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 found the atmosphere at the centre was homely and inviting. Both residents and relatives who were spoken with reported very positively on the attitude and standard of care provided by staff. The provider, the person in charge and staff had a very good knowledge and understanding of residents’ backgrounds and interests. The management and ethos of the centre focussed on maximising residents’ capacity to exercise personal autonomy and choice - this was in evidence around the personal preferences expressed by residents and facilitated at the centre. The inspector noted that individual resident feedback had been sought as part of an audit around respect for residents and consultation in March 2014. A number of questionnaires in relation to the care and services provided had also been completed and were positive in their comments.

The inspector observed a regular attendance of visitors and there was an open visiting policy in place with no restricted visiting times. Residents could receive visitors in their rooms and a communal day room and conservatory was also available. Overall there was a good level of visitor activity throughout the day. Appropriate screening was provided in shared rooms and staff were seen to observe courtesies, including knocking before entering residents’ rooms, as a matter of course.

A team of two dedicated activity coordinators managed a weekly programme which included singing, fit-for-life, bingo and card playing. The activity coordinator maintained a daily log of resident attendance and participation in activities. Residents were given the opportunity to participate in meaningful recreational activities and could exercise choice. For example residents spoken with explained they had expressed an interest in seeing a newly released film and this was now being arranged for them by the centre. Residents had the opportunity to go on outings to local amenities, arranged by the centre, if they so wished. Minutes of a residents’ meeting dated 8 May 2014 were seen where these issues were discussed. The centre provides an advocacy service and advocates attend the centre regularly and also participate at residents’ meetings.

**Judgment:**
Compliant

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**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:
Arrangements were in place for the regular laundering of linen and clothing and appropriate facilities were available for these purposes. Laundry staff spoke with understood the requirements in relation to segregation of garments and infection control procedures were in place including the use of a separate machine for the contents of alginate bags. A formalised system of clothing identification was in place with individual garments labelled to ensure the safe return of items to residents.

A policy was in place in relation to residents' personal property and possessions. The person in charge confirmed that residents had access to, and retained possession of, personal belongings and finances. The inspector noted that residents' rooms were personalised with belongings and photographs and that clothing was stored in individual wardrobes.

Judgment:
Compliant

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 inspector reviewed the staff rota and was satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. All staff were appropriately trained in mandatory areas such as elder abuse, manual handling and fire procedures and prevention. The system of supervision was directed through the person in charge. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times. The inspector reviewed training records and procedures and spoke with staff and management about training issues. Staff were competent to deliver care in keeping with current evidence based practice and were also enabled in relation to further training and development with an evident commitment by management to continuous professional development.

Recruitment and vetting procedures were in place with appropriate checks on the
qualifications, training and security backgrounds of all staff. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents.

**Judgment:**
Compliant

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**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:**
Both the provider and person in charge maintained a high level presence at the centre and both were actively involved in the day-to-day care of residents and the running of the centre. A well defined management structure operated within the centre and both staff and residents spoken with were clear on lines of authority and accountability. Management systems were in place to ensure a safe service appropriate to residents' needs, including a Quality Improvement Committee which implemented a system of audit and review around key areas to monitor the quality of life of residents. The inspector saw evidence of learning and improvements brought about as a result of these reviews in areas such as restraint, medication management and consultation and participation.

Staff and senior management spoken with by inspectors demonstrated a commitment to the provision of person-centred care and had an open approach to learning and development in relation to continuous improvement. Members of staff spoken with reported that significant support was in place from management in relation to both personal and professional development with work rotas adjusted to facilitate course attendances as required.

All residents and visitors spoken with reported a high level of satisfaction with the care, treatment and services provided at the centre.

**Judgment:**
Compliant
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:

Mairead Harrington
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 Rest Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000269</td>
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<tr>
<td>Date of inspection:</td>
<td>01/07/2014</td>
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<tr>
<td>Date of response:</td>
<td>25/07/2014</td>
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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 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:
Ensure that the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents are fully implemented.

Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
Risk Management Policy is being reviewed & updated as set out in Schedule 5

**Proposed Timescale:** 24/10/2014

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Ensure that procedures in relation to storage of equipment are consistent with the standards for the prevention and control of healthcare associated infections.

**Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
Procedures in relation to storage of equipment are being reviewed & updated to ensure that they are consistent with the standards for the prevention & control of healthcare associated infections, as published by the Authority, & are implemented by staff

**Proposed Timescale:** 24/08/2014

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Ensure that the physical design and layout of the premises satisfies the National Quality Standards for Residential Care Settings for Older People in Ireland by meeting the needs of each resident, taking into account their dependency profile and requirements for the use of equipment. Put in place a formal plan to implement this action, including time-frames and project milestones, and make available a copy to the Chief Inspector.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
Planning Permission has been applied for again. The two main reasons for refusal previously having been addressed as per previous letter.
Hope to commence building work Nov. '14

**Proposed Timescale:** 30/06/2015

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Provide adequate private, communal and clinical space within the centre to ensure residents have appropriate accommodation and adequate facilities for staff to provide care in accordance with the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
As stated above – planning permission reapplied for – work to commence Nov 14

**Proposed Timescale:** 30/06/2015

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Make safe the surface of the retaining wall in the sun-room extension to the front of the building.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
Surface of retaining wall in sunroom extension to be made safe

**Proposed Timescale:** 24/09/2014