<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Padre Pio Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000268</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Sunnyside, Upper Rochestown, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 484 1595</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:padrepiorochestown@eircom.net">padrepiorochestown@eircom.net</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>Eileen McCarthy</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eileen McCarthy</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>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>25</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: To:
03 December 2014 09:00 03 December 2014 13:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
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</thead>
<tbody>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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</table>

Summary of findings from this inspection
This report sets out the findings of an un-announced follow-up inspection. It was the tenth inspection undertaken by the Authority. This follow up inspection was undertaken to inform the registration renewal inspection as many of the premises issues identified since commencement (2009) had not been remedied. A registration renewal inspection was completed on 8 and 9 September 2014.

The provider/person in charge and manager displayed adequate knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents. Many of the actions required from the previous inspections relating to the premises were not completely remedied. Nonetheless, the inspector viewed a number of improvements since the registration renewal inspection and these will be discussed under Outcome 12 Premises in the report. The provider and centre manager gave assurances to the inspector that timelines given in the registration inspection report for completion of refurbishment of the premises would be achieved (31 January 2015).

Staff training needs identified on the registration renewal inspection were remedied. Staff levels had increased and the inspector deemed that staff levels and skill-mix were adequate to meet the assessed needs of residents.

Fire safety precaution issues identified in the registration renewal inspection were remedied.
While the medication management policy was updated, it required further review to ensure completeness.

Issues identified pertaining to the Adult Protection policy were not addressed.

In summary, the inspector identified aspects of the service requiring improvement to ensure compliance with the Regulations, and these were identified in previous inspection reports.

These improvements include:

1) medication management policy
2) adult protection policy
3) premises: the layout of room 1 (twin bedroom)
   - beds required upgrading
   - privacy curtains in twin bedrooms to be replaced
   - showers to be upgraded to wheelchair accessible
   - décor to some areas required attention
   - some furniture required replacement and/or repositioning
   - appropriate placement of televisions
   - lack of private space
   - lack of toilet facilities near communal spaces.

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.
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.

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

Findings:
The inspector was satisfied that the records required in Schedule 2 (staffing 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. Schedule 3 (residents’ records) was now compliant as a recent photograph was in place for each resident as part of their care plan documentation as well as residents’ medication management documentation. A new register of residents was evidenced and it contained the information required by legislation. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

Non-compliance related to policies and these will be discussed under the relevant outcomes in the report.

Judgment:
Non Compliant - Minor

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

#### Findings:
The registration renewal inspection report outlined that the policy for Adult Protection required updating as it was not comprehensive, that is, it did not direct staff or management through the process of investigation, timelines for completion of the investigation, staff involved in the investigation, or guidelines to determine whether or not suspension of a staff member was indicated and conditions of staff suspension. This was discussed with the centre management who detailed the investigation procedure in the event of an allegation of abuse, however, these details did not form part of their policy. The policy remained unchanged on this follow-up inspection.

Nonetheless, measures were in place to protect residents from being harmed or suffering abuse. The training record detailed completed training for staff in adult protection and further training was undertaken by staff since the registration renewal inspection.

#### Judgment:
Non Compliant - Minor

### 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:
There was a current policy in place for infection prevention and control. Advisory signage for best practice hand washing was displayed over hand wash sinks and hand hygiene gel dispensers and the inspector observed that opportunities for hand hygiene were taken by staff. Cleaning staff had completed training in infection prevention and control and hand hygiene. In addition cleaning staff attended an intensive cleaning study day regarding cleaning techniques and processes to ensure best practice was adhered with and prevent the risk of cross infection.

#### Judgment:
Compliant
**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:**
The registration inspection report outlined that the medication management policy required attention. The new policy was examined by the inspector and while many of the items previously identified were now included, it required further input to ensure completeness, for example, PRNs (as required medications were not included in the policy. The inspector examined the policy in detail with the manager to highlight areas for remedy.

The medication trolley was now used for its stated purpose and the dressings previously stored in the trolley were now securely maintained in a locked cupboard. The trolley was securely attached by chain to the wall as described in best practice professional guidelines.

**Judgment:**
Non Compliant - Minor

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

**Findings:**
Areas which require further attention included:

1) the layout of twin bedroom 1
2) the position of the television in room 4 was inaccessible to both residents
3) heating pipes in several bedrooms were not encased
4) following change to the layout of twin bedrooms 7 & 8, there were no privacy curtains between beds
5) many of the bedrooms had new window curtain rails, but the curtains had not been replaced
6) some bedrooms required redecorating
7) there were no toilet facilities within easy access of the communal area.

Apart from residents’ bedrooms, there was no private space available to residents and their families.

**Judgment:**
Non Compliant - Moderate

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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:**
Staff levels for twilight hours had increased since the registration renewal inspection and staff gave positive feedback to the inspector regarding this improvement.

Staff training completed since the registration renewal inspection included infection prevention and control, cleaning techniques, medication management, adult protection and fire safety precautions.

**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
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 medication management policy required further input to ensure comprehensiveness.

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.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
This policy has been amended.

Proposed Timescale: 29/12/2014

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The policy for Adult Protection required updating as it was not comprehensive, that is, it did not direct staff or management through the process of investigation, timelines for completion of the investigation, staff involved in the investigation, or guidelines to determine whether or not suspension of a staff member was indicated and conditions of staff suspension.

Action Required:
Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

Please state the actions you have taken or are planning to take:
This policy has been amended.

Proposed Timescale: 29/12/2014

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:
Areas which require further attention included:

1) the layout of twin bedroom 1
2) the television in room 4 was inaccessible to both residents
3) heating pipes in several bedrooms were not encased
4) following change to the layout of twin bedrooms 7 & 8, there were no privacy curtains between beds
5) many of the bedrooms had new window curtain rails, but the curtains had not been replaced
6) some bedrooms required redecorating
7) there were no toilet facilities within easy access of the communal area.
Apart from residents’ bedrooms, there was no private space available to residents and their families.

**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:**
1. When the new bathroom is completed in room 1 we will rearrange the furniture/layout in the room. This will be completed by January 31st 2015.
2. The television is now on a TV mount and is accessible to both Residents.
3. The heating pipes will be encased when the builder returns at the start of January 2015. This will be completed by January 31st 2015.
4. The rails for the privacy curtains were measured and ordered in November 2014 and these will be fitted by the 15th January 2015.
5. And 6. The redecorating and repainting is continuing within the Nursing Home. This is ongoing.
6. We are adding a communal toilet which is accessible from the main corridor. This will be completed by January 31st 2015. The private space will also be completed by this date, as discussed with the Inspector.

**Proposed Timescale:** 31/01/2015