## Centre name:
Padre Pio Nursing Home

**Centre ID:**
OSV-0000082

**Centre address:**
50 / 51A Cappaghmore, Clondalkin, Dublin 22.

**Telephone number:**
01 457 3339

**Email address:**
maura@padrepionursinghome.ie

**Type of centre:**
A Nursing Home as per Health (Nursing Homes) Act 1990

**Registered provider:**
Galfay Limited

**Provider Nominee:**
Maura Galvin

**Lead inspector:**
Noelene Dowling

**Support inspector(s):**
None

**Type of inspection**
Unannounced

**Number of residents on the date of inspection:**
27

**Number of vacancies on the date of inspection:**
1
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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>09 December 2014 12:30</td>
<td>09 December 2014 19:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
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<tr>
<td>14</td>
<td>End of Life Care</td>
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<tr>
<td>15</td>
<td>Food and Nutrition</td>
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**Summary of findings from this inspection**

This report sets out the findings of a thematic monitoring inspection, which took place over one day. Two specific outcomes were inspected against, end of life care, and food and nutrition. In preparation for the thematic inspection, the provider completed a self-assessment in relation to both outcomes, and surveys were issued to a number of relatives. In addition to these documents, the inspector reviewed the previous inspection report and notifications forwarded to the authority prior to undertaking this inspection. A sample of six care plans and residents records were reviewed, along with staff rosters, clinical meetings records, medication charts, complaints logs and residents meetings minutes. The inspector spoke with residents and staff.

On the day of inspection, the centre accommodated 27 residents with a total capacity for 28. A building programme was under way.

The inspector found that staff were knowledgeable and informed about the care needs of residents and as observed communicated easily and respectfully with residents. Residents expressed their satisfaction with the care provided and said that staff were attentive and responsive to them. Good practice was found in the management of resident’s dietary and nutritional needs and consideration was given to their preferences. Good practice was also found in the support of residents end of life care needs.

The inspector found compliance in the area of end-of-life care and food and nutrition with 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. No actions were identified in respect of these outcomes.
The inspection was also used to ascertain the provider’s compliance with a specific condition on the registration of the centre. Namely, to reduce a six bedded room to a five bedded room and thereby reduce the overall number of resident to 27. The provider stated that this had not occurred as the vacancies which had arisen were on the first floor and not suitable therefore for the residents accommodated in the bedroom.

The provider was in the process of constructing an extension to the centre to include additional seating, dining, bedroom and suitable shower and toilet facilities. Further work was required to complete the extension. On completion of this work the providers plan, as given to the Authority, is to have the current six bedded room reduced to two twin bedrooms. The provider stated that in order to complete the work it will be necessary as an interim measure to use a section of the new extension while working on the original premises. The provider was made aware that this can only occur following the Authorities inspection of the extension, and receipt of evidence of compliance with the statutory requirements relating to fire safety and building control.
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:
The providers self assessment in relation to Regulation 13 and Standard 16 indicated substantial compliance. Having undertaken the inspection, the inspector concurs with this finding.

The provider had a policy on end of life care. However, the policy was limited in scope in number of areas inducing guidelines for the support of residents of different religious denominations and various treatment options other than end of life stage and resuscitation. The policy did not reflect the good practice evident. This was discussed with the provider at feedback who agreed to revise the policy. It did provide clear instructions to staff in relation to the legal requirements, medical care support and respect for resident’s remains. In practice, there was evidence of informed advanced planning and there was information in the centre to guide staff in facilitating residents of different religions and cultures.

The inspector reviewed questionnaires from six relatives prior to the inspection. These indicated a high level of satisfaction with the care provided including information and consultation prior to and following the residents death. The issue of shared rooms was noted. Records and interviews with staff indicated that there was a good level of consultation with relatives and that they were promptly informed of changes in resident’s health care.

Residents indicated to the inspector that their views were elicited in an appropriate manner, via a relative or themselves and they had opportunities to reflect on their wishes.

There was evidence that residents received care at the end of his/her life, which met his/her physical, emotional, social and spiritual needs. Examination of a sample of records including nursing records in relation to residents who had passed away indicated that the care was carefully planned and staff prioritised resident’s comfort and symptom management. Revised care plans were implemented. These included pain management and observation which was particularly pertinent for residents who could not communicate for themselves. Records and communication with staff indicated an
awareness of the importance of this and recognition of the need for monitoring and support. Religious affiliations were well supported. In most instances, the records reviewed were detailed and documented the time of removal of the resident's remains, compliance with legal requirements and family involvement. In one instance however, the record was not entirely complete and the provider agreed to review this.

A pro-forma document had been introduced to support decision-making and ensure such decisions were documented. The documents included the views of residents, relatives, the rational for the decisions and the general practitioner (GP) signatures were evident. The documents were indicative of the resident’s circumstances, likely progression and were specific in the care interventions which were discussed. In this way treatment procedures necessary for residents comfort were indentified and agreed.

There was evidence on current and past records of involvement with the palliative care services for advice and direct care review where this was necessary. There was also evidence of good access to general practitioner and out-of-hours services available. Care plans viewed were reflective of the decisions and gave clear guidelines for staff as to the care to be provided. There was also evidence that medication was monitored and reviewed regularly to ensure comfort and symptom management. Documents indicated that in the last two years nine of the ten deaths which had occurred had taken place in the centre without resource to acute care services. Nursing staff have had training in the management of subcutaneous fluids which helped to prevent unnecessary admissions.

Mass was held in the centre on the first Friday of each month and a commemorative mass was held annually at Christmas. Items including religious symbols, candles and the Hospice care symbols were available.

The provider had commenced systems of reviewing all deaths to identify positive practice and areas for improvement.

Training for staff in relation to residents care at this time had included pain management, palliative care and end of life decision making for nursing staff. Care assistant staff have also completed training in dignity for end of life in 2014. There is no oratory or mortuary in the centre. However, staff described how the removal was managed in dignified way and other residents were facilitated to pay their respects and to attend at the funeral if they so wished. There were personal belongings inventories maintained and the inspector saw that appropriate containers for the return of these belongings were available as and when families wished this to occur. Valuable belongings were returned promptly and this was documented. It was acknowledged by the provider that the lack of availability of single rooms does impact on the experience.

Families were accommodated to remain with their relative and comfortable chairs were provided. The dining room and access to food and refreshments was also made available. Resident’s religious affiliations were respected and facilitated. There was evidence that supportive advice and information was given to relatives following a death.

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 reviewed the person in charger’s self-assessment questionnaire and which indicated compliance with the regulations Regulation 18 and Standard 19. Policies on the management of nutrition and hydration had been developed and was detailed. Guidelines and advisory documentation was also available for staff. A recent inspection from the environmental health officer had been undertaken prior to this inspection and the inspector was informed that any actions identified had been addressed. The inspector observed mealtimes including lunch, afternoon refreshments and tea. The catering facilities were suitable for purpose and a food safety management system was in place. Catering staff had undergone the relevant training and demonstrated knowledge of these procedures. The inspector observed that menus were documented. The menus indicated that a variety of food was available. Residents told the inspector that they had a choice of food and alternatives if they wished. At teatime the trolley was brought to each table and residents were offered their choice of the food available. They could also choose to have their meals at different times or in their rooms and breakfast was staged at their request. They said they enjoyed the food and it was tasty and varied.

All meals, including modified foods were presented in a pleasant and attractive manner with either tables or trays appropriately set. Snacks and hot and cold drinks including juices and fresh drinking water were observed readily available throughout the day. Stocks of fresh food were observed in the storage areas and residents confirmed that they could have sandwiches or other foods at night if they wished.

These and other snacks were freshly made and observed by the inspector. The inspector observed that staffing levels were adequate to supervise and support residents at meal times. Residents who required support were observed to receive this in a careful and dignified manner without rush. Staff were allocated to different tables to monitor residents and report on whether the resident finished their meal.

Residents care plans demonstrated that dietary needs were well supported. Residents weights were monitored monthly or more frequently if this was deemed necessary by either weight loss or gain. The Universal Malnutrition Screening Tool (MUST) was used to monitor changes. Specific food charts were used where required and detailed fluid charts were also maintained and monitored by nursing staff as deemed necessary by residents assessments.
Referrals to dietician services were evident. Detailed interventions were outlined in the residents plans and in the catering department. Some residents had assessments by the speech and language therapist on transfer from acute care. The care plans were reflective of any nutritional needs or advices given. Taking the needs of residents into account some residents were observed having soup and milk additionally during the day in order to ensure they received adequate nutrition.

The inspector met with the chef and found that there was a good knowledge of the residents dietary needs, specific preferences and an up-to-date communication tool was used to ensure compliance with this. Residents who required fortified food were identified and this process was understood. The inspector also found that staff were able to articulate their knowledge of the use of fluid thickeners, the purpose of them and the information concurred with the care plans and specialist instructions.

Care plans and staff interviewed demonstrated a good knowledge of the management of residents on Percutaneous Gastronomy Feeding systems (PEG). Residents who required specific positioning when eating were identified and the inspector saw that this was adhered to. There were arrangements for the monitoring of blood sugars and diabetic diets. There was also evidence of dental review for residents.

The systems for eliciting the residents preferences and commentary were informal and staff and the chef stated that they responded to any requests made. For example, they had ceased putting gravy on meals so that residents could help themselves.

Pertinent training for staff had taken place and this had included dysphagia, nutritional support, and hydration for older persons. The chef had also attended nutritional training.

The current dining space cannot easily facilitate the total number of residents and for that reason a significant number had their meals on trays while seated in their usual chairs. None the less, the staff made every effort to make the experience pleasant and the trays were suitably set with napkins and table mats. The extension which was under construction at the time of this inspection will facilitate better space for dining.

**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:

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Regulation Directorate
Health Information and Quality Authority