

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Padre Pio Nursing Home
<b>Centre ID:</b>	OSV-0000082
<b>Centre address:</b>	50 / 51A Cappaghmore, Clondalkin, Dublin 22.
<b>Telephone number:</b>	01 457 3339
<b>Email address:</b>	maura@padrepionursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Galfay Limited
<b>Provider Nominee:</b>	Maura Galvin
<b>Lead inspector:</b>	Valerie McLoughlin
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	2

## **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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

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

From:	To:
13 July 2015 10:00	13 July 2015 13:00

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

**Outcome 12: Safe and Suitable Premises**

**Summary of findings from this inspection**

In 2012 the person in charge had identified that aspects of the premises did not meet the requirements of the Regulations and the National Standards for Residential Care Settings for Older People in Ireland. A plan was in place to refurbish the existing centre and to build an extension to address the deficits in four phases. The date for completion of all of the works scheduled was September 2016.

This report sets out the findings of a monitoring inspection, which took place over three hours. The provider is also the person in charge and for the purpose of this report will be referred to as the person in charge. This is the sixth inspection of this centre. The centre was registered in 2013 and the provider has plans to extend and refurbish the premises in order to meet the requirements of the regulations and the standards over four phases. The inspection which followed phase one found the work to be to a high standard and compliant with regulations and standards. The purpose of the inspection was to establish that the refurbishment works undertaken in phase 2 was compliant with the standards and regulations. The inspector confirmed that this was the case.

In order to meet the condition of the registration the provider plans to vacate the back of the house which includes a multi-occupancy room, and rebuild an extension that meets the regulations and standards. Following this, the centre will reduce the number of places from 28 to 26. The final stage of the works includes installation of a platform lift to be in compliance with the regulations. The person in charge had notified the Chief Inspector of a definite plan of works within suitable time frames.

The inspector found that the refurbished parts of the premises meets the needs of residents and the design and layout promotes residents' dignity, independence and wellbeing.

Some improvements were required such as provision of adequate storage space, improved lighting in one room, adequate sluicing facilities and garden access. This are included in the action plan at the end of the report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***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:**

Deficient's relating to the premises identified on previous inspections included the following:

- \*Insufficient number of assisted toilets and showers.
- \*The assisted toilet on the ground floor which was located in a multioccupancy room.
- \*Residents had to walk through these residents' bedroom to access the toilet impacting on residents' privacy and dignity.
- \*The enclosed garden was unsafe for use because of uneven surfaces and steps which posed a risk of falls
- \*The six-bedded room and two three-bedded rooms which did not meet the requirements of the Standards.
- \*Several of the single and twin rooms were of insufficient size to meet the requirements of the Standards.
- \*There were inadequate sluicing facilities to minimise the risk of cross infection.
- \*Storage space was minimal and individual commodes were stored in the residents' bedroom during the day.
- \*Residents had access to locked personal storage space in their bedrooms however this space was sometimes inaccessible.
- \*In some shared rooms the wardrobes were all situated beside one resident's bed and so were not easily accessible to the other occupants

This monitoring event was undertaken to inspect the work carried out in Phase two of the renovation project. The inspector found that the renovated building was in line with the national standards and met the regulatory requirements.

Phase two of the works consisted of premises on the ground and first floor. The ground floor contained the following:

- Entrance hallway and new stairs.
- A staff office/treatment room
- Two separate wheelchair bathroom containing wash had basin and toilet.
- A kitchen storage room.
- An extension to the existing sitting room.

The first floor contained the following:

- Conversion of a three bedded room to a twin room.
- Conversion of a three bedded room to a single room.
- A new single bedroom with wheelchair assisted en-suite bathroom, containing a walk in shower, toilet and wash hand basin.
- A small open plan lounge area on the landing.

Construction and refurbishment work was in progress to address these issues and some of the actions had been completed.

Building refurbishment was carried out to ensure that design and layout was suitable to the needs of the residents.

The person in charge had attended a 'master class' design course to enable her to assist in designing the premises to specifically meet the needs of residents with dementia and cognitive impairment. Design features included the use of contrasting colours in the bathroom and appropriate signage to maximise the functioning of the residents who had visual difficulties or cognitive impairment.

The person in charge was mindful of residents' safety for the planned transfer to the three new bedrooms. The inspector reviewed the transfer plan and found it to be satisfactory. For example the plan allowed for additional staff during the transfer and for some time following transfer to supervise and assist the residents in orientating to the new environment.

The centre is clean and suitably decorated and is maintained to a high standard. It is homely with enough furnishings, fixtures and fittings.

The inspector visited the three new bedrooms and found that they were suitable to accommodate residents. There is a large single en-suite bedroom on the ground floor. The first floor contains a twin bedroom and a single bedroom. Both room had a wash hand basin. There was a separate wheelchair assisted toilet beside the two upstairs bedrooms. There is adequate natural lighting in all the bedrooms. There are large windows in each bedroom which offered views to the front of the house when residents were in bed or seated in a chair. There was adequate screening in the shared room to promote privacy between residents. The bedrooms also had adequate storage facilities for residents clothing and personal effects.

The available floor space in each of the three rooms met the requirements of the national standards. There were no beds or armchairs in the bedrooms on the day of

inspection; it was therefore difficult to assess if there would be ample space around each side of the bed should residents require the use of a hoist to transfer in and out of bed/chair. The person in charge explained that the residents' current beds would be moved to the new bedroom on the day of transfer, and that residents requiring the use of a hoist would not be placed in these rooms if the rooms were too small to use a hoist safely, or if the use of a hoist in the twin room would impact on residents privacy or dignity.

There is adequate heating and ventilation system and sufficient electrical points .

The inspector found there is adequate communal space, including an area for residents to spend some quiet time, or to meet their family in private. There are handrails in circulating area to promote residents independence and safety. Each of the stairs had a safety feature of a bright yellow strip to minimise the risk of residents, visitors and staff having a "slip-trip" accident. The inspector met with residents briefly and they did not express any concerns regarding the refurbishment. Residents said they were pleased that the centre was being updated. The communal room had been enlarged and residents are happy attending weekly mass in the communal sitting room. Residents had access to broadband and there is a lap top available for residents use.

There are enough toilets, bathrooms, showers to meet the needs of residents. Bathroom and toilet areas have non slip flooring in place. Grab rails are provided in shower and toilet areas.

There is an adequate number of wash hand basins with paper towels and pedal operated bins available for staff and visitors. Hand sanitising gels are also located in the new area, and instruction on hand washing protocol posted beside each wash hand basin. The inspector observed staff cleaning their hand appropriately. There is an ample supply of personal protective equipment (PPE), such as gloves aprons and disposable wipes.

There is a new kitchen store room downstairs. Which was found to be clean and contained sufficient dry food stores and fresh and frozen foodstuffs.

The inspector found that the nurses' station room/office room did not yet have a proper function. It was a small, poorly lit, narrow room. Medical and nursing records were securely stored in this locked room along with the medication trolley and sterile dressings. However, files were not easily or safely retrievable as the space between the medical files and the nursing files was limited, and there was no lighting in this area of the room. The person in charge said that an overhead lighting strip would be installed and that the dressings would be relocated to the proposed treatment room when it was built.

Currently there are inadequate sluicing facilities to minimise the risk of cross infection. There is no sluice room in place as required by the standards published by the Authority. The person in charge had arrangement in place to minimise the risk of cross infection. There is an infection control policy in place and it is implemented. All staff received training on infection control, and staff interviewed were knowledgeable of the policy and procedures in place. There is a procedure in place for disinfection of commodes and bedpans and staff were familiar with it. Commodes are not shared between residents. A sluice room is planned in the next phase of the works.

There is a safe system in place for waste management and an effective a system in place to provide maintenance of the centre. A review of the maintenance log indicated that work is carried out in a timely manner.

Storage space for assistive equipment such as wheelchairs, hoists, commodes, towels and supplies is currently inadequate. The person in charge explained that this will be fully addressed on completion of the works.

The call bell reporting system had been installed and the person in charge confirmed that it will be fully operational when residents transfer into the new rooms.

Currently residents do not have access to the front or back garden (except for a small number of residents who smoke). Due to the works in progress, the front and back garden are not accessible to residents to maintain residents' safety. The person in charge explained that residents are supported to use the facilities in the local community, go on trips and they have access the external environment with staff support.

Residents have access to appropriate equipment which promotes their independence and comfort, for example stair lifts, pressure relieving mattresses, chair weighing scale and hoists. The equipment is fit for purpose and there is a process for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced. The inspector read specialist contractors reports that stated equipment was serviced regularly and was safe to use. Reports indicated that one hoist was due for replacement 24 September 2015. Staff are trained to use equipment. All staff were trained in manual handling including the use of electronic hoists.

Fire safety management.

There is written confirmation from a competent person that all the legal requirements of the statutory fire authority are complied with.

Fire safety records were reviewed. The inspector noted from the records that additional fire extinguishers had been installed and serviced 23 April 2015, and that the fire detection system, emergency lighting and the alarm system had been inspected and tested 10 July 2015.

There is an identified fire warden on each shift. Records indicated that fire exits the fire panel were checked daily and signed by the fire warden.

All staff (27) received training in fire prevention and management, including mock evacuation. The inspector reviewed records of fire drills that took place on six separate occasions since 10 June 2015. This included checking the existing fire panel and the new panel which was located in the same area.

Staff told the inspector that they had fire safety training and a mock evacuation, using ski sheets which were available. Staff interviewed were knowledgeable in fire prevention, management and evacuation of residents.

The inspector found that suitable fire equipment is provided and that there is adequate means of escape.

The inspector reviewed risk assessment and care plans for a small number of residents who smoke outside and found them satisfactory. Residents smoked outside the back door. The person in charge explained that residents are supervised while smoking and fire proof aprons are worn by residents. There is a procedure in place to follow should a

residents clothing catch fire. A new smoking area with an awning would be in place on completion of the works.

The inspector was shown a room on the ground floor which the person in charge planned to use to accommodate residents on a temporary basis, while the multi-occupancy room was being configured during phase three of the building works. The inspector stipulated that the measures and processes that would need to be put in place before this room was used to accommodate residents.

The bedroom must meet the size requirements for two residents, including the safe use of a hoist without impacting on either resident's personal space.

- Curtains from a ceiling rail will need to be in place, to promote residents privacy,
- The residents and their next of kin will need to be in agreement with the arrangements.

- There will need to be a wash hand basin in this room, and infection control guidelines adhered to at all times.

- Any additional measures put in place to maintain resident's privacy and dignity at all times.

The room should also only be used for six months while the new build is in progress.

The inspector clarified with the person in charge that the room will need to be reviewed by an inspector prior to accommodating residents.

The inspector found that the centre has policies and procedures relating to health and safety. There is an up-to-date health and safety statement in place and it is implemented. There is a comprehensive risk management policy in place and it is implemented. For example, a risk assessment has been undertaken to ensure residents transfer to the new bedrooms is uneventful. The centre has a policy in place relating to incidents where a resident goes missing and it is implemented.

The Statement of Purpose had recently been updated and it accurately described the services provided in the centre. It clearly outlined the room sizes which met the requirements of the regulations.

**Judgment:**

Non Compliant - Moderate

## **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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Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Padre Pio Nursing Home
<b>Centre ID:</b>	OSV-0000082
<b>Date of inspection:</b>	13/07/2015
<b>Date of response:</b>	26/08/2015

### 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 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:

There is no sluice room in place as required by the standards published by the Authority.

Storage space for wheelchairs, hoists, commodes, towels and supplies is currently inadequate.

Due to the works in progress, the front and back garden are not accessible to residents. Files were not easily or safely retrievable as the space between the medical files and

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

the nursing files was limited.

The area containing residents' medical and nursing files did not have adequate lighting.

**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:**

Phase 3 of Building works will recommence in early September 2015.

There are 2 more building phases (Phase 3 and phase 4) planned in order to complete the development.

It is estimated that each phase will take 6 months.

When the building is complete there will be :

- 2 sluice rooms ( one on each floor)
- Adequate storage space for wheelchairs / hoists/ commodes etc.

The garden will be re-developed when possible to do so allowing for the building works, and the plan is to create a Dementia friendly garden that can be enjoyed by all residents

-The current nurses station (where files are stored) will have more room to accommodate filing cupboards when the treatment room becomes available in the next phase of building works.

-An additional light has been added in the filing cupboard area of the nurses' station. (Complete)

-The small space currently available in the garden at the rear is used by Residents a lot during warm weather. Residents also go out of the centre on walks and visits to the local shopping centre, pubs and local civic amenities.

**Proposed Timescale:** 31/08/2016