<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>Caroline Connelly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Michelle O Connor Day 1</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</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, 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 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: To:
05 April 2016 09:45 05 April 2016 18:15
06 April 2016 09:00 06 April 2016 15:00

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

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

Summary of findings from this inspection
This report sets out the findings of an announced registration renewal inspection and it was the twelfth inspection undertaken by HIQA of the centre. The provider applied to change the entity from a sole trader to a limited company so a full registration inspection took place. The inspection took place over two days. There was a change to the provider nominee but the position of person in charge remained unchanged
from the previous inspections. During the inspection the inspectors met with the provider nominee the person in charge, the deputy person in charge, residents, and staff members. Inspectors observed practices, the physical environment and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application.

The provider and person in charge and the staff team 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 completed and the inspectors viewed a number of improvements throughout the centre which will be discussed under the relevant outcomes in the report.

A number of residents and relatives completed questionnaires were received and inspectors spoke with residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Overall, the inspectors found that there was evidence of good care practices in meeting the day-to-day needs of residents. Staff were kind and respectful to residents and demonstrated good knowledge of residents and intervention necessary for those with divergent needs. The inspectors saw there was a wide variety of social and recreational activities and residents spoke highly of the range of activities and interaction. Residents were encouraged to exercise independence and choice where their views were sought informally on a daily basis and formally in the residents’ meeting, which were held two-monthly. Independence of residents was promoted and many were observed mobilising throughout the centre and out into the garden area.

Inspectors found improvements in a number of key areas since the previous inspection, which had a demonstrable effect on improving residents’ quality of life. These included the development of increased scope and choice of activities for residents. Issues in relation to the premises had been addressed and gave more space in many of the residents’ bedrooms. There was an ongoing programme of painting and decorating and general maintenance which had enhanced the décor of the centre. Staff were observed on this, as on previous inspections, to support residents in a dignified and warm manner.

Further improvement was required in, documentation, premises; meal times, end of life, provision of an annual review and these areas are detailed in the body of the report, which should be read in conjunction with the action plan at the end of this report. The action plan at the end of the report identifies improvements necessary to ensure compliance 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.
<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

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

| Theme: |
| Governance, Leadership and Management |

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

| Findings: |
| The Statement of Purpose was available to staff and residents. It contained a statement of the designated centre’s aims, objectives and ethos of care, and all other information required under Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. |

| The statement of purpose accurately described the facilities and services available to residents, and the size and layout of the premises. Residents were provided with the Statement of Purpose on admission and a copy was displayed in the entrance hallway next to the visitors’ registrar. |

| Judgment: |
| Compliant |

<table>
<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
</tr>
</tbody>
</table>

| Theme: |
| Governance, Leadership and Management |

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
</tr>
</thead>
</table>

| Findings: |
| The provider applied to change the entity from a sole trader to a limited company and |
the centre manager was now appointed as the new provider nominee. The provider and person in charge and the staff team displayed adequate knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents.

There was a quality assurance programme in place which was continuously reviewed and updated by the provider. This programme was based on the National Standards to ensure there was adherence with best practice guidelines. This involved an audit programme whereby specific audits were completed on a monthly basis to ensure all areas were audited yearly. However the inspectors found that there was not a clear system following completion of an audit if corrective action was identified. Responsibility did not appear to be assigned to a staff member and a timeline documented for either completion or review of progress of the actions required. The auditing programme was established with key performance indicators (KPI’s) recorded weekly and reviewed monthly and senior management were responsible for this. Although there was comprehensive auditing of documentation and some practices such as medication management this should be further developed to include more clinical areas such as infection control and falls management. Although data was collected in relation to falls there was currently no evidence of trending of accidents and incidents with times, place actions taken to prevent reoccurrence. The inspectors concluded that further development of the system was required to ensure the quality and safety of care and the quality of life for residents was continually evaluated to determine outcomes for residents regarding the effectiveness of care and support received. The inspectors also found that there was not an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Residents were consulted with on a daily basis and this was evidenced during both days of inspection. Residents gave positive feedback regarding communication and involvement in their care and welfare and the ease of access to the management team to discuss all issues. There was also regular resident meetings which allowed residents to express their collective views on the running and organisation of the centre.

**Judgment:**
Non Compliant - Moderate

**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):**
No actions were required from the previous inspection.
Findings:
Contracts of care were securely maintained by the provider. Samples of contracts of care for residents were examined and were found to be signed and dated by either the resident or their next of kin in line with best practice. Although a number of the contracts viewed by inspectors detailed fees to be charged as well as additional fees. A number of the older contracts seen in residents files did not include what was included in the fee and what was excluded from the fee as required by legislation. The provider said she would update them to the new more detailed contract.

There was a residents’ guide in place which detailed information required in the Regulations. Each resident received a copy of the guide on admission and there was a copy available at main reception.

Judgment:
Substantially 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 person in charge has been in post since the opening of the nursing home. She is a registered nurse, with the required experience of nursing dependant people (as detailed in the Regulations). She has years of managerial experience in running the centre. The post of the person in charge was full-time.
The person in charge demonstrated knowledge and understanding of the Regulations and the National Standards as well as the clinical knowledge to ensure suitable and safe care. Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities. There was evidence that the person in charge had a commitment to her own continued professional development and had completed many courses such as person-centred care, protection, medication management, leadership and management as well as all mandatory training.

Staff residents and relatives identified her as the one with the overall responsibility and accountability for resident care.

Judgment:
Compliant
Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
Issues highlighted during a previous inspection regarding the Medication Management Policy had been addressed. Inspectors were satisfied that records required under Schedule 2 (staffing), 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.

However, inspectors found that some operational policies and procedures listed under Schedules 5 were not available on the day of the inspection. These included a policy on the use of restraint and staff training and development.

Judgment:
Non Compliant - Moderate

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/ her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The provider was aware of her responsibilities relating to Regulation 37 and 38 regarding notification to the Authority should the occasion arise where the person in
charge was absent or proposed to be absent for 28 days or longer. There had been no such absence of the person in charge to date. Appropriate deputising arrangements were in place to ensure care and welfare of residents, whereby the senior nurse assumed responsibility when the person in charge was on annual leave.

Inspectors met with the senior staff nurse during the inspection and she demonstrated adequate awareness of her regulatory responsibilities as well as competent clinical knowledge. She had undertaken and completed a diploma in management as well as other clinical and managerial training. She had undertaken train the trainer courses and provided training to the staff in key clinical areas such as moving and handling and infection control.

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:**

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and this training also formed part of the staff induction programme. Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if care was untoward. The person in charge spoke with residents on a daily basis. The staff induction programme for new staff demonstrated training in safeguarding and safety of vulnerable adults. The cleaning staff was recently appointed and stated that she had completed this training. Feedback from residents was positive and many stated they felt ‘safe and secure’ in the centre.

There was an up-to-date policy for adult protection and the person in charge was aware of her legal obligations relating to reporting any allegations or issues. She adequately described protection of residents as well as actions to be taken if an allegation was made.

Residents’ had individual safes in their bedrooms to keep their valuables and most residents were responsible for their own finances. Inspectors viewed the invoicing arrangements for residents' weekly fees and any extras such as hairdressing and chiropody and found there was a robust system in place with external auditing and
checks in place.

The inspectors were informed that the centre was restraint free and they did not use any bedrails or any form of restraints. However inspectors saw that one resident was sitting in a large chair with the tray table on in front of her for large parts of the morning on the first day of inspection. The resident was not able to remove the table and therefore it should have been assessed as a restraint. The staff removed it while the inspector was there and it was not in place on the second day of inspection with the exception of meal times. The provider and person in charge were informed if they are to use it in the future an assessment for its use is required and all checks and controls are required to be in place in line with national restraint guidelines.

There were a number of residents who presented with responsive behaviours, Inspectors saw that the staff responded with patience and kindness to the residents and appropriate plans were seen to be in place to respond to such behaviours, with detailed care plans in place. There was also evidence of psychiatric and other multidisciplinary review and input in the residents records reviewed.

Judgment:
Compliant

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
</tr>
</tbody>
</table>

| Theme: |
| Safe care and support |

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

| Findings: |
| Inspectors saw that fire evacuation procedures were prominently displayed throughout the building and personal emergency evacuation plans for individual residents were completed and were easily accessible to all staff. There had been substantial improvements and works completed in recent times in relation to fire compliance. These included increasing the amount of fire safety equipment available, implementing an improved door release system, a new emergency lighting system and increased frequency of servicing for the fire detection and alarm system. The centre had been subject of a recent inspection by the fire authority and the provider was implementing their recommendations. |

Records confirmed that fire drills took place on a quarterly basis and included one full annual evacuation of the centre. All staff had up-to-date fire safety training and when questioned were knowledgeable about what to do in the event of a fire.

A fire register was available for inspection and had been well maintained. Weekly testing of a manual call point on the fire alarm system took place. However, daily inspection of
the fire panel and weekly fire equipment checks were not recorded.

The health and safety and risk management policy was viewed by inspectors and found to be up-to-date. It contained all the items as listed in the Regulations in conjunction with details on the identification and prevention of risks, the recording, investigation and learning from serious or untoward incidents or adverse events. The emergency plan was available with alternative accommodation detailed, should the need arise. The provider had overall responsibility for the continuous monitoring of safety of services.

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. Staff had completed training in infection prevention and control and hand hygiene to ensure best practice was adhered with and prevents the risk of cross infection.

All staff had completed their mandatory moving and handling of residents to ensure safe practice. A record was maintained of incidents and accidents’ which correlated with notifications submitted to the Authority and residents’ care plans were reflective of interventions documented in the incidents and accident forms completed.

There were a number of residents who smoked residing in the centre. Guidance was in place for staff in relation to how staff should manage residents’ who wished to smoke and detailed risk assessments were in place. Staff were observed supervising residents’ who wished to smoke and this was undertaken in a dignified manner that promoted their independence and social interaction. There was a smoking shelter in the garden which residents were seen to use which allowed for very easy observation from the centre.

Servicing records were made available to inspectors which confirmed bi-annual maintenance of lifting equipment as per legislative requirements. Other equipment including electric beds, wheelchairs, oxygen concentrators also took place bi-annually.

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

**Findings:**
There was a centre-specific up-to-date medication management policy detailing...
procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. On the previous inspection this did not adequately address the procedure around as required PRN medications. On this inspection the policy was updated and this was seen to be included. Nursing staff with whom the inspector spoke demonstrated best practice regarding administration of medicines. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Controlled drugs were maintained in line with best practice professional guidelines and the count undertaken by inspectors was found to tally with records in the centre. The medication trolley was securely maintained and a nurses’ signature sheet was in place as described in professional guidelines.

Medication management audits were completed on a monthly basis and these were evidenced during inspection last audit by the pharmacist March 2016. Medication reviews were completed at three monthly intervals and this was evidenced on residents’ prescriptions. The pharmacist attended the centre on a regular basis to do a complete review of residents’ medication management as well as education sessions with staff.

Medications were delivered in monitored dosage units and these were checked by nursing staff to verify that what was delivered corresponded with prescription records. Inspectors reviewed prescription and administration records and also observed nurses administering medications which were completed in accordance with best practice guidelines. Generally crushed medications were seen to be prescribed as crushed by the General Practitioner (GP), however there was one new resident who was receiving crushed medications which was not prescribed as crushed by the GP, the nurse said she would get the GP to prescribe it immediately.

Judgment:
Substantially 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:**
Notifications received by the Authority were reviewed upon submission and prior to the inspection. Notifiable incidents and quarterly returns submitted to the Authority were timely. A record was maintained of incidents occurring in the centre and these correlated with relevant notifications submitted to the Authority.

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

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

**Theme:**
Effective care and support

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

**Findings:**
There were a number of different General Practitioner (GP) providing a service to the residents but one GP practice provided care to the majority of the residents and they visited on a regular basis. Residents’ health status was reviewed regularly, at least every three months, by the GP including their medication. Full medical and nursing records were seen by inspectors, residents received regular checks of their weight, blood pressure and pulse.

Residents’ additional healthcare needs were met. Physiotherapy services were available as required this is paid for privately. The chiropodist visited regularly and saw all residents as required. Dietician and speech and language were provided by professionals from a nutritional company who were also contactable by telephone for advice as required. All residents have regular nutritional screening and regular weight monitoring. All supplements were appropriately prescribed by a doctor.

Optical assessments were undertaken on residents in-house by an optician from an optical company. Audiology services were provided on a referral basis. Dental services were provided by a visiting dentist or by residents going out to visit their own dentist. Mental health services were provided by community psychiatric nurses who visited the centre. The inspectors were satisfied that facilities were in place so that each resident’s well being and welfare was maintained by appropriate medical and allied health care. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the corridors, communal areas and around the grounds. There was evidence of input from the community occupational therapist into a seating assessment for a resident who required a specialist chair and this was on-going to ensure the correct chair was provided.

There was evidence of pre- admission assessments undertaken and residents generally had assessments completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination. These assessments were repeated on a four- monthly basis or sooner if the residents’ condition had required it.
The person in charge and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs. This was reflected in the care plans seen by the inspectors. The information documented in the plan of care was resident-centred and reflected knowledge of each individual. There was evidence of resident and relative involvement and sign off on their care plans.

Wound care was also looked at by inspectors who found that there was comprehensive assessment and documentation of wounds. There was evidence of input from the tissue viability nurse who had also provided on going training on wound care for staff. Material on staging and treatment of wounds was seen to be readily available to staff.

**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:**
All previous monitoring inspections since 2009 identified issues regarding the decor, layout and space of this premises and many of these have been remedied. Refurbishment since the registration renewal inspection on 8 and 9 September 2014 and two further inspections included:
1) communal areas were repainted including woodwork, walls and ceilings
2) twenty two beds were replaced with either high-low or low-low beds
3) there were new wardrobes, new hand wash sink and vanity unit in room 2
4) a new flat screen television was in place and fixed to the wall in room 4
5) room 1 was decluttered; the shower en suite was now wheelchair accessible
6) rooms 4 and 5 were completely refurbished; the television in room 4 was relocated and was accessible to both residents
7) heating pipes in bedrooms were now encased
8) the layout in twin bedrooms rooms 7 and 8 was changed. This created extra space for residents. These rooms were redecorated also. Radiators were moved to better accommodate the new layout of beds and furniture. Call bells and over head lights were relocated alongside beds to ensure easy access by residents. Privacy curtains were now in place between beds.
9) other bedrooms were repainted and new vanity units with hand-wash sink were in
10) window curtains and rails were replaced in all bedrooms
11) the shelving unit in the main bathroom was replaced by a purpose-built large mirrored lockable unit
12) there was a new visitors’ room at the main entrance with views of the garden; it contained a table and comfortable seating
13) alongside the new private visitors’ room was a new wheelchair accessible toilet which was easily accessible to communal space.
14) there was adequate number of bedpans available
15) removal of old floor piping following upgrading of heating system was completed
16) New flooring put in place in a number of areas
17) the front garden had extensive work completed including a fully concreted drive, patio areas with tables and seating made available for resident use. Landscaping of the gardens was on-going and residents were seen to be enjoying using the outdoor area.

There were a few issues outstanding
1) comfortable seating to be made available in all bedrooms
2) while the front garden was well maintained it was open to the road and drive so therefore there was no secure outdoor space available, the provider discussed her plans of converting the area at the back of the premises to an enclosed sensory garden.
3) there was an area around the side of the house that required fencing off which was unsightly with rubble.

Overall, there was significant improvement in the physical environment to ensure residents lived in a homely and comfortable environment.

Judgment:
Non Compliant - Moderate

**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:**
The complaints policy for the centre had been recently reviewed and clearly outlined the different stages of the complaints investigation process. There was a nominated person separate to the centre’s complaints officer to ensure that all complaints were appropriately responded to and records kept. The independent appeals process included contact details for a national advocacy organisation and the office of the ombudsman.

However, the most recent version of the complaints procedure was not prominently
displayed in the centre and did not outline the independent appeals process. This was rectified during the inspection and the procedure was updated and displayed clearly in the reception area of the centre. The complaints log was reviewed by inspectors and although all complaints were being recorded inspectors found that complaints were not all being recorded in a consistent manner. The results of the investigation process and actions taken on foot of a complaint were not clearly laid out. The outcome and whether the resident was satisfied was also not always recorded and dated.

**Judgment:**
Substantially Compliant

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**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

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

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

**Findings:**
There was no resident receiving end-of-life care at the time of inspection. But the person in charge and the staff described the process followed when a resident was receiving end of life care. The centre had good links with the palliative care team and residents who were referred were reviewed regularly. Care practices observed would ensure residents received end of life care in a way that met their individual physical and spiritual needs. Care plans demonstrated that end-of-life care wishes were discussed and documented to ensure care would be delivered in accordance with their desires and requests. However inspectors found that further development of these plans would be beneficial.

Divergent spiritual needs were facilitated and Mass was held in the centre monthly. Staff had completed professional development training regarding end-of-life care, palliative care and pain management.

**Judgment:**
Compliant

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**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:**
There was a centre policy on monitoring and documentation of nutritional status. This policy incorporated dysphagia (swallowing difficulties) and percutaneous endoscopic gastrostomy (PEG) feeding. Inspectors saw evidence of individualised care plans for residents with swallowing difficulties. There were also records of residents' weight and nutritional status. Each resident's nutritional requirements were communicated to the chef to include special diets, swallow assessments and food preferences. However although there was evidence of the chef knowing the likes dislikes of residents there was not a list of special diets such as diabetic diets, modified consistence diets documented in the kitchen for all staff to refer to ensure residents always got their prescribed diet.

Residents' weights were documented on a monthly basis or more often if their clinical condition warranted. Residents had access to fresh water and other fluids throughout the day and feedback from residents spoken with concurred that meals were of a high standard and meal times was of their choice. Choice of fluids, meals, snacks was provided. There was a daily menu available on the tables in the dining room. There was a choice for breakfast, a number of main course options for lunch and three options for tea. Other meal options were available if requested by the resident.

Inspectors observed the food to be well prepared and very well presented. For residents requiring the food to be modified it was presented in an appealing way.

The inspectors observed a pleasant dining experience at lunchtime. Any resident who required assistance with eating and drinking was supported in a discrete and sensitive manner. However inspectors observed that meal times were far too early with lunch commenced as early as 11.20 for residents who required assistance and 11.45 for the remaining residents. Many of these residents may have had a lie in and a later breakfast. All staff agreed lunchtime was too early and a plan was to be put in place to bring it back to an acceptable time.

There was evidence of referral and review by dieticians and speech and language therapists with appropriate plans seen in residents care plans as required.

**Judgment:**
Non Compliant - Moderate

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

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

**Findings:**
Feedback from questionnaires distributed prior to the inspection, and interviews with residents during the inspection, confirmed that residents and relatives were generally happy with the facilities and staff in the centre.

Residents were facilitated to exercise their civil, political and religious rights. During the recent election a secure ballot box was brought to the centre under An Garda Síochána supervision, which enabled the majority of residents to participate in the election process. Residents were kept informed of local and national events through the availability of newspapers, radio and television. Daily newspapers were read aloud in the sitting room each morning. The centre also published a monthly newsletter containing media extracts, important upcoming dates (for example, the census), birthdays, condolences and the welcome of new residents. Mass was held in the centre once a month and on special occasions, followed by a sing-along with the priest and refreshments. Residents of other denominations were also facilitated to practice their faith.

The centre employed an activities coordinator who engaged residents in daily activities such as bingo, skittles, chair exercises, music therapy, plant potting, and multisensory stimulation. Residents chose whether or not to participate, and those who did, seemed to enjoy the experience and lively interaction was seen to take place. Local community singer/songwriters and choirs were invited to the centre on a regular basis. These sessions often involved dancing; photos of which were displayed on the activities board. Inspectors saw some of these sessions taking place during the inspection.

Visiting was encouraged outside of mealtimes and space was available for residents to receive visitors in private. Residents also had access to a portable private phone to make phone calls.

Residents’ meetings took place on a monthly basis and allowed residents the opportunity to be consulted with and participate in the running of the centre. Inspectors reviewed minutes of these meetings where topics included meals, the environment, medication needs, religious services and activities.

Closed circuit television cameras (CCTV) were located at various locations throughout the premises, both internally on corridors and in the dining room. There was sign-age in place alerting residents and visitors to the use of CCTV cameras and there was a policy in place however the provider had decided to remove the CCTV from the communal area to protect residents privacy and dignity.
Judgment: Compliant

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

Theme: Person-centred care and support

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

Findings:
Locked storage space was provided for residents to store valuables as required. Storage space was provided in residents’ bedrooms for their clothing and belongings. There was a policy on residents’ personal property and possessions and completed resident’s property lists were seen to be completed in resident’s notes.

Residents’ laundry was outsourced. Residents’ clothing was labelled by staff and the residents’ family to prevent clothing becoming mislaid. A new laundry room was available which housed a washing machine and dryer and shelving for detergents. It was reported to the inspector that items such as tea towels, mops and other household items were laundered here.

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:**
Residents and relatives spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. Based on inspection findings, inspectors were satisfied that the centre had sufficient staff with appropriate skills, qualifications and experience to meet the assessed needs of the current residents taking into account the size and layout of the designated centre. They recommended that staffing levels were kept under review if residents needs changed. A nurse was on duty at all times, and both staff and residents were happy with the availability and involvement of senior management in the day-to-day running of the centre. Inspectors viewed evidence that staff were recruited, selected and vetted in accordance with good recruitment practice and in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Staff were trained and had signed off on centre specific policies and procedures related to the general welfare and protection of residents during induction. A staff appraisal system was in place and staff spoken with by inspectors felt appropriately supervised and supported. Ongoing training was facilitated for staff which took account of the Statement of Purpose and the size and layout of the building. Training included fire safety, elder abuse, infection control, manual handling, behaviour that challenges, first aid/CPR (cardiopulmonary resuscitation), wound management, dysphagia, LEO (Leading and Empowered Organisation Programme) and advocacy.

**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:**

Caroline Connelly  
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 Nursing Home</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-000268</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05/04/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>05/05/2016</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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors concluded that further development of the auditing system was required to ensure the quality and safety of care and the quality of life for residents was continually evaluated to determine outcomes for residents regarding the effectiveness of care and support received.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**

We have reviewed our quality assurance programme. This includes further and more varied audits and a review of the corrective action system necessary to complete any actions required.

**Proposed Timescale:** 05/05/2016

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspectors found that there was not an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

2. **Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**Please state the actions you have taken or are planning to take:**

We have commenced the annual review of the quality and safety of care for 2015.

**Proposed Timescale:** 17/06/2016

**Outcome 03: Information for residents**

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A number of the older contracts seen in residents files did not include what was included in the fee and what was excluded from the fee as required by legislation.

3. **Action Required:**

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.
### 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:**
Inspectors found that some operational policies and procedures listed under Schedules 5 were not available on the day of the inspection. These included a policy on the use of restraint and staff training and development.

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

**Please state the actions you have taken or are planning to take:**
The policies on the use of restraint and staff training and development have been completed.

**Proposed Timescale:** 05/05/2016

### 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:**
Daily inspection of the fire panel and weekly fire equipment checks were not recorded.

5. **Action Required:**
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

**Please state the actions you have taken or are planning to take:**
We now do a daily inspection of the fire panel and weekly fire equipment checks.

**Proposed Timescale:** 05/05/2016
### Outcome 09: Medication Management

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
One residents was receiving crushed medication which was not prescribed as crushed by the GP as required.

**6. Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
The GP has documented crushed medication requirements since inspection.

**Proposed Timescale:** 05/05/2016

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### 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 were a few issues outstanding
1) comfortable seating to be made available in all bedrooms
2) while the front garden was well maintained it was open to the road and drive so therefore there was no secure outdoor space available, the provider discussed her plans of converting the area at the back of the premises to an enclosed sensory garden.
3) there was an area around the side of the house that required fencing off which was unsightly with rubble.

**7. 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) Seating has been ordered, delivered and is in the necessary bedrooms.
2) We intend providing an enclosed area to the back of the Nursing Home and are awaiting a response from the Fire Officer regarding an exit before we can commence this.
3) The area in question has been fenced off.

**Proposed Timescale:** Items 1) and 3) have been completed. We estimate to have the
outdoor enclosed area finished by 30th June 2016.

**Proposed Timescale:** 30/06/2016

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**Outcome 13: Complaints procedures**

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints log was reviewed by inspectors and although all complaints were being recorded inspectors found that complaints were not all being recorded in a consistent manner. The results of the investigation process and actions taken on foot of a complaint were not clearly laid out. The outcome and whether the resident was satisfied was also not always recorded and dated.

8. **Action Required:**
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
Any future complaints will include the results of an investigation, the outcome of same and whether the Resident or the person making the complaint was satisfied.

**Proposed Timescale:** 05/05/2016

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**Outcome 15: Food and Nutrition**

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

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors observed that meal times were far too early with lunch commenced as early as 11.20 for residents who required assistance and 11.45 for the remaining residents.

9. **Action Required:**
Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

Please state the actions you have taken or are planning to take:
The mealtimes are now 30 minutes later than previous times. Both Residents and staff are quite satisfied with this change.
**Proposed Timescale:** 05/05/2016

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was not a list of special diets such as diabetic diets, modified consistence diets documented in the kitchen to ensure residents always got their prescribed diet.

**10. Action Required:**
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

**Please state the actions you have taken or are planning to take:**
There is now a list in the kitchen of Residents that have special diets. There is both a full list and a separate file with individual Resident’s diets.

**Proposed Timescale:** 05/05/2016