

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Padre Pio House
Centre ID:	OSV-0000266
Centre address:	Churchtown, Mallow, Cork.
Telephone number:	022 23 789
Email address:	shane@padrepiohouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Inishan Nursing Homes and Company Limited
Provider Nominee:	Shane McCabe
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 September 2016 09:35	06 September 2016 17:30
07 September 2016 09:25	07 September 2016 16:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of the inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The provider had submitted a completed self assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The inspection was unannounced and took place over two days. The inspector met with residents, relatives, staff members, the provider representative and the person in charge. Of the 52 residents who were residing in the centre on the days of the inspection 27 had a confirmed diagnosis of dementia. The centre did not have a specific residential

dementia unit and resident care was integrated throughout the centre. The inspector reviewed a number of care plans of residents with dementia, including processes around assessment, referral and monitoring of care. The inspector observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

The provider had completed a dementia care self-assessment form in advance of the inspection. The self-assessment form compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People. The provider had assessed that overall the centre was in substantial compliance with the requirements and the findings on this inspection concurred with this self-assessment. In relation to residents' healthcare and nursing needs the inspection findings were positive with a high standard of care in evidence where assessed. Effective and appropriate communication and interaction between staff and residents with dementia or cognitive impairment was noted throughout the inspection.

The provider and person in charge were present throughout the inspection and were responsive in implementing prompt and appropriate action where necessary. Areas for improvement identified included documentation on care plans and training for staff in the use of fire extinguishing equipment. These issues are further explored in the body 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 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Admission procedures included both a pre-admission and an admission assessment by a suitably qualified person. Care plans were developed in line with admission assessments and residents' changing needs. A sample of care plans was tracked on inspection and it was found that timely assessments were carried out and reviewed in keeping with regulatory requirements. The centre had introduced the practice of developing a social profile of residents on admission though in some instances these had not been completed. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity. An audit of falls was in place that also assessed the use and possible impact of psychotropic medication with a review by a medical practitioner where indicated. Of the cases reviewed appropriate care plans were in place around all activities of daily living and specific plans were in place for individual issues identified such as nutrition, mobility and the management of behaviours that might challenge. However, in one instance where such behaviour had previously impacted on another resident, the risk in relation to the likelihood of recurrence had not been assessed and a behaviour management plan to set out strategies that might mitigate this assessed risk was not in place.

There was good evidence that practice and systems to prevent unnecessary hospital admissions were in place. These included regular monitoring and the recording of observations and attendance and review by the general practitioner (GP). Appropriate policies were in place in relation to food and nutrition. Catering staff spoken with had been appropriately trained and understood the particular needs of the resident profile. Hard copy communication systems that set out special dietary and nutritional needs were in place and it was explained that these were regularly reviewed with nursing staff where changes occurred, or for new admissions. Members of care staff spoken with

understood how to observe the requirements of a diet plan including modified consistencies and how to implement instructions on thickening fluids for example. The dining area of the centre was bright and open plan with tables laid attractively for use by individuals or small groups according to preferences. Residents who required full assistance with their meals were seen to be supported appropriately with assistance provided in a discreet and person-centred manner. Menus were regularly rotated and offered good choice and appropriate nutritional balance. Meals were seen to be freshly prepared and home baking was also provided. Meals were thoughtfully presented including those for residents who required the consistency of their food to be modified. Snacks and refreshments were seen to be appropriately provided on a regular basis throughout the duration of the inspection.

Records reviewed indicated that residents had regular access, or as required, to allied healthcare professional services such as speech and language therapy, physiotherapy, chiropody and dental and optical services. The centre also had effective access to community mental health services. The services of a consultant geriatrician were also available although a review of one resident file indicated a delay of almost two months in response to a request for an urgent referral.

A policy on the provision of care at end-of-life was in place which provided directions on the delivery of care to meet the physical, emotional, social, psychological and spiritual needs of the resident. Management articulated a commitment to the development of end-of-life care plans and all staff had received training accordingly since the previous inspection. Arrangements were in place to support the relatives of residents to stay at the centre if they wished and the person in charge also confirmed that the centre was well supported by community palliative care services. The inspector reviewed a sample of end-of-life care plans for residents with dementia or cognitive impairment and, although reference was made to discussion with family, the plan itself contained limited information as to the preferences or guidance to staff in this regard. This aspect of care was further discussed with the person in charge in relation to changing legislation and the related impact on policy and practice development.

There were arrangements in place to review accidents and incidents within the centre. These arrangements were demonstrated effectively in relation to an accidental fall by a resident on the second day of the inspection. This resident received timely medical assessment and ambulance transfer to hospital for further review. The sample of care plans reviewed indicated that residents were regularly assessed in relation to issues of mobility. Where bed-rails were in use documentation was in place to demonstrate the assessed risk of their use. However, assessments to determine the need for the use of a bed-rail in the first instance, where residents such as those with dementia did not have capacity to consent for example, had not been completed.

Processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Written policies and procedures on medication management were in keeping with regulatory requirements. Medication prescription and administration records were maintained appropriately and contained the necessary biographical information, including a photograph. A medication round was observed and the practice of the administering nurse was safe and in keeping with guidelines. Times of administration were recorded and signed as necessary. Where

residents had a cognitive impairment it was noted that medication was administered in a person-centred manner. Where medications were transcribed the practice was in keeping with protocols and signed off as required by two members of nursing staff and also appropriately authorised by the prescriber. Staff explained that where residents might refuse medication the administration record was noted accordingly and a referral for review by the GP as appropriate was put in place.

Based on observations, feedback and a review of documentation and systems, the inspector was satisfied that, overall, there were suitable arrangements in place to ensure that the health and nursing needs of all residents, including those with dementia or cognitive impairment were appropriately met.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Records indicated that a regular programme of training on safeguarding and safety was delivered by the centre with a senior member of staff qualified to deliver this training in-house. A review of training records indicated all staff had received up-to-date training and staff members spoken with by the inspector understood how to recognise instances of abuse and were aware of the relevant reporting systems in place. Residents spoken with by the inspector reported positively of their experience of care and stated that they felt safe and well minded in the centre. These residents were clear on who was in charge and who they could go to should they have any concerns they wished to raise. There was a policy and procedures in place for the prevention, detection and response to abuse; however, it did not reference current national policy.

Systems were in place to safeguard residents' finances with a record maintained of individual transactions where entries were recorded and double signed. A sample of these records was checked and the figures reconciled with the balance of funds held.

A policy and procedure was in place in relation to management of behaviour that might challenge. A number of staff had received training on dementia and the related behaviours and psychological symptoms of dementia. Through observation and a review of care plans the inspector was satisfied that staff were knowledgeable of their residents' needs and provided support that promoted a positive approach to such behaviours. Care plans were in place that provided guidance to staff in relation to the delivery of care and staff were seen to reassure residents and divert attention

appropriately to reduce anxieties whilst being mindful of the welfare of other residents.

Management articulated a commitment to a restraint free environment and a review indicated a continuing reduction in the use of bed-rails for example with greater reliance on alternatives such as low beds and alarm sensors. A restraint policy that reflected this practice was in place. Where bed-rails were in use there were appropriate assessments as to the risk of their use. Consent forms were also in place for the use of wandering alarms.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were no restrictive visiting arrangements and, on the days of inspection, a good number of visitors were observed spending time with residents in all areas of the centre. Feedback from visitors was consistently positive around their experience and observation of care at the centre. Regular resident meetings were facilitated by one of the activities co-ordinators - minutes of these meetings were seen and recorded attendance was consistent. Residents spoken with said they were well cared for and were very content at the centre.

The centre had several employees dedicated to the provision of a broad range of activities including those specifically designed to support the needs of residents with dementia or cognitive impairment; these included tactile and sensory stimulation such as hand massage or balloon activity; a pet dog that also attended the centre regularly was clearly popular. There was a comprehensive weekly activity schedule that included morning and afternoon arrangements for card playing, bingo, Sonas and exercise time. On the days of inspection activities were ongoing in several areas of the centre simultaneously with all residents having options and opportunities to participate according to their interests, including one-to-one activities such as playing draughts. Those residents with more cognitive impairment were seen to enjoy an exercise therapy session appropriate to their abilities. A hairdresser regularly attended the centre and there was an appropriately equipped facility to support this service. All residents could access the secure and well maintained grounds.

The centre implemented a policy and practice that supported residents in their civic and spiritual preferences. Voting arrangements were in place and pastoral care was also available with a regular mass service at the centre. A relevant communication policy was

in place and the inspector observed a person-centred culture of care. Staff were seen to enquire as to the preferences of residents with dementia and also to accommodate those preferences and facilitate where residents might choose to change their minds about their choices. Appropriate consideration was given to how the mood of a resident with dementia might change and staff were seen to use effective strategies to ease the experience of residents who were agitated. This included person-centred communication and efforts to divert or distract where appropriate. The inspector noted that members of staff and management acknowledged all residents as a matter of course and noted that those with advanced dementia were also routinely included in the conduct of day-to-day activities and duties. Although these exchanges were often brief the communication was interactive and inclusive.

Aside from routine observations, as part of the overall inspection, a standardised tool was used to monitor the extent and quality of interactions between staff and residents. This monitoring occurred during discrete 5 minute periods in 30 minute episodes. Two episodes were monitored in this way and during these periods of observation it was noted that residents with dementia or cognitive impairment had their social needs met in an appropriate and consistent manner. Residents were seen to be consulted around choice and engaged with conversation, or provided with refreshments and re-positioned to support comfort. A positive result was recorded for these episodes and it was noted that staff engaged meaningfully with residents on a consistent basis.

As indicated in the self-assessment return the provider confirmed that action was in train around providing access to an external advocacy agency and relevant contact information was available for the services of an independent advocate. The centre was integrated in the community with both residents and staff members from the local area. Local newspapers were available and residents also had access to radio and TV. The inspector noted that where closed circuit television (CCTV) monitoring was in use in the centre it was restricted to access areas such as entrances, exits and corridors.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
A written operational policy for the management of both verbal and written complaints was in place and the procedure for making a complaint, including the necessary details of a nominated complaints officer, was displayed at the entrance area of the centre. The procedure outlined an appeals process that also provided contact information for the

office of the Ombudsman. A summary of this information was available in the guide for residents and also in the statement of purpose.

Management explained that regular resident meetings were in place and where issues arose these were addressed on an ongoing basis. A separate record of complaints was also maintained which included details of actions and whether or not the matter was resolved and that the complainant was informed of the outcome. Processes in relation to how complaints were managed were transparent and documentation around these processes was accessible for reference. It was also evident that learning was acted on where any areas for improvement were identified. The inspector was satisfied that the system for dealing with complaints was in keeping with statutory requirements. Those residents spoken with understood who was in charge and who they could go to with a complaint.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

The planned and actual staff rota was reviewed and the inspector was satisfied that the staff numbers, their qualifications and skill mix, were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. The delivery of care was directed through the person in charge supported by a senior staff nurse who also deputised in this role. Appropriate supervision was in place on a daily basis with a qualified nurse on duty at all times. Supervision was also implemented through monitoring and control procedures such as audit and review and competency assessments in relation to the administration of medication, for example.

The provider and person in charge confirmed that training was regularly delivered in mandatory areas such as safeguarding, manual handling and centre-specific fire procedures and prevention with regular fire drills being undertaken. However, a number of staff had not received refresher training on using fire equipment; the provider addressed this issue at the time of inspection and scheduled attendance on the next available training session with an appropriately qualified training provider. A regular schedule of training was available to support staff in their delivery of care and staff had access to specialised courses to support care of residents with dementia, cognitive impairment and related communication needs. As discussed in previous outcomes staff were seen to interact and communicate appropriately where residents presented with a cognitive impairment. A significant number of staff had attended training around

dementia and the management of related behaviours and psychological symptoms in May of this year. Records of training in the last year also included dysphagia awareness and meal plans, wound management, hand hygiene and cardio-pulmonary resuscitation. A comprehensive induction training programme was also in place for new staff. Staff spoken with understood their statutory duties in relation to the general welfare and protection of all residents and in particular the needs of residents with cognitive impairment and dementia related communication needs.

Documentation was well maintained in relation to staffing records as required by Schedule 2 of the regulations. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Where volunteers were engaged at the centre appropriate supervision and documentation was in place.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The centre was a purpose built, single storey premises set back from the main road on well maintained grounds on the outskirts of Churchtown in county Cork. Ample parking facilities were available to the front of the premises. The centre provided accommodation for up to 52 residents comprising 42 single ensuite rooms and five twin rooms with ensuite facilities. Bathroom and toilet facilities were appropriately located throughout the centre with separate facilities available for staff that included an area for changing and storage. The premises was very well maintained with a good standard of cleanliness in evidence throughout.

The layout of the centre was in keeping with the statement of purpose and designed in many respects to meet the needs of those with a cognitive impairment. For example the entrance area was a bright atrium with overhead murals and a large fish tank/coffee table around which residents could sit in comfort. Several communal sitting areas led off this central space and the layout facilitated circulation by residents and many were seen to orientate independently with ease. The main communal sitting area was bright and open plan with large windows to the front of the building. This area had a TV and also provided a homely tea/coffee point where both residents and their visitors could take refreshment. Another communal lounge with TV and seating was at the side and there was also a smaller seating area further removed where residents could meet visitors in private if they wished. This part of the centre also provided a hairdressing facility and

treatment room for use by the chiropodist. The dining area was bright and open plan with large window alcoves and tables laid attractively for individual and small groups.

The grounds were very well maintained with particular consideration given to their potential as a resource for the use and benefit of residents, especially those with dementia or a cognitive impairment. Many residents came from the local agricultural community and there were large poly-tunnels and raised beds available to support those with an interest in gardening. The centre also kept hens and a paddock with two donkeys from the local sanctuary. Residents and visitors had access to a secure outside area with pathways, seating, a barbecue, flowers, shrubs and ornaments.

Inside the use of décor was creative and had been developed with the needs of those with a cognitive impairment in mind, such as intricate murals in communal areas and an attractive water feature as a focal point in one casual sitting area for example. Sitting and dining areas were laid out to maximise vantage points to the outside where well maintained flower baskets provided a colourful display. Consideration was also given to the impact of auditory stimuli for the benefit of residents – there was a small aviary where residents with cognitive impairment were seen to respond and comment on the birdsong and background music was played throughout at an appropriate volume. The centre also had a small oratory and the centre could provide accommodation and support to residents and their families should they need to stay overnight, at times of palliative care, if required.

Residents' rooms were comfortable and personalised to varying degrees with individual belongings and memorabilia. Individual accommodation provided adequate space for the use of assistive equipment if necessary and also space for the storage of personal belongings and a secure locker; most rooms also provided the resident with a personal shower facility. The centre was homely and very well decorated with pictures, paintings and soft furnishings throughout. Furnishings were in good condition and comfortable. Heating, lighting and ventilation was appropriate to the size and layout of the centre.

In relation to the specific needs of residents with dementia, the development of orientation signage in some areas of the premises would further support the requirements of those with a cognitive impairment, such as the use of contrasting colours or visual and tactile stimuli to outline doorways or provide direction for example.

Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was well equipped and suitable in design to meet its purpose with sufficient space and facilities to manage all laundering processes. Residents had access to assistive equipment as required and staff were observed to use appropriate manual handling techniques when lifting and transferring residents. The centre had an adequate stock of equipment such as wheelchairs and hoists to meet the needs of the residents and appropriate storage was available as required.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Padre Pio House
Centre ID:	OSV-0000266
Date of inspection:	06/09/2016
Date of response:	03/10/2016

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

In some instances documentation around care planning required review to include:

- a risk assessment in relation to possible responsive behaviours and/or a related behaviour management plan;
- information on end-of-life care plans as agreed in consultation with resident and/or family and guidance to staff in this regard;

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

- a social profile;
- assessments to determine the need for the use of a bed-rail where residents such as those with dementia did not have capacity to consent.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Risk Assessment in relation to responsive behaviours and a management plan has commenced.

End of life care plan will be done in the best interest of the Resident in conjunction with the GP and care team.

Social profile completed.

Assessment form introduced and is being implemented.

Proposed Timescale: 17/10/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The policy and procedures in place for the prevention, detection and response to abuse did not reference current national policy.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The policy and procedures for prevention, detection and response to abuse has been reviewed and updated.

Proposed Timescale: 03/10/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

A number of staff had not received refresher training on using fire equipment.

3. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Refresher training on the use of fire equipment has been scheduled.

Proposed Timescale: 30/11/2016