

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Padre Pio Rest Home
Centre ID:	OSV-0000269
Centre address:	Cappoquin, Waterford.
Telephone number:	058 54 117
Email address:	padrepioresthome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Margaret Martin
Provider Nominee:	Margaret Martin
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 March 2017 10:00 To: 29 March 2017 16:45

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an announced inspection following an application by Padre Pio Rest Home for a change in entity in accordance with statutory requirements. The person in charge had also changed since the previous inspection. A fit person interview had been conducted in the Health Information and Quality Authority (HIQA) head office prior to this inspection. The inspector also followed up on the progress of the action plans generated from the previous inspection in May 2016. On the previous inspection the premises was judged to be major non compliant and the provider had been granted an extension by HIQA until 30 June 2017 to complete works to the existing premises.

On this inspection the inspector saw that substantial improvements had been made to the existing premises which enhanced quality of life for residents. However, all works in relation to the existing premises were still not finished and will not be completed by 30 June 2017. The provider is dependent on the decisions of external agencies in order to proceed with a new extension.

The inspector spoke with residents, relatives and staff throughout the inspection and also reviewed the feedback questionnaires submitted to HIQA. In addition all documents submitted by the provider related to the application to change entity were reviewed prior to the inspection.

Overall, the inspector found that care was delivered by staff who knew the residents well and who discharged their duties in a respectful and dignified way. The management and staff in the centre were striving to improve the quality of the service and the outcomes for residents. Residents appeared well cared for and expressed satisfaction with the care they received and confirmed that they felt safe and had a choice in their daily routine. Residents spoke positively about the staff who cared for them.

Reasonable systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of an adequate level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

The Action Plan at the end of this report identifies some areas where improvements are still required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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.

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection it was found that the statement of purpose did not contain all of the information as required by the regulations. This action had been completed.

The updated statement of purpose was available that detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in Schedule 1 of the regulations.

Judgment:

Compliant

Outcome 02: Governance and Management

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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was a clearly defined management structure that identifies the lines of authority and accountability, specified roles and details

responsibilities for the areas of care provision. This was outlined in the statement of purpose, and staff were familiar with their duty to report to line management.

Staff were complimentary of the management structure and communication arrangements and were satisfied with the leadership shown and structured reporting arrangements. Suitable arrangements were put in place to support, develop, supervise and manage staff and review performance.

There was evidence of quality improvement strategies and monitoring of the services. There were regular quality improvement meetings as observed by the inspector. The inspector reviewed audits completed by the person in charge. The areas reviewed included medication management, health and safety, hygiene and restraint. The person in charge discussed improvements that were identified with staff and an action plan to improve compliance was outlined as observed by the inspector.

An annual review of the quality and safety of care delivered to residents was completed. However, the review was completed as an audit and only provided tick box information based on the National Standards for Residential Care Settings for Older People in Ireland (2016). It did not provide any information regarding the quality and safety of service delivery nor did it outline the improvements that had been made in 2016. There was no strategic plan to inform the review for 2017. There was no evidence of any consultation with residents in relation to the review as required by legislation. Resident satisfaction surveys had been completed during 2016, the results of which indicated high satisfaction with the service provided.

Management at all levels engaged with the residents on a daily basis to provide information and obtain feedback from residents as observed by the inspector. Residents were familiar with management arrangements. Interviews conducted with residents and relatives during the inspection were very positive in respect of the facilities and provision of services and care provided.

Judgment:
Substantially Compliant

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:
Each resident had an agreed written contract which deals with the resident's care and

welfare. The contract included all details of the services to be provided for that resident and the fees to be charged. This included a list of facilities and services provided including laundry, meals, and housekeeping. Services offered in the centre which incurred additional fees such as activities were listed.

A guide to the centre was available to all residents. This described the centre services, management, complaints procedure, and contact information for useful external bodies. The inspector observed that at the reception area there was information on display regarding the complaints procedure, fire evacuation instructions and local newsletters.

Judgment:
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 had changed since the time of the last inspection. The current person in charge had previously worked in care of the older persons services and is full-time in this role. The inspector found that she was suitably qualified and experienced with the authority, accountability and responsibility for the provision of the service. There was a clearly defined management structure in place to support the person in charge.

The inspector spoke with staff and residents, and found that there was a clear reporting mechanism and management structure in place. The inspector was satisfied that the management arrangements in place ensured that the assessed needs of residents were being met and monitored.

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. There was a current policy which provided guidance for staff on the various types of abuse, assessment, reporting and investigation of incidences. It also included how to report and manage incidents of elder abuse.

The person in charge clearly demonstrated their knowledge of the designated centre's policy and was aware of the necessary referrals to external agencies, including the Health Service Executive (HSE). Staff confirmed and training records indicated that staff had attended training on the prevention, detection and response to abuse.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed that they felt safe in the centre.

There were policies in place on responsive behaviours ((how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and the use of restrictive practices. Supporting assessment tools were available as observed in nursing care plans.

There was evidence that residents with dementia and responsive behaviours were appropriately referred and reviewed by specialist psychiatric services. However, not all staff had received training in responsive behaviours. There was a consent and communication policy in place.

The inspector observed interactions between residents and staff were mutually respectful friendly and warm. There was a policy on the management of restraint which was based on national policy. A restraint-free environment was promoted in the centre. . A restraint register was in place. There were four residents using bed rails at their request. Alternatives to restraint had been purchased and made available. These included low, low beds, sensory alarms and floor mats.

Risk assessments had been completed for residents who required bed rails. These restraints were checked regularly when in use and records were viewed by the inspector. There was evidence that consent of the resident or a representative had been sought or that where a clinical decision had been made for the use of restraint. The inspector noted that compared to the previous year bed rail usage was constantly decreasing.

A policy was in place for the management of residents' personal property, finances and possessions. Residents retained responsibility for the management of their own finances

and there was lockable storage space in each resident's room. The provider did not act as a pension agents for any residents.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. The inspector was satisfied that risk management was generally well managed. There was an up-to-date health and safety statement.

A risk management policy dated 2016 was in place that included the areas described in regulation 26(1). There was information on general hazard identification that outlined general and clinical risk areas. Risk management was supported by individual risk assessments for residents linked to their assessed needs. There was a risk register in place dated 2016. The inspector observed that following completion of the new extension an external health and safety adviser had completed further risk assessments.

Fire precautions were prominently displayed in the centre. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The inspector noted that the means of escape and exits, which had daily checks, were unobstructed. All staff including some residents had attended training and were knowledgeable of the procedure to follow in the event of a fire. Regular fire drills had taken place the last one was held in October 2016. The inspector saw that the fire alarm was tested and serviced on a regular basis.

There was an emergency plan that outlined the procedures to be followed in the event of emergencies such as fire, bad weather, loss of water and loss of power. There was an infection control policy in place. There were procedures in place for the prevention and control of infection. Hand gels, disposable gloves and aprons were appropriately located within the centre.

There was a system for recording accidents and incidents in the electronic care planning system. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects. The inspector saw that incidents such as falls were discussed at quality improvement meetings. Falls risk assessment sand dependency levels were regularly reviewed. The inspectors saw that each resident's moving and

handling needs were identified and outlined in an assessment. Manual handling training was up to date for staff. A contract was in place for servicing of equipment to include breakdown and repairs of equipment.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:

The inspector found there were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.

Medicines were stored securely in the centre. Each resident's medicines was stored within a locked cupboard in their bedroom. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration. However, the temperature recordings of the fridge were not consistently monitored as observed by the inspector. Controlled drugs were stored securely within a locked cabinet and balances of all controlled drugs were recorded in the controlled drugs register.

Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. The inspector checked a stock balance and found that it was correct. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines. Medication administration practices were found to adhere to current professional guidelines.

Medication prescriptions and administration records for the most part were complete in accordance with professional standards. The inspector reviewed a sample of prescription records and saw that they included the maximum doses of p.r.n medicines (a medicine only taken as the need arises) to be administered over any 24 hour period. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and legible.

However, it could not be demonstrated that medicines were administered to residents as prescribed. The inspector noted that medicines were administered by nurses where prescriptions were incomplete or ambiguous. For example, medicines that were administered in a modified form (crushed) were not individually prescribed as such to

ensure safe administration and to prevent potential adverse effects if medicines were inappropriately modified.

There were procedures to ensure medication practices were reviewed and monitored. The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis. The pharmacist had met with residents and discussed their medicines with them as observed by the inspector.

Judgment:

Non Compliant - Moderate

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:

The inspector found that the welfare and well-being of the residents was prioritised and suitable and sufficient care was provided. Staff and management at the centre demonstrated an active commitment to person-centred care. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the personal circumstances around individual residents.

Residents spoken with felt very well cared for and supported in their choices; they were consulted with, and participated in, communication and decisions around healthy living choices including care plans, daily activities and personal preferences. The inspector saw that life stories such as "This is Me" had been developed for residents.

Recognised assessment tools were used to identify residents care needs, evaluate progress and assess risk factors such as vulnerability to falls, dependency levels, compromised nutritional status, risk of developing pressure sores and moving and handling needs. There was a record of the resident's health condition and treatment given completed daily as required by the regulations. The inspector reviewed a sample of resident's care plans and certain aspects within other care plans such as management of responsive behaviours, residents with compromised nutritional status and care plans related to residents with dementia.

In the sample of care plans reviewed there was evidence that the care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. The assessment, development and review of care plans were carried out by nursing staff in consultation with residents or their representatives. Each resident's care plan was subject to a formal review; within four monthly intervals.

There was evidence that timely access to health care services was facilitated for all residents. Five general practitioners (GP's) were attending to the needs of the residents and an "out of hours" GP service was available if required. The records confirmed that residents were assisted to achieve and maintain the best possible health through medicine reviews, blood profiling and annual administration of the influenza vaccine.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including dietetics, speech and language therapy, out-patient clinics, chiropody and physiotherapy. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians. The inspector saw that there was good input from the palliative care services and community mental health services also. Residents and relatives told the inspector that they were satisfied with the nursing and medical care provided in the centre.

Mobility and daily exercises were encouraged with weekly fitness classes incorporated into the activity schedule. Residents had suitable mobility aids and modified chairs following seating assessments by an occupational therapist and or the physiotherapist. Hand rails on corridors and grab-rails were observed in toilet and bathroom facilities used by residents which promoted independence.

Overall the inspector was satisfied that the care plans contained the required information to guide the care for residents.

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:

On all previous inspections it was found that the design and layout of the premises did not meet the needs of the residents including adequate private and communal space and suitable facilities for use by residents. Hallways were narrow and did not facilitate the independent movement of residents with mobilisation aids. The sluicing and laundry areas were not appropriate to the size of the centre and did not comply with best practice infection control in terms of equipment and wall and floor finishes.

The staff toilet was accessed via the entrance to the sluice room. Commodes were stored in bedrooms and in some instances this prevented a resident having a chair in the bedroom. The shared bedrooms did not allow for personal care to be delivered in privacy or the use of equipment without moving the resident beds. There was not adequate or suitable storage for essential equipment such as wheelchairs, commodes or hoists.

Inappropriate storage of equipment presented hazards in relation to both infection control and the risk of accidental injury to staff or residents. The provider had been granted an extension by HIQA to 30 June 2017 through an application to vary conditions of registration to rectify some of the non-compliances identified by HIQA. In relation to the new extension the provider is not in control of some of the issues and the progress of this project is dependent on external agencies. The original planning permission has elapsed now despite continued attempts by the provider to progress the project.

Overall, the centre has four single bedrooms without en suites and another 12 single bedrooms with en suite toilet and wash-hand basin. There are four twin bedrooms with wash-hand basins.

On this inspection the inspector saw that some refurbishment works had been completed. There was a new double door sliding entrance with a ramp to create wheelchair access. The old sitting room/lounge area had been converted into a large sitting room with two separate lounge areas which included a flat screen television, bookcase and comfortable seating. There were large windows which attracted natural light, the decor was tranquil and the soft furnishings all added to a peaceful ambience. Residents had chosen the colours and were proud of this and the inspector observed many residents and relatives using the different spaces available. The inspector saw that the corridors had been widened which aided ease of mobility for residents.

The old staff room had been renovated into a food preparation area with new flooring and sinks. The kitchen area had new non slip flooring, cooker and sinks. Kitchen staff also now had their own separate changing facilities. There was a double porta-cabin in place with one room for the laundry section and the other room was a staff room with changing facilities. The staff toilet had been removed from the sluicing area but other works were still in progress in this area. The provider informed the inspector that the sluicing area will be completed by 30 June 2017 which will facilitate storage of commodes which are currently stored in residents bedrooms.

Storage continues to be an issue in relation to providing suitable storage for essential equipment such as wheelchairs or hoists. Phase six of the original plans submitted to HIQA in 2014 will not meet the timescale of 30 June 2017 which included provision of a storage area and moving the front office to another location within the centre.

Judgment:

Non Compliant - Moderate

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 activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted with and had opportunities to participate in their daily routine and in the organisation of the centre. A residents' committee was facilitated by staff for residents to meet on a regular basis. Residents' family members and their involvement was promoted. A record of communication with family was seen in the resident files reviewed.

Access to and information in relation to the complaints process and independent advocacy services was available to residents. Residents' independence and autonomy was promoted. Practices observed demonstrated residents were offered choices. Residents who spoke with an inspector and those who completed questionnaires said they were able to make choices about how they spent their day, when and where they ate meals, rise from and return to bed. Residents knew who to complain to and had options to meet visitors in a private or in communal areas based on their assessed needs. Residents attended training sessions in the centre.

There was a varied activities programme with arts and crafts, bingo, puzzle games, storytelling, knitting and music included. There were also a mix of group and individual sessions including hand massage. Therapies and activities to reflect the needs of those with dementia were also included such as reminiscence and sensory stimulation. The inspector saw that there was a rummage box located in the dining room.

There were two activities coordinators who delivered the activity programme over a five day period. The inspector spoke with one of the activities coordinators. The inspector found that she was very enthusiastic and dedicated to improving quality of life for

residents. The inspector found that she had intimate knowledge of each resident and their past history in relation to their personal and working life. Group activities on the days of inspection included a newspaper reading session and a quiz. For those residents who did not fully participate, staff made time to sit and chat to them quietly. Some residents preferred to stay in their rooms and the activity coordinator would visit them on a daily basis.

There was evidence of a good communication culture amongst residents, the staff team provider and person in charge. Staff worked to ensure that each resident received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Residents were well dressed. Personal hygiene and grooming were well attended to by care staff. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected as evidenced through the care planning process. Residents were satisfied with opportunities for religious practices.

Feedback from residents and relatives on the level of consultation with them and access to meaningful activities was generally positive. All those spoken too praised the staff for the cheerful and respectful manner in which they delivered care.

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):
No actions were required from the previous inspection.

Findings:

The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Residents and relatives

spoken with confirmed that staffing levels were good; stating they never had to wait long for their call bell to be answered or their requested needs to be met.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition. There was a communication book available for staff also. There was evidence of regular staff meetings taking place. The inspector observed that staff appraisals took place on an annual basis. New staff had a formal induction programme and suitable mentoring arrangements were in place. Good supervision practices were in place with the nurse visible on the floor providing guidance to staff and monitoring the care delivered to residents.

Records reviewed confirmed that all staff had mandatory education and training in place. Staff had also been provided with education on a variety of topics, such as dementia, continence, health and safety and medication management. Residents had also attended fire and communication training. The person in charge outlined to the inspector further training that was scheduled for 2017 which included enhancing and wellbeing of older persons with dementia.

Staff recruitment procedures were in place and included vetting of staff. The provider assured the inspector that all staff were Garda vetted. Evidence of current professional registration for nurses was available in a sample of files reviewed. The sample of staff files viewed by the inspector were found to contain all of the necessary information required by Schedule 2 of the regulations.

However, there was a volunteer working in the centre. Garda vetting was not available nor was the role and responsibility of the volunteer set out in writing as required by the regulations.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Padre Pio Rest Home
Centre ID:	OSV-0000269
Date of inspection:	29/03/2017
Date of response:	18/04/2017

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:

There was no evidence of any consultation with residents in relation to the annual review as required by legislation.

1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

Please state the actions you have taken or are planning to take:
We will prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

Proposed Timescale: 18/04/2017

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Ensure that all staff have training in responsive behaviours.

2. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

All staff will have training in responsive behaviours.

Proposed Timescale: 01/12/2017

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:

It could not be demonstrated that medicines were administered to residents as prescribed. The inspector noted that medicines were administered by nurses where prescriptions were incomplete or ambiguous.

3. 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:

We will 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. Pharmacist did a full medication audit on 11 April 2017.

Proposed Timescale: 18/04/2017

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:

Ensure that there is suitable storage facilities in the designated centre.

4. 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:

We will ensure that there are suitable storage facilities in the Home as previously stated by 30 June 2017.

Proposed Timescale: 30/06/2017

Theme:

Effective care and support

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

The shared bedrooms did not allow for personal care to be delivered in privacy or the use of equipment without moving the resident beds.

5. 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:

We will provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre by 2021.

Proposed Timescale: 31/12/2021

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Ensure that the roles and responsibilities of volunteers are set out in writing.

6. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

All volunteers will have their roles and responsibilities set out in writing.

Proposed Timescale: 18/04/2017

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Ensure that all volunteers have Garda vetting.

7. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 will be in place for all volunteers in the home.

Proposed Timescale: 18/04/2017