



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Padre Pio Nursing Home
Name of provider:	B.M.C. (Nursing Home) Limited
Address of centre:	Graiguenoe, Holycross, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	15 May 2018
Centre ID:	OSV-0000267
Fieldwork ID:	MON-0022227

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Padre Pio Nursing Home is a two-storey facility situated in a rural setting within close proximity to the village of Holy Cross, Co. Tipperary. The centre is registered to accommodate 49 residents. Bedrooms comprise single and twin rooms, some with en-suite shower and toilet facilities; all bedrooms have hand-wash basins. There is chair lift access to the upstairs accommodation. There are two dining rooms, two day rooms, a sun room and a large quieter seating area in the Poppy wing which also accommodates the oratory and hairdressers salon. Residents have access to the secure well maintained garden via several points around the centre. Padre Pio Nursing Home provides 24-hour nursing care to both male and female residents. It can accommodate older people (over 65), people requiring long-term care, convalescent care, respite and palliative care and younger people whose assessed care needs can be met. Residents with maximum, high, medium and low dependency needs are accommodated in the centre.

The following information outlines some additional data on this centre.

Current registration end date:	10/05/2020
Number of residents on the date of inspection:	48

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
15 May 2018	09:30hrs to 17:00hrs	Breeda Desmond	Lead

Views of people who use the service

Throughout the day the inspector met several residents and spoke with six residents in their bedrooms, day rooms and dining room. Residents were happy with the care and attention they received. They spoke of the friendliness of staff and the kindness shown to them and the cheerful atmosphere. Residents reported that they had access to facilities and activities both in the centre and in the community. They outlined that they would speak with the person in charge if they had a concern.

Capacity and capability

Overall, the inspector found a good standard of care, with many improvements demonstrated regarding oversight and quality improvement initiatives. There was effective governance arrangements to enable positive outcomes for residents. Deputising arrangements were in place for the person in charge, whereby the clinical nurse managers (CNMs) was responsible for the service when necessary.

Residents' feedback detailed that staff were friendly and helpful and the inspector observed that in general, staff actively engaged with residents and visitors. Residents reported that they had access to lots of activities in accordance with their preferences, both within the centre and in the wider community, that enhanced their quality of life. For example, 10 residents were part of the inter-generational choir participating with pupils from the secondary school in Thurles. On the morning of the inspection, residents' singing practice was held in the centre; in the afternoon, residents and staff went to the school to practice with the students. Choir practice with the students alternated between the centre and the school.

Residents were familiar with the person in charge and staff, and the inspector observed the activities co-ordinator knew the residents, their preferences and actively encouraged people to participate in activities relevant to them.

The person in charge demonstrated a continuous quality improvement strategy, whereby monthly audits were completed and these generally informed practice. CNMs were involved with the person in charge in the audit programme. The audit schedule was based on quality of care, for example, the medication management audits, antibiotic use, restrictive practice, assessment and care planning. While some of these audits influenced and improved practice, others required further consideration to reduce risk and enhance practice.

A sample of residents' assessments and care plans were examined. They showed significant improvement since the previous inspection and reflected a holistic picture

of the person to enable better outcomes for them. Assessments were timely and reviews of care and the resident's response to treatments and interventions demonstrated reflective practice that promoted independence and autonomy.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the appropriate qualifications and experience to the role and responsibilities of person in charge. In addition to holding the post of person in charge, she was the provider representative and she was engaged in the governance, operational management and administration of the centre. She was knowledgeable regarding her responsibilities under the regulations for both positions held.

Judgment: Compliant

Regulation 15: Staffing

The staff rosters showed that there were adequate staff to meet the assessed needs of residents. The duty roster was discussed with the person in charge who outlined that the staff levels were constantly reviewed cognisant of the changing needs of residents, for example, additional staff were on duty until 22:00hrs to facilitate care.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained by the person in charge. Information maintained on the directory was current and in compliance with the information required in the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Significant improvement had been made to management systems to ensure the service provided was safe. Information gleaned through audits was collated and benchmarked against previous audits, which highlighted both good practice and areas for improvement. These were brought to staff meetings and weekly handover

bulletins to highlight issues to staff to enable learning and minimise the risk of recurrence. Nevertheless, there was scope for improvement in the audit process. For example, issues identified in medication management audits did not inform the near miss and errors medication records to safeguard residents; the infection control audit did not include observation of practice so it could not be assured that best practice was adhered with to minimise risk of cross infection to residents and staff.

The annual review for 2017 was examined and it detailed a review of the quality of care; residents surveys and meetings showed that residents were actively involved in the running of the centre, but this was not reflected in the annual review.

Judgment: Not compliant

Regulation 31: Notification of incidents

The incident and accident logs were reviewed and these correlated with the notifications submitted in accordance with the regulations. The person in charge was aware of her responsibilities regarding statutory notifications.

Judgment: Compliant

Regulation 34: Complaints procedure

Issues identified in the previous inspection relating to the complaints procedure were remedied. Residents stated they had no issue bringing anything to the person in charge, and things were addressed immediately. The complaints log reviewed showed that issues were investigated appropriately and followed up by the person in charge.

Judgment: Compliant

Quality and safety

Generally, this was a quality and safe service. The residents' council held meetings quarterly and residents were actively involved in the running of the centre and contributed to items such as menus, activities and outings. The monthly newsletter was developed in conjunction with residents including the design and graphics. Since the last inspection considerable work was undertaken with residents' assessments and care planning including communication supports to enable positive

outcomes for residents. These were updated appropriately and they were individualised to residents wishes and needs. Records showed that care was discussed and agreed with residents. Residents had timely access to medical services, specialist and allied health professionals in accordance with their assessed needs.

In general the inspector observed that appropriate support was provided in a timely manner to facilitate independence and autonomy. However, this required further review, especially at mealtimes as the inspector observed that residents had to ask for help rather than help being offered.

Regulation 10: Communication difficulties

The inspector observed good communication strategies with each resident including people with complex communication needs. Staff demonstrated regard for the safety and wellbeing of residents to enable positive outcomes. Mood and behavioural care plans and functional analysis records were comprehensively maintained to enable positive outcomes for residents.

Judgment: Compliant

Regulation 11: Visits

The inspector observed that visitors, family and friends were welcomed into the centre. There was sufficient communal and private space for residents to receive their visitors. Visiting was discussed as part of the residents' council. Visiting was restricted at mealtimes and this was agreed with residents. Nonetheless, family members were welcome to assist relatives at mealtimes when appropriate.

Judgment: Compliant

Regulation 27: Infection control

The annual audit for infection control reviewed systems but did not include an audit of practice to ensure adherence and consistent implementation to the National Standards best practice guidelines to give assurances that risk of cross infection to residents and staff was minimised. The inspector saw communal toiletries and inappropriate storage of cleaning products; staff did not always wear protective gloves when indicated; not all staff had training appropriate to their role to ensure

adherence to best practice.
Judgment: Not compliant
Regulation 5: Individual assessment and care plan
Significant work was evidenced since the previous inspection regarding assessment and care planning for residents. They were timely and dynamic and reflected a holistic view of each resident and they directed care that promoted people's independence.
Judgment: Compliant
Regulation 6: Health care
Residents had timely access to medical services. Their records demonstrated they were regularly reviewed; people had access to psychiatry and allied health professionals such as speech and language therapy and chiropody. Prescriptions were available for the sample of notes examined.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
Considerable improvement was noted in the oversight of residents who required support to ensure positive outcomes for their quality of life. The inspector observed kind and respectful interactions to support people that ensured residents' dignity. Assessment and care plans were comprehensive and directed care. Comprehensive systems and discussions with the person in charge showed an integral understanding of the management of restraint.
Judgment: Compliant
Regulation 9: Residents' rights
In general the inspector observed that appropriate support was provided in a timely manner to facilitate independence and autonomy. However, this required further review to ensure care was delivered with regard to residents' ability. For example, at

mealtimes the inspector observed that residents had to ask for help rather than help being offered; fluids were not always put within the reach of residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Padre Pio Nursing Home OSV-0000267

Inspection ID: MON-0022227

Date of inspection: 15/05/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 23 (C): The PIC shall ensure that data gleaned from all audits will inform care practices in a manner that safeguards all residents and promotes best practice. Action Completed: 30/06/2018 23 (D): The Annual Review will be amended to incorporate the findings of the Annual Satisfaction Survey. Action Completed: 15/06/2018	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The PIC will expand on current Audit schedules designed to review infection prevention and control practices. This will include an observation of daily work practices to ensure that they meet best practice and legislative requirements. This audit will also be used to identify ongoing training and development needs of staff pertinent to their roles. Action Completed: 30/06/2018	
Regulation 9: Residents' rights	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>9.1: The PIC has reiterated to all staff the importance of ongoing supervision / observation of all Residents to ensure that individual needs are anticipated and provided in a timely manner. Action Completed: 01/06/2018</p> <p>A member of the management team will undertake a QUIS Observational Tool to observe and record interactions between staff and Residents. Findings of QUIS will dictate the frequency of repeating this exercise in the future. Action Completed: 31/07/2018</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Yellow	30/06/2018
Regulation 23(d)	The registered provider shall ensure that 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	Substantially Compliant	Yellow	15/06/2018

	the Act.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Yellow	30/06/2018
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Yellow	01/06/2018 and 31/07/2018