

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |  |
|---|--|
| <b>Centre name:</b>                                       | Padre Pio Nursing Home                                   |
| <b>Centre ID:</b>   | OSV-0000267  |
| <b>Centre address:</b>                                    | Graiguenoe,<br>Holycross,<br>Thurles,<br>Tipperary.      |
| <b>Telephone number:</b>                                  | 050 443 110  |
| <b>Email address:</b>                                     | bmcnh@eircom.net   |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | B.M.C. (Nursing Home) Limited                            |
| <b>Lead inspector:</b>                                    | Vincent Kearns   |
| <b>Support inspector(s):</b>                              | None   |
| <b>Type of inspection</b>                                 | Unannounced Dementia Care Thematic<br>Inspections        |
| <b>Number of residents on the<br/>date of inspection:</b> | 48   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 1  |

## **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.

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 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:                   |
| 22 January 2019 08:30 | 22 January 2019 17:30 |
| 23 January 2019 07:00 | 23 January 2019 14:30 |

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

| <b>Outcome</b>  | <b>Provider's self assessment</b> | <b>Our Judgment</b>     |
|---|-----------------------------------|-------------------------|
| Outcome 01: Health and Social Care Needs                | Substantially Compliant           | Substantially Compliant |
| Outcome 02: Safeguarding and Safety                     | Compliance demonstrated           | Compliant               |
| Outcome 03: Residents' Rights, Dignity and Consultation | Compliance demonstrated           | Substantially Compliant |
| Outcome 04: Complaints procedures                       | Compliance demonstrated           | Compliant               |
| Outcome 05: Suitable Staffing                           | Compliance demonstrated           | Compliant               |
| Outcome 06: Safe and Suitable Premises                  | Substantially Compliant           | Substantially Compliant |
| Outcome 07: Health and Safety and Risk Management       |                                   | Compliant               |
| Outcome 08: Governance and Management                   |                                   | Substantially Compliant |
| Outcome 09: Statement of Purpose                        |                                   | Substantially Compliant |

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars provided by the Office of the Chief Inspector. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to this inspection, the person in charge completed the provider self-assessment and

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 in Ireland. The self assessment and inspection findings are set out in the table above.

This inspection focused on the care of residents with a dementia in the centre. Care practices were observed and interactions between staff and residents who had dementia were rated using a validated observation tool. Documentation such as care plans, medical records and staff training records were examined. The inspector also considered progress towards compliance following the previous inspection carried out in May 15 2018. The inspector noted that there had been continued improvements in the centre and for example, all the actions from the previous inspection had been satisfactorily completed.

The inspector met with residents, visitors, staff members, the clinical nurse managers (CNM's) and the person in charge. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents, who had dementia using a validated observation tool. The inspector also reviewed documentation including staff files, relevant policies and the self assessment questionnaire, submitted prior to inspection.

The centre did not have a separate unit for people with dementia. At the time of inspection there were 15 residents living in the centre with a formal diagnosis of dementia. With a further four residents suspected of having dementia. The inspector observed that a small number of residents required an additional level of assistance and support due to the complexity of their individual needs. Overall, the inspector found the person in charge, the management and staff team were committed to providing a good quality service for residents with dementia. The inspector found that residents' overall health and social care needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There was two activities coordinators however, all staff fulfilled a role in meeting the social needs of residents and staff connected with residents as individuals. The inspector found that residents appeared to be well cared for and residents gave very positive feedback regarding all aspects of life in the centre. The person in charge who was also the provider representative, had carried out on-going improvements to create a comfortable homely environment.

**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: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

Since the previous inspection, there was evidence of on going improvements in the system for the provision of nursing care including a review of the admissions policy to ensure all potential residents needs could be suitably met, taking into consideration the residents already living within the centre. In relation to any admissions to the centre, the person in charge outlined how pre assessments were completed prior to any admission. This was to help inform decisions in relation to the suitability of any admission in the context of the design and layout of the premises, and the homely ethos within the centre. In addition, care plan audits were conducted on a quarterly basis and the findings from these reviews informed discussions with staff and management team meetings. The inspector noted that following these meetings corrective actions were taken including changes to the care planning documentation. The person in charge outlined how the nurse allocation system and the established skill mix had enhanced clinical governance and oversight in the centre. For example, all residents with dementia and/or their representatives had completed suitable social assessment that informed staff as to their choices and preferences for providing meaningful activities and support. There had also been ongoing audits of meals and meal times using a validated observation tool which resulted with the introduction of ongoing improvements. For example, there was evidence of improved positive person centered engagement and interaction between staff and residents leading to an overall improved dining experience for residents, including residents with dementia.

There were a total of 48 residents in the centre on the day of this inspection. Residents had been assessed as having the following dependency needs: seven residents had low dependency needs, nine residents had medium dependency needs, 14 residents had high dependency needs with a further 18 residents assessed as having maximum dependency needs. Fifteen residents had a formal diagnosis of dementia with a further four residents suspected of having dementia. The inspector found that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. The inspector noted that overall, there were suitable processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care

and treatment was available and maintained, and shared between providers and services.

A selection of residents' files and care plans were reviewed and the inspector focused on the experience of residents with dementia on this inspection. The inspector tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents. There was a documented

comprehensive assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, rest and sleep and medication management. There was evidence of a range of assessment tools being used to assess and monitor issues such as falls, pain management, mobilisation and risk of pressure ulcer development. Residents were weighed on a monthly basis or more frequently, if required. There was evidence of a clinical pre-assessments undertaken prior to admission for residents and some of the residents had been transferred to this centre following admission in an acute hospital services. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There was documented evidence that residents and their families, where appropriate, were involved in the care planning process, including for example end of life care plans which reflected the wishes of residents with dementia. Each resident's wishes for end of life care was elicited and used to inform a plan of care to meet their holistic needs. While the care plans did contain adequate details to guide staff in relation to end of life care however, some improvement was required in relation to end of life care planning records. For example, some of records in relation to end of life were not adequately completed in all care plans review. The person in charge confirmed that residents had access to single rooms for end of life care and families were facilitated to stay overnight if they wished to do so. Staff were supported by the community palliative care team for symptom relief and to provide end of life care. Audits of end of life care plans had been completed and the inspector noted from the sample of care plans reviewed that all accurately recorded the resuscitation status of each resident. Staff spoken to by the inspector were knowledgeable about residents' wishes and status.

There was timely access to dietetic services and specialist advice was incorporated into care plans. Nurses' narrative notes were linked to the care plans. Residents had access to medical services delivered by visiting general practitioners (GPs) and out-of-hours medical cover was provided. Residents had access to psychiatry of later life services and a range of other services were available on referral including speech and language therapy (SALT), chiropody, physiotherapy and optical services. There was regular on-going support provided by the visiting community psychiatric nurse. In addition, the person in charge outlined how appropriate referrals/appointments had been made for residents as appropriate, in relation to their health screening. For example, a number of residents had appointments for breast check, cervical check, bowel screening and retina screening. Nursing care plans had been updated to reflect the recommendations of various members of the multidisciplinary team. Clinical input for example, from the speech and language therapy services was evident and residents with dementia received adequate hydration. Staff were observed suitably supporting residents with dementia in relation to maintaining their hydration. All residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was

observed. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy services. Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. Staff including catering staff, were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were complimentary about the food provided. The inspector spoke to the chef and noted that there was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes was observed by the inspector to be an unrushed and social occasion. There were dementia friendly menu boards with photographs of examples of meal options which were posted on a notice board in the dining room each day. Mealtimes in the dining room was observed by the inspector to be a comfortable, relaxed and social occasion. Staff sat with residents while providing encouragement or assistance with their meal and whenever possible supported the resident to eat independently. There was a room used solely for dining which helped signal to residents with a dementia that a mealtime was about to take place. The kitchen was centrally located in the centre and food was transported from the kitchen to the dining room or to individual residents. This catering arrangement allowed the smell of food to pass through out the dining room, encouraging appetite and also reminding residents with a dementia that a mealtime was about to take place. There was good lighting in the dining room and noise levels were kept to a minimum which created a calm environment that helped residents with a dementia focus on their meal. The inspector also noted that the table settings were uncluttered and kept simple and only included essential items. This again helped reduce the possibility of confusion, distress or frustration that any resident with a dementia may experience if they had too much choice or difficult in recognizing the purpose of condiments, tableware or selection of eating utensils. There was an good choice provided in relation to menu options and the chef outlined that there was rolling menu. The inspector noted that there was staff present in this dining room with the purpose of supporting residents nutritional and hydration needs.

Overall, the inspector found evidence of safe medication management practices. Evidence was available that regular medication reviews were carried out. Medications that required strict control measures under the Misuse of Drugs Act's (MDAs) were carefully managed and kept in a secure cabinet in line with professional guidelines. Nurses kept a register of MDAs and the inspector checked a sample of balances and found them to be correct. There was a list of nurses signatures maintained in relation to the administration of medications in the centre.

Procedures for checking stocks when shifts change were consistently done in line with the centres policy. There was a small quantity of stock emergency medications stored in the centre and there were procedures for the handling and disposal of unused and out-of-date medicines. There was a record kept of this stock including the expiry dates for each medication. However, some improvement was required in the monitoring of this medication as the inspector noted that the expiry date of one opened container of medicine had not been recorded therefore staff could not be sure of the expiry date for this medication.

**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:**

There were suitable arrangements in place to safeguard residents from abuse. Residents spoken with reported positively on the experience of living at the centre stating that they were comfortable and felt safe and secure. It was clear to the inspector that residents including residents with dementia, were treated with respect and staff knew each resident's individual preferences. For example, the inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. The person in charge outlined to the inspector how all residents living in shared bedrooms were suitable assessed in relation to the suitability, safety of this arrangement and to determine if this arrangement was in keeping with the wishes of the resident. The person in charge outlined how these assessments also assisted her in identifying any residents who presented with responsive behaviours (a term used to describe how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) that could potentially impact on the safety and welfare of either residents in these rooms. The person in charge outlined to the inspector how choices had been afforded to residents living in shared bedrooms after suitable consultations and agreement with the resident and when appropriate, their representatives. All staff had received training on identifying and responding to elder abuse. There was a centre specific policy in place signed and dated by the person in charge in March 2018. The person in charge and staff who spoke with the inspector displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. For example, staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. Residents spoken to also confirmed that they felt safe living in the centre. The person in charge confirmed that all staff had Garda clearance and this was found to be the case when a sample of staff files was examined.

The inspector noted that few residents with dementia had responsive behaviours. Some behaviours described as problematic by staff included verbal and physical aggression however, there were suitable care and support arrangements in place for residents who presented with responsive behaviours. For example, the inspector found that staff had suitable training and the necessary skills and knowledge to work with residents who had behavioural issues. Records evidenced that staff training on responsive behaviours had

been provided on a number of dates with the most recent being in June 2018. Staff spoken to by the inspector outlined person centred interventions including utilising the use of activities, music, and distraction techniques. Files examined showed that assessments and care plans for these residents were person centred. Staff positively and socially interacted with residents and implemented suitable interventions to prevent boredom which may sometimes trigger responsive behaviours. Files examined also showed that a pre-admission assessment had been completed in all cases to ensure that the centre could meet the needs of the residents. Some residents care plans contained documenting episodes of responsive behaviours in Antecedent, Behavior and Consequence assessment charts (ABC charts). These charts were formally analysed and used to create an individual care plan for each resident. The inspector noted from a sample of care plans that these ABC assessments contained sufficient detail and appropriate interventions to provide consistent approach to care. Choices were offered where possible and respected and environmental triggers such as noise levels, which were generally well controlled. There was evidence that appropriate referrals had been made to mental health services. Recommendations from the community psychiatric services had been implemented along with person centred interventions with positive outcomes for residents including a reduction in the incidence of responsive behaviours.

Staff were working towards promoting a restraint free environment. Additional equipment such as low beds and alarm mats were available to reduce the need for bedrails. Staff confirmed that bed rails were often used at the request of residents and residents who spoke with the inspector confirmed this. Safety checks were completed and there was documented evidence that these were undertaken. All forms of restraint were recorded in the restraint register and appropriately notified to the Office of the Chief Inspector. Risk assessments had been undertaken and care plans were put in place for residents who used bedrails.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

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

**Findings:**

There was evidence that residents including residents with dementia or and their representatives as appropriate, were consulted with and participated in the organisation of the centre. Overall, residents' rights, privacy and dignity was respected, during personal care, when delivered in their own bedroom or in bathrooms. Residents spoken with confirmed that they were afforded choice in relation their daily lives and for example, receive visitors in private. However, as identified under outcome 6 of this

report, the inspector noted that the dividing wall in one communal toilet required review to ensure that it met the needs of residents as the dividing wall did not completely reach the ceiling.

The nursing assessment included an evaluation of the resident's social and emotional wellbeing. The inspector spoke to a number of residents and relatives who confirmed that they were always kept up to date in relation to what was happening either in relation to their own support needs or in relation to any changes in the centre. The inspector noted that the daily routine was organised to suit the residents, and all staff including catering and household staff optimised opportunities to engage with residents and provide positive connective interactions. Organised activities were provided and other small group or one to one activities were facilitated by activities staff which reflected the capacities and interests of each resident including residents with dementia. Staff spoken to confirmed that residents were always afforded choices in relation to activities including residents with dementia, where possible. Residents' individual preferences were respected. For example, the inspector observed that residents were free to join in an activity or to spend quiet time in their room. A social assessment had been completed for each resident which gave insights into each residents' history, hobbies and preferences. Each resident's preferences were assessed and this information was used to plan the activity programme. Activities included bingo, music, quizzes, and religious ceremonies. Some residents said they preferred not to take part in the group activities and the inspector saw that their wishes were respected and individual one to one time was scheduled for these residents, if appropriate. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in communal rooms. The inspector observed that some residents were spending time in their own rooms, watching television, or taking a nap.

The inspector spent time observing staff interactions with residents, including residents with dementia. These periods of observation took place in the dining room and day room and the majority of interactions were rated as positive connective care. There was evidence that residents' with dementia received care in a dignified manner that respected his or her privacy. For example, staff were observed knocking on residents' bedroom doors and seeking the residents permission before engaging in any care activity. There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private with rooms separate to residents' bedrooms were visitors and residents could meet. Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Residents with dementia were consulted about how the centre was run and the services that were provided. The person in charge regularly spoke to all residents and there were regular residents' meetings. The most recent held in January 2019, and issues raised by residents were acted upon by management. Representatives were welcome to represent residents who were unable to verbally communicate or could not attend the meetings. Information regarding independent advocacy services was displayed on the residents' notice board.

The centre had developed a number of methods of maintaining residents' links with their

local communities, including copies of the local newspapers and visits by transition year students from the local schools. Residents had access to a hands free phone and a number of residents had their own mobile phones. Residents had access to the daily national newspapers and several residents were observed enjoying the paper on both days of inspection. Residents had access to radio, television, and information on local events. Residents were facilitated to exercise their civil, political and religious rights. Residents' religious preferences were facilitated through regular visits by clergy to the centre and the inspector observed mass being celebrated on the first morning of inspection which was held once a week. The person in charge confirmed that ministers of other faiths were also warmly welcomed in the centre.

**Judgment:**  
Substantially 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:**  
There was a system in place to ensure that the complaints of residents or their representatives were listened to and acted upon. There was a centre specific complaints policy which was prominently displayed and met the regulatory requirements. Copies of the complaints process were also stored in the residents' guide and copies of these guides were located in a number of locations including near the main entrance. Residents to whom the inspector spoke said that they had easy access to any staff in order to make a complaint. The person in charge was identified as the named complaints officer and residents stated that they felt they could openly report any concerns to her and were assured issues would be dealt with. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded. There was a second nominated a person, other than the person in charge, who was available to ensure that all complaints are appropriately responded to and that the person in charge maintained the records specified under in Regulation. The complaint process included a local appeals procedure and there was also an independent appeals process.

**Judgment:**  
Compliant

#### ***Outcome 05: Suitable Staffing***

**Theme:** Workforce

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

No actions were required from the previous inspection.

**Findings:**

There were sufficient staff with the right skills, qualifications and experience on duty to meet the assessed needs of residents. Copies of rosters given to the inspector showed that these were normal arrangements. Residents and relatives spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity at all times. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to residents. Staff who spoke with the inspector confirmed that staffing levels were sufficient, as did residents. The majority of staff were long-term employees and knew the residents, management and the operation of the centre well.

There were systems of communication in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. However, the person in charge outlined how she had introduced a written handover record to ensure that each handover meeting was effective in supporting staff to meet residents changing health and social needs. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. Staff also had available to them copies of the regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities. Staff were also aware of residents' needs and life histories, which assisted them in effectively supporting residents particularly residents with a dementia. There was evidence that residents knew staff well and engaged easily with them in personal conversations. Each staff member was allocated to various sections of the centre where they remained for the shift and regularly rotated throughout the centre. The person in charge outlined how this system ensured staff remained working with the same group of residents for a period, and this allowed them get to know the residents well, while also getting to know all the other residents in the center. The person in charge also outlined how this approach was of particular value to residents with dementia, as it facilitated the development of therapeutic relationships between staff and residents and their families.

Records demonstrated that staff were up to date with mandatory training and staff had also received additional training such as training in dementia care which incorporated training in responsive behaviours. Mandatory training was up to date which included training in fire safety, safe moving and handling, and safeguarding vulnerable persons. Other training provided included infection control, end of life, food and nutrition, hydration and the management of dysphagia. The person in charge outlined how improvements in staff adherence to correct hand hygiene had recently been promoted by using a fluorescent scanner to assess the effectiveness of the staff's hand hygiene technique. When staff performed hand rubbing using a hand rub that contained a fluorescent dye. Then their hands were placed under a UV-A light and this showed if all

regions of hand surface had been treated with proper amount of fluorescent hand rub.

Nursing staff confirmed they had also attended clinical training including medication management, and care planning. The inspector saw and staff confirmed that there was on going professional development training and staff were encouraged to attend training and education sessions. The activities coordinator who providing activities in the centre had undertaken activity training and described various activities that were provided in the centre, including gentle exercises and one to one activities.

There were effective recruitment processes in place for example, references had been verified by the person in charge and staff were suitably inducted. Recently recruited staff confirmed that training in responsive behaviours had been included in their induction programme. Staff were appropriately supervised and annual appraisals were conducted for staff. The requirements of schedule 2 of the regulations were in place in the sample of staff files reviewed as were up-to-date registration with relevant professional bodies. A vetting disclosure was in place in all files reviewed and the operations manager gave assurances that all staff working in the centre had a vetting disclosure in place.

**Judgment:**  
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 located in a rural setting close to the village of Holycross, Co Tipperary. Overall, the inspector found that the design and layout of the centre was suitable for its stated purpose. The centre was a two storey premises. Residents could access an external courtyard area to the back of the centre. Internally, the inspector found the premises to be visibly clean, well maintained, adequately heated, lighted and ventilated and in a good state of repair. Toilet areas were accessible from bedroom and communal areas. Residents had access to equipment to assist with mobility and communication, and staff were seen to utilise such equipment to assist residents. However, there was some improvement required in relation to storage facilities for equipment. For example, the inspector noted that a number of assisted chairs and hoists were stored in an open communal area.

Private accommodation for residents was provided in four areas, each called after flowers. There were dementia friendly signs on the corridors and on many of the residents bedrooms doors. These arrangements assisted all residents, including

residents with dementia, with way finding and locating their accommodation. Residents' bedroom accommodation consisted of 10 single bedrooms with ensuite facilities, 21 single bedrooms and nine twin bedrooms without ensuite facilities. Overall, the bedroom accommodation met the needs of residents. There were adequate toilets and bathing facilities on both floors. However, the inspector noted that the dividing wall in one communal toilet required review to ensure that it met the needs of residents as this dividing wall did not completely reach the ceiling. This issue was addressed under outcome three of this report. The first floor was accessible by means of a stair-lift. The person in charge stated that the pre-admission process involved screening residents to ensure that all bedrooms were suitable and that bedroom accommodation was under constant review as residents' needs changed. The inspector noted that this was the case and for example, all bedrooms met the needs of the residents living there. The inspector noted that the majority of residents living on the first floor were up and about during the day and few spent much time in their bedrooms. Residents spoken to confirmed that they were happy with their accommodation and were always afforded choice as to when they got up or what activities that they participated in. The design and layout of shared bedrooms were also suitable to ensure residents' privacy. Televisions, wardrobes and bedside lockers were available to all residents. The inspector spoke with a number of residents that lived in shared bedrooms who said that they were happy living in their bedrooms. There was a spacious conservatory area where residents could meet their visitors or relax quietly. Circulation areas, toilet facilities and shower/bathrooms were fitted with hand-rails and grab rails. Emergency call facilities were in place that were accessible by each resident's bed and in most rooms used by residents. This call bell system was seen to be in operation and was answered in a timely manner. However, there was no call bell in the hairdressers room as required by regulation. A separate kitchen was provided and was centrally located off the dining room. There were pictures and traditional items displayed along corridors and in communal rooms that supported the comfort of residents with dementia. There were large easy to read clocks in a number of rooms and a large dementia friendly calendar in the main sitting room.

There was a small nurses station near to the main entrance and some residents were noted to sit in the main entrance lobby which was seen to be homely and had been decorated to a good standard. For example, there were comfortable period furniture, soft lighting provided by domestic style lamps, and a number of other homely furnishing such as arm chairs, piano, bookshelves, a wooden corner units with ornaments. In addition, throughout the centre additional efforts had been made to enhance the design and layout towards being as homely as possible. For example, with the use of wallpaper, comfortable seating arranged to promote social interactions, domestic style fire places, carpets and fresh flowers located in a number of areas gave an overall warm, pleasant and welcoming experience within the centre. Quieter areas and a small oratory were available to residents for quiet reflection and prayer. A dedicated 'pamper room' was also in place and was used for activities such as hairdressing services. Communal rooms and all common areas were furnished and decorated to create an interesting environment for people with dementia. The homeliness of the centre was also promoted by the placement of many photographs of residents and their families displayed all around the centre. Equipment to stimulate residents was incorporated throughout the centre. For example, wall games mounted in circulation areas, such as Tic Tac Toe, provided an opportunity for residents to engage in activity as they walked around the centre. Circulation areas, toilet facilities and shower/bathrooms were seen to be free of

obstacles and all areas including bathrooms, were adequately equipped with hand-rails and grab rails. A large projector screen had been fitted in the day room. The inspector found residents were overall, enabled to move around as they wished. For example, there were numbers on bedroom doors and some contained pictures unique to individual residents. These pictures assisted some residents with a dementia in finding their bedrooms. There was also other signage and memory prompts on doors in some areas to indicate their function such as the nurses' office, dining room and the sitting rooms. However, the upstairs wing was fitted with two door keypad locks. The person in charge explained that this was a safety feature due to the location of the stairs. However, no resident had access to the keycode and had to rely on staff for access and egress. The person in charge agreed to consider whether or not it would be appropriate and safe for residents assessed as being cognitively competent to have the code. This issue was actioned under outcome three of this report.

There was access to a enclosed garden. The person in charge said doors were open in the summer, however, on the days of inspection, these doors were locked and could only be opened by a staff member. The person in charge was asked to review this arrangement to ensure that those who were assessed as being safe to do so could access the outside space without seeking permission from staff.

**Judgment:**

Substantially Compliant

***Outcome 07: Health and Safety and Risk Management***

**Theme:**

Safe care and support

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

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

**Findings:**

Overall, there was adequate systems for hazard identification and risk management in the centre. Staff had received training in incident and accident reporting and there was a recording system in place, and all accidents and incidents were recorded via this system on centre specific incident forms. There was evidence of suitable actions in response to individual incidents. There was a risk register available which covered for example, risks such as residents' falls, fire safety risks and manual handling risks. There was a center specific safety statement and the person in charge met regularly with the CNM's and staff to review health and safety issues including any incidents, accidents or near misses. This meeting also reviewed procedures and practices including risk management and fire safety in the center. The records of incidents and accidents recorded a low incidence of slips, trips and falls. Records seen were adequate to ensure arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and

assessments for pressure ulcer formation. There was recorded information/communication with relevant persons such as the person in charge, the residents' GP, next of kin, the clinical observations taken and any learning/changes required to prevent reoccurrence.

Overall there were suitable fire safety measures in place and there were completed logs maintained on daily, weekly, monthly basis in relation to fire safety. There were also records of quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. The inspector noted that the emergency lighting and the fire alarm were serviced quarterly and the certification of testing and servicing of extinguishers, were documented as serviced annually as required by legislation. There were fire and smoke containment and detection measures in place in the premises. Staff had received training in fire safety within the past 12 months. Staff spoken to were familiar with what actions to take in the event of a fire alarm activation and with the principles of horizontal evacuation. Practiced fire drills were held regularly and the records viewed contained details of each evacuation including a note of the competency of staff in the use of evacuation equipment such as evacuation sheets. These records also identified where improvements to the procedure could be made. Practice fire drill records also included the fire scenario that was being simulation during the practice. All residents had personal emergency egress plan's (PEEP's) which identified the level of mobility and evacuation mode for each resident. Copies of the PEEP's were available in a number of locations including the nurse's office near the entrance for ease of retrieval. These plans included the level of cognitive understanding, the need for supervision and the level of compliance of each resident in an emergency situation. The person in charge confirmed that currently no residents smoked tobacco. There were procedures to be followed in the event of fire that were displayed in a prominent places throughout the centre including in each residents' bedroom.

Manual handling practices observed were seen to be in line with current best practice and the training matrix recorded that all staff were trained in manual handling. All circulation areas, toilets and bathrooms were adequately equipped with handrails and grab-rails. Overall there were suitable governance and supervision systems in place to monitor residents at risk of falls and such arrangements were reviewed on an on-going basis by the person in charge. Staff working on day and night duty reported to the inspector that they monitored and checked on residents including residents with dementia at regular intervals. There was a centre specific risk management policy that addressed the identification and assessment of risks and the controls that were in place including the requirements of the regulations. The policy covered the identification and assessment of risks and the precautions in place to control the risks identified.

Overall the premises, including the communal areas and bedrooms were found to be clean and there was adequate standard of general hygiene at the centre. There were systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place. For example, regular training of staff, subtle staff infection control reminder notices and staff carried hand sanitizers on their person. There was personal protective equipment such as latex gloves and plastic aprons available in designed areas. The training matrix confirmed that staff had completed training in hand hygiene and infection prevention and control and staff that were spoken with demonstrated knowledge of the correct procedures to be followed.

**Judgment:**

Compliant

**Outcome 08: Governance and Management****Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Overall, there was evidence of good governance and management arrangements in place. These included the completion of all actions required from the previous inspection, the on going implementation of a quality management system including structured auditing and reporting system which included regular management meetings. There was a clearly defined management structure which clearly identified management arrangements for out of hours and at weekends. The provider representative worked as the person in charge, was full time in the centre and was well known to all residents. The person in charge confirmed that all staff including those recently recruited had the required vetting disclosure as required under the 2013 Regulations and the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Staff and residents were able to identify who was in charge and what the lines of accountability were. The person in charge and staff demonstrated a commitment to on-going improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service. The provider representative provided a copy of the annual report into the safety and quality provided in 2017 which included a quality improvement plan for 2018. There was an across-the-board system of audit in place, capturing a number areas, to review and monitor the quality and safety of care and the quality of life of residents. For example, there were audits in relation to medication management, food and nutrition, safeguarding and safety, residents rights, privacy and dignity, wound care and care planning.

A sample of residents' contracts of care was viewed by the inspector and noted each contract had been signed by the residents and or their relatives. The contracts reviewed were clear, user-friendly and outlined all of the services and responsibilities of the provider representative to each resident and the fees to be paid. However, the contracts required updating to also include details of the residents' bedrooms including the number of occupants in each bedroom (if any), as required by regulation.

**Judgment:**

Substantially Compliant

## ***Outcome 09: Statement of Purpose***

### **Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

### **Findings:**

There was a written statement of purpose and function relating to the centre that contained the information set out in Schedule 1 of the Regulations. The person in charge was aware that a review was required at intervals of not less than one year. However, some improvements were required to this document including the following:

- More detail in relation to the description of the rooms to be used in the centre including details for each bedroom as to their suitability to accommodate low dependency and or mobile residents or residents who required assistance with their mobility including the need for assistive equipment.
- Under the section describing the facilities which are to be provided by the registered provider to meet those care needs; more details was required regarding the arrangements to ensure that all potential admissions were assessed prior to admission to the centre and regularly reassessed thereafter; as to their ability to use the chair lift or to use the stairs in the centre.

### **Judgment:**

Substantially 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:***

Vincent Kearns  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

|                            |                        |
|----------------------------|------------------------|
| <b>Centre name:</b>        | Padre Pio Nursing Home |
| <b>Centre ID:</b>          | OSV-0000267            |
| <b>Date of inspection:</b> | 22/01/2019             |
| <b>Date of response:</b>   | 25/02/2019             |

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

To arrange a comprehensive assessment including end of life care needs, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

#### **1. Action Required:**

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by

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

an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

The PIC will review records in relation to End of Life Care to ensure that documentation is relevant, contemporaneous and not duplicated.

**Proposed Timescale:** 28/02/2019

**Theme:**

Safe care and support

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

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.

**2. Action Required:**

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

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

The PIC will reiterate to Nurses that date of opening must be documented on all bottled medication. The PIC will audit compliance with this as part of her monthly Medication Management Audit.

**Proposed Timescale:** 28/02/2019

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

To review the dividing wall in one communal toilet to ensure that each resident may undertake personal activities in private.

**3. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The dividing wall in the communal toilet will be raised to meet the ceiling to ensure that personal privacy is maintained at all times.

**Proposed Timescale:** 28/02/2019

**Theme:**

Person-centred care and support

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

To ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents including ensuring the freedom of movement throughout the centre whenever possible, and if safe and appropriate for them to do so.

**4. Action Required:**

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

The stairs and stair lift have been identified as high risk areas within the centre's Safety Statement. We therefore believe that the use of keypads is proportionate to the risk identified.

The PIC will undertake a risk assessment of each Resident accommodated on the first floor to assess if they are cognitively and physically competent to independently access the stairs.

**Proposed Timescale:** 30/03/2019

**Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

To provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the centre including:

- To ensure suitable storage facilities for equipment.
- To ensure that there is a call bell facility in all rooms used by residents.
- To ensure that all residents have suitable access to safe and suitable external grounds.

**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:**

- 1) The PIC will ensure that unused nursing chairs and equipment are stored appropriately in designated areas
- 2) A call bell has been installed in the pamper room / hairdresser's room
- 3) Following a planned garden refurbishment, the PIC will ensure that all Residents will be provided independent, unrestricted access to the enclosed garden.

Proposed Timescale: 1) 08.02.19 2) 08.02.19 3) 31.05.19

**Proposed Timescale:** 31/05/2019

**Outcome 08: Governance and Management**

**Theme:**

Governance, Leadership and Management

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

To agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre including the details of the residents' bedrooms including the number of other occupants in each bedroom (if any), as required by regulation.

**6. Action Required:**

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

The PIC will ensure that Contracts of Care are amended to reflect the details of the Resident's bedroom and the number of occupants in each bedroom (if any).

**Proposed Timescale:** 08/02/2019

**Outcome 09: Statement of Purpose**

**Theme:**

Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory**

**requirement in the following respect:**

To prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 including the following:

- More detail in relation to the description of the rooms to be used in the centre including details for each bedroom as to their suitability to accommodate low dependency and or mobile residents or residents who required assistance with their mobility including the need for assistive equipment.
- Under the section describing the facilities which are to be provided by the registered provider to meet those care needs; more details was required regarding the arrangements to ensure that all potential admissions were assessed prior to admission to the centre and regularly reassessed thereafter; as to their ability to use the chair lift or to use the stairs in the centre.

**7. Action Required:**

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The PIC will update the Statement of Purpose and Function to include more detail in relation to each bedroom as set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The PIC will update the Statement of Purpose and Function to include details of the centre's current practice for pre-admission assessment of all prospective Residents which includes their suitability for accommodation on the first floor.

**Proposed Timescale:** 28/02/2019