

**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-0000082
<b>Centre address:</b>	50 / 51A Cappaghmore, Clondalkin, Dublin 22.
<b>Telephone number:</b>	01 457 3339
<b>Email address:</b>	maura@padrepionursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Galfay Limited
<b>Provider Nominee:</b>	Maura Galvin
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	Shane Walsh
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
10 January 2017 09:30	10 January 2017 16:30
11 January 2017 09:30	11 January 2017 16:30

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

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

**Summary of findings from this inspection**

This report sets out the findings of a two day inspection, the purpose of which was to inform a decision for the renewal of the centre's registration. The provider has worked to address most of the non-compliances relating to the premises found on the last inspection on 13 July 2015. Outstanding action from the last inspection not yet in place included provision of adequate storage space, required for moving and handling equipment on both floors.

The provider is now applying to increase the numbers of residents from 28 to 31. A programme of refurbishment and building was now almost completed. Many improvements had taken place since the time of the last inspection including the reduction of a multi-occupancy bedroom.

During the course of the inspection, the inspectors met with residents, relatives, staff, the person in charge and the provider. The views of residents, relatives and staff were listened to, practices were observed and documentation was reviewed. Surveys completed by residents and/or their relatives were also reviewed. Inspectors analysed questionnaires completed by residents and relatives. Overall the feedback received was very positive about service provision and care at the centre.

Overall, the inspectors found that care was delivered to a good standard. Staff knew the residents well and discharged their duties in a respectful and dignified way. The management and staff of the centre were striving to improve resident outcomes. A culture of individualised care which supported a person-centred approach was noted. Residents appeared well cared for and expressed satisfaction with the care they received in the centre, and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

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

Overall, a good standard of compliance with found with the Regulations in all the outcomes inspected. Some improvements were required in four outcomes to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland (2016). Some improvements are required by the provider and the outcomes are:

- premises and storage
- health and safety and risk management
- residents' rights dignity and consultation
- statement of purpose
- documentation

The inspectors discussed the original application with the provider at feedback, and asked her to review the staffing complement for increased numbers of residents and amend details in the statement of purpose to reflect the revised numbers.

**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):**

No actions were required from the previous inspection.

**Findings:**

A written statement of purpose dated July 2016 was submitted as part of the registration renewal process. This detailed the aims, objectives and ethos of the service. The inspectors requested that the provider review the following aspects of this document in order to fully meet Schedule 1 requirements:

- details of the management structure
- complaints policy reflective of process in centre
- proposed whole-time equivalent staffing complement
- numbers applied for registration

**Judgment:**

Substantially 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:**

Inspectors found that the centre was resourced effectively and there were safe systems in place to ensure that a quality and safe service was provided to residents. The provider had prepared well for this inspection. However, all building works were not yet completed.

There was a clearly defined management structure, the provider undertakes this role and the roles and responsibilities of the person in charge. She was aware of each role there was clear responsibilities and accountability. Staff supports included two named nurses and the floor manager, with whom meetings took place. All staff spoken with were clear of how to escalate any areas of concern at the centre to the provider. The focus of service was around providing person-centred care in a small organisation. A review of maintenance records and risk records showed that action was taken where risk was identified.

There were effective management systems in place. All of the documents reviewed and the feedback from the staff spoken with showed that the management team was responsive to any issues raised and took action when it was required.

A detailed annual review for 2016 was available on the day of the inspection. The report focused on work completed in 2016, and quality improvement plans for 2017, and a training plan. It included inputs from residents and surveys completed. Feedback and suggestions were welcomed by the provider.

**Judgment:**

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:**

There was a residents' guide available. Each resident had a written and agreed contract of care in place.

Copies of the guide to the centre were on display and available to take in the front foyer of the centre. The guide contained a summary of the services available in the centre, the terms and conditions relating to residence in the centre, information around the complaints procedure, and the arrangements in place for visitors.

The inspectors reviewed a sample of three contracts. Each contract detailed the care and welfare of the resident while living in the centre. The contract listed all the standard and additional services to be provided, and outlined all fees to be charged for receipt of these services.

**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 not changed since the time of the last inspection, and she is also the registered provider. She is a registered nurse and works full-time within the centre.

The person in charge had been interviewed previously by HIOA and she was deemed to have the required skills, knowledge and experience to hold the post of person in charge. She has worked in this role since 1996.

She was knowledgeable about each residents' nursing and social care needs. Evidence of her continuous professional development was up-to-date.

**Judgment:**  
Compliant

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

**Theme:**  
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The records as listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness and accuracy. Improvements were noted in how records were stored and accessibility since the last inspection. One issue with storage of old records was discussed with the provider, these records removed to facilitate the refurbishment works. The inspectors received verbal assurances that the records would be returned to the centre when suitable storage space was identified, when refurbishment works had completed.

Overall, a good standard of record keeping could be evidenced throughout the inspection, and records requested were accessible. However, a small number of documents reviewed including assessment sheets and medication charts were photocopies of originals and although legible, the person in charge was asked to review this practice. Schedule 3 records including multi-disciplinary reviews did not consistently include the details of what was discussed and any changes or actions as a result of any review.

Some improvements to schedule 4 records were required as outlined in outcome 7 and 13 of this report:

- the rationale and records of dates of any alternatives used prior to the use of restraint
- the records of verbal complaints

A sample of staff files were reviewed and found to contain all the requirements of schedule 2 of the regulations.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under regulation 19.

The designated centre had all of the written operational policies which had been recently reviewed as required by schedule 5 of the regulations.

**Judgment:**

Substantially Compliant

***Outcome 06: Absence of the Person in charge***

***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There were suitable arrangements in place for nurses to deputise for the person in charge in her absence. In addition, a staff member who works as a floor manager supports the role of the provider.

The provider has submitted the required information on the people who are participating in the management of the centre. The arrangements in place were found to be clearly outlined in the statement of purpose and confirmed on inspection.

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

**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:**

The inspectors were satisfied that safe systems were in place to protect residents being harmed or suffering abuse. There was a detailed policy to guide staff and they received appropriate training and refreshers. The provider took the lead for safeguarding and planned for any training at the centre.

Care and communication was observed to be person-centred and in an environment which promoted residents' rights. The person in charge was aware of the requirement to notify any allegation of abuse to HIQA.

The inspectors found there was regular staff training in the protection of vulnerable adults, and records confirmed that this was up to date. Staff spoken to were knowledgeable of the different types of abuse and the reporting arrangements in place.

The inspectors spoke to a number of residents who said that they felt safe and secure in the centre.

Finances were reviewed with the provider, who confirmed she acted as pension agent for two residents living at the centre. Detailed records were maintained by administrative staff for all funds incoming and outgoing and included invoices and receipts in line with best practice. However, it was found that the accounts were not maintained in a residents' account separate from the provider's business account at the time of the inspection. The provider informed the inspectors separate bank accounts were in the process of being set up. Confirmation of the revised arrangements were requested from the provider following the inspection.

A policy on the management of responsive behaviours that guided practice was in place. A sample of resident records of residents who presented with responsive behaviours was reviewed by the inspector with the person in charge. Supportive care plans were developed and in place to inform staff and guide practice. All care plans were updated following specialist input and review from community mental health team. Inspectors found evidenced based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their behaviours, what triggered them and implemented the least restrictive interventions as outlined in the written care plan. Staff documented the rationale for use of any psychotropic medication, and audited and reviewed any use.

The policy, practice and assessment forms reviewed reflected practice was found to be partially in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). The person in charge ensured that a detailed risk assessment took place and the least restrictive intervention was in use. There was some evidence that a review of alternatives had been considered. However, as outlined in outcome 5 of this report, some improvements were required. The records of any alternatives which had been trialled (prior to the use of bed rails) could not be clearly evidenced on a consistent basis. The nursing risk assessments completed were comprehensive but required review as the rationale for the decisions in each individual case were not clear.

Inspectors observed one resident sitting in a comfort chair at the centre, who appeared comfortable in this seating. Some areas of the seats' arm covering was damaged, required repair and may be difficult to keep clean. The provider confirmed that an occupational therapy referral had taken place and the resident had already been assessed for seating, and this new seating would be delivered within the next week for this resident.

**Judgment:**  
Compliant

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

**Theme:**

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

No actions were required from the previous inspection.

**Findings:**

The risk management policy met the requirements of the regulations to inform and guide staff. An up-to-date health and safety statement was available, and reviewed by inspectors.

The safe systems in place outlined in the risk management policy to manage the specific and potential risks in the centre were implemented. Nonetheless, the provider had not completed a small number of risk assessments identified by inspectors at the time of this inspection:

- risks associated with the use of the new passenger lift
- review of the accessibility in the premises inclusive of a review of sloping floor area in the communal space
- review risks associated with the storage of moving and handling equipment in communal space
- risks with doors to new toilets opening out into corridor spaces

There were satisfactory arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced and fire exit signage was in place. The procedures to follow in the event of discovering a fire or on hearing the alarm were displayed around the building. There was an updated list maintained of each residents mobility, and any requirements for support in an emergency evacuation. The fire policy provided guidance to reflect the revised size and layout of the building and the evacuation procedures to include residents accommodated on each floor of the building. The updated layout and instructions were visible to residents staff and visitors to the centre.

Staff had completed annual refresher training in fire safety procedures. Records indicated fire drill practices were completed. Routine checks were undertaken to ensure fire exits were unobstructed, automatic doors closers were operational and fire fighting equipment was in place and intact.

There were clear procedures in place for the prevention and control of infection and all areas within the centre was visibly clean and hygienic. Hand testing indicated the temperatures of radiators and taps dispensing hot water did not pose a risk of burns or scalds. Hand gels for disinfectanting were located along the corridor, and at the front entrance. Staff were observed practicing hand-hygiene and adequate wash hand basins were provided for use in the centre.

Falls and incidents were documented and audited. In the sample of accident report forms reviewed, vital signs for residents were checked and recorded and the resident's next of kin and General Practitioner (GP) were informed. Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs and safe

practices were observed by inspectors. Staff were able to explain the steps they followed in the event of someone having a fall, and this was in line with the centres policies and procedures

**Judgment:**  
Substantially Compliant

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

**Theme:**  
Safe care and support

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

**Findings:**  
Overall, medicines were found to be managed well, and safe practice was observed. Medicines management audits were conducted within the centre as part of the quality and clinical governance system in place. Staff confirmed that a pharmacist from the pharmacy who supplied medicines to the centre was facilitated to visit the centre, and meet their obligations to residents as required by the Pharmaceutical Society of Ireland. Nursing staff were familiar with the procedure for storage, and disposing of unused or out-of-date medicines. The medication prescription sheet contained details for prescribing for crushed medications.

Residents were protected by the centre's policies and procedures for medication management. Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system which was appropriate. Medicines were stored securely in the centre in a trolley or within locked storage cupboards. A secure fridge was available to store all medicines, and prescribed nutritional supplements that required refrigeration. Fridge temperatures were checked and recorded on a daily basis.

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 inspectors observed nursing staff safely administering medicines to residents. The nurses on duty knew all the residents well, and were familiar with the residents' individual medication requirements. Medication administration practices were found to adhere to current professional guidelines. The rights of the resident relating to taking their medicines were respected.

The inspectors reviewed a number of the prescription and administration sheets and identified that practices conformed to appropriate medication management practice. The inspector reviewed records which confirmed that all nursing staff had completed

mandatory training in relation to medication management.
<b>Judgment:</b> Compliant

<b>Outcome 10: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
<b>Theme:</b> Safe care and support
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.
<b>Judgment:</b> Compliant

<b>Outcome 11: Health and Social Care Needs</b> <i>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.</i>
<b>Theme:</b> Effective care and support
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> The inspectors were satisfied that each resident's wellbeing and welfare was maintained to a good standard of nursing care and appropriate medical care. Admissions, transfers and discharges were well managed in line with written policy. Any temporary absences of residents were carefully planned and supports in place to maintain residents' wellbeing. The feedback from residents was very positive and they spoke about how homely and welcoming the staff and the centre has always been. Communication with family and any personal preferences were fully respected. Relatives and residents also spoke to inspectors about the positive changes made to the premises over the past 18

months, and refurbishment ongoing.

The inspectors saw that the arrangements to meet each resident's assessed needs were set out in individual care plans, with evidence of resident or relative involvement at development and review. Admissions policy and processes were reviewed with the person in charge and found to be comprehensive and detailed involving a detailed pre-admission assessment. Family and residents confirmed their close involvement with the care planning and review process. Relatives confirmed that communication was very good standard between staff and residents.

The inspector reviewed the management of clinical issues such as wound care, nutrition, falls management, and dementia care including the management of any responsive behaviours and nutritional assessments found they were well managed and guided by policies. Care practices were found to be well managed and organised. Inspectors reviewed a sample of assessment and care plans. Overall, the documentation was of a good standard. One area discussed with the provider was continence management and she confirmed that any referrals for specialist advice in this area would be actioned. In addition, some written reviews viewed by inspector which took place were dated and signed by the nurses or provider. However, the details of what was discussed and any changes or actions as a result of this were not consistently documented in the records as outlined in outcome 5 of this report.

All residents had access to general practitioner services and out-of-hours medical cover was in place. A full range of other services was available on referral to the local health office or privately including speech and language therapy (SALT), occupational therapy (OT) and dietetic services. Residents were enabled to make healthy living choices and enjoyed opportunities to engage in physical activity and pastimes. A physiotherapist attended the centre to provide both individual and group sessions for the residents. Chiropody, dental and optical services were also provided both on a public and private basis. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Each resident has opportunities to participate in meaningful activities. The activity programme was mainly based on residents' assessed interests and capabilities. Inspectors spoke with several residents who confirmed they enjoyed various activities and pastimes. For example, music sessions, bingo, prayers and physical exercises. Each resident's individual preferences were documented in their care plan and this information was also used to plan the activity programme. An information board about religious services, and activities was updated regularly with plans for the week. Some residents also chose to spend some time alone in private. The right to refuse to take part in any group activity was fully respected. Residents who had dementia-related conditions were encouraged by staff to participate in one-to-one activity. One staff member had completed accreditation and training in a sensory communication therapy and was observed by inspectors using these skills.

**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:**

Overall, the premises was found to be suitable for use as a designated centre. The buildings and grounds were well maintained, both internally and externally. The revised plans were submitted to HIQA for review. However, some further improvements were required to meet the schedule 6 requirements of the legislation. The storage of hoists used for moving and handling residents on both floors was inadequate. Although some space has been identified and is in use. Two hoists were observed by inspectors to be stored at the first floor seating area over armchairs, and on the ground floor in a resident's bedroom. This was an area for improvement identified at the time of the monitoring inspection held in July 2015. The provider had undertaken in her response to fully address this in the refurbishment programme.

The centre is currently registered for a maximum capacity of 28 residents. Residents' accommodation is both available on the ground and first floor, accessed by stairs and a newly-installed passenger lift. The provider has requested an increase to accommodate a maximum of 31 residents. The statement of purpose requires some amendments as outlined in outcome 1 of this report to reflect this.

The building is located in a mature housing estate in a cul-de-sac, and consists of three extended houses now interconnected. The design and layout was found to be of an adequate standard that could comfortably accommodate the residents present on the day of the inspection. The provider informed inspectors of works completed to upgrade the bedrooms, flooring, provide dirty utility room on ground floor, toilets and hand washing facilities. Plans to complete and furnish a single bedroom and assisted bathroom on the first floor were well progressed on the day of the inspection.

The layout is now as follows:

22 residents can be accommodated on the first floor:

7 twin bedrooms all with shared en-suite shower room

2 twin bedrooms

4 single bedrooms (2 with shared en-suite)

9 residents can be accommodated on the ground floor:

1 single bedroom with en-suite

4 twin bedrooms

The sitting room and seated areas were decorated to a good standard with soft furnishings and fittings. Overall, most bedrooms were spacious to accommodate personal equipment and devices required for the current resident profile and dependency. Privacy and screening was in place, with window curtains and screening in twin bedrooms. The approach of the provider in terms of governance and admissions was found to be person-centred and appropriate, and met each residents' individual needs. For example, the majority of the more dependent residents were accommodated on the ground floor.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call bell facilities, remote control beds, chairs and televisions along with appropriate pressure relieving aids, were seen in use by residents that promoted their well being.

Handrails were mostly in place on corridors and grab rails were available in bathroom and toilet facilities. However, further review of hand rails in circulating areas was required following the changes made in the building. The provider agreed to review this matter when discussed with her. All bedrooms, bathrooms and communal areas were fitted with a call bell system and displays clearly identified the location of a call bell. One bedroom on the first floor had been wired for a call bell but this had not yet been completed. The provider agreed to action this immediately.

The centre was clean, warm, well ventilated and well maintained in areas occupied and used by residents, visitors and staff. Entry and exit was via the main entrance centre which was monitored and controlled by staff. A private nursing office was located at the back of the main reception area. The provider also had designated private office space.

Catering facilities were adequate, a new cleaning room, had been identified and was in place since the last inspection. A level access secure garden was available for residents and visitors to access outdoors from the main day room. The garden had grass and pathways in place and suitable outdoor furniture. Plans were in place to complete a raised planting area for gardening activity. Other communal areas included a furnished seating area at reception and on the first floor.

Car parking facilities were available to the front of the centre, and on the public road outside the centre.

**Judgment:**

Non Compliant - Moderate

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Any complaints that occurred in the centre were listened to and acted upon. However there was improvement required around the recording of verbal complaints, as outlined in outcome 5 of this report.

The centre had policies and procedures in place for managing complaints in the centre. The procedure for making complaints was user-friendly and was on display in the front hallway. There was also a guide explaining how to make a complaint available to residents and their representatives near the front entrance. The policy named a nominated person to manage complaints and a nominated person to oversee the management of complaints.

The inspectors reviewed the record of complaints and found that all formal complaints had been appropriately addressed and detailed the outcome of the complaint as well as the satisfaction of the complainant. However the inspectors found that not all verbal complaints were being recorded. Staff informed the inspectors that some verbal complaints were detailed in the nursing notes, however this did not allow itself to the consistent management and monitoring of complaints in the centre.

Inspectors spoke to a number of residents and relatives and asked if they knew what the procedure was if they wished to make a complaint. All were aware of who they could speak to if they wished to make a complaint and all made complimentary comments towards the staff and the person in charge stating that they felt staff and management would act upon any complaints or concerns they raised immediately. Some residents outlined verbal complaints they had made and stated that they were happy with the response they received after making the complaint.

**Judgment:**

Compliant

***Outcome 14: End of Life Care***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents received care at the end of their life that was dignified and met their physical, emotional and spiritual needs and wishes.

The inspectors reviewed the end-of-life care policy and guidelines. The policy stated that the end of life wishes should be discussed with the resident and their next of kin within one month of admission to the centre if they were comfortable to do so. It also emphasised that the resident was to be at the centre of the decision making around end of life care. On review of a number of care plans and from speaking to staff this seemed to be the practice in the centre, and that the end of life wishes of residents and their family were respected in the centre.

Best efforts were always made to try and provide a private room to meet residents' end of life care needs and dignity. Due to the number of multi-occupancy rooms in the centre it was not always possible for end-of-life care to be provided in a private room. However, inspectors found that efforts were always made to try accommodate this and usually were.

Spiritual needs were met within the centre. Some residents had specific spiritual care plans in place which detailed their religious beliefs and wishes. Staff informed the inspectors that any spiritual and religious needs at end of life would be accommodated for.

Inspectors were informed that the centre had access to specialist palliative care services which were provided by a hospice.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents' nutritional needs were being met in the centre. Residents were provided with food and drinks regularly throughout the day. Food was properly prepared and cooked. The dining space was close to the kitchen with suitable storage for food was also in

place. The mealtime experience was supervised by staff including the floor manager, and residents who wished to dine in their own rooms or in the day space were also offered this choice.

Mealtimes were three times per day and residents were provided with a choice for each meal. The menu was on a rolling 3 week cycle and the daily menu was on display in the dining room and day room. A large pictorial menu was also available to facilitate choice.

Inspectors observed mealtimes and found that the food looked wholesome, nutritious and served in sufficient quantities. Residents that required some assistance with their meals were observed being assisted in a sensitive and dignified manner. Throughout the inspection residents were regularly offered snacks and drinks outside of the allocated mealtimes. The inspectors spoke to kitchen staff and were informed that snacks were prepared throughout the day and that the kitchen is open at all times. Residents informed the inspectors that the in the centre food was tasty.

The dietary requirements of residents were met. Kitchen staff had information around individual resident's allergies, likes/dislikes and if their meals were to be a modified texture or fortified. Health Care Assistants were responsible for fortification of meals and when asked seemed knowledgeable around residents' individual dietary needs.

There was a policy in place for the monitoring of residents' nutritional intake. Residents that had specific dietary needs had been referred to allied health professionals such as a dietician and speech and language. Residents' healthcare needs relating to any weight loss was monitored by staff, and monthly weights were maintained. If weight loss was identified this was reported to the GP and monitored more closely. For example, inspectors noted that three day dietary intake charts were completed prior to a recent visit by the dietician for some residents.

**Judgment:**  
Compliant

***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:**

Residents were consulted with and participated in the daily running of the centre. Residents' rights and dignity were found to be respected in the centre, however there was no area for residents to receive visitors in private.

Residents meetings were held on a month to three monthly basis. Inspectors reviewed the minutes of these meetings. The minutes reflected that residents were mostly happy with the running of the centre and any minor issues discussed were addressed. While speaking to the inspectors the residents confirmed that they were very happy living in the centre.

Resident's independence was promoted in the centre and daily living was not driven by routine. This was observed to be the case throughout the inspection. Residents informed the inspectors that they could get up in the morning and go to bed at night at any time. One resident informed the inspectors that they regularly leave the centre whenever they wish.

The activities plan in the centre was a rolling weekly one. Staff informed the inspectors that this was a quite flexible plan and is often changed on request from the residents. Over the course of the inspection activities were observed taking place, including one to one sonas activities. The activiteies seemed to be well recieved by residents and had good levels of participation. Feedback from residents around the activities available in the centre was very positive.

Residents had access to independent advocacy services. Contact details for advocacy services were on display in the front hall of the centre. Advocacy was also discussed during a residents meeting held in November 2016.

There were no restrictions placed on visits. All visitors had to sign in when visiting. Visits can take place in communal areas or in resident bedrooms. However, there was no private designated area for which residents could receive visitors in private.

Inspectors spoke to the provider about the arrangements in place around respecting residents' religious and civil rights. A Roman-Catholic priest visited the centre on a monthly basis and arrangements for other religious denominations would be accommodated for if required. During any local or general elections transport was provided for any residents who wished to visit the polling stations.

Residents had access to television, radio and newspapers on a daily basis.

**Judgment:**  
Substantially Compliant

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

<p><b>Theme:</b> Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There were appropriate systems in place for residents to maintain control of their personal property.</p> <p>There was a policy in place on residents' personal property and possessions. The policy stated that a record of resident's valuables was to be taken on admission to the centre. Inspectors observed these records to be in the residents' files.</p> <p>Each resident had sufficient storage space in their rooms to store and maintain their personal belongings.</p> <p>The centre now outsourced its' daily linen and personal laundry services. An identified safe external collection area was in place which was accessible to this laundry service. The laundry system in place ensured that residents' own belongings got returned to them. Residents confirmed this was a satisfactory service, used by most people living at the centre. The option for family to take personal laundry home was also in place.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 18: Suitable Staffing</i></b> <i>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.</i></p>
<p><b>Theme:</b> Workforce</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Residents and relatives confirmed with inspectors that there were appropriate staff numbers and skill mix to meet the needs of residents on the days of the inspection.</p>

The inspectors reviewed the actual and planned rota and found that there was enough staff on duty seven days per week to meet the specific needs of residents outlined in the statement of purpose while taking into account the size and layout of the centre. The provider confirmed that a review of staffing will take place and submitted to HIQA for review to include proposed staffing to care for the additional three residents at the centre.

Three registered nurses (including the person in charge) and five care assistants were on duty on both mornings of the inspection. Additional staff on duty included the chef, kitchen assistant, and one household staff member and the floor manager. The provider is supported by an administrator/accounts person (three days a week) and a maintenance person who visits weekly or as required by the provider.

The inspectors found that staff had up-to-date mandatory training. The training plan for 2017 was planned and in place. Staff had access to education and training to meet the needs of residents as outlined the statement of purpose. Staff had received a broad range of training suitable to meet the assessed needs of residents. For example, restraint, diabetes management, infection prevention and control, dysphagia/enteral feeding practice and dementia care.

The provider gave an overview of how staff are supervised appropriately and how staff are recruited, selected and vetted in accordance with best recruitment practice. This was confirmed in the sample of schedule 2 records viewed by inspectors. Staff turnover was found to be low, nonetheless one staff nurse post was vacant at the time of the inspection and the provider was actively recruiting. This vacancy was covered by existing staff nurses and the provider.

At the time of inspection there were no volunteers in place but the person in charge was aware of the vetting procedures that need to be in place should volunteers become part of the team.

There is a recruitment policy in place and the inspector was satisfied that staff recruitment was in line with the regulations. All relevant members of staff have an up-to-date registration with the relevant professional body.

There is a system of formal supervision and appraisal in place. The provider said that she has a system of supervisory meetings planned for each staff discipline. She also had a process of staff appraisal in place for implementation where staff would also have an opportunity to request additional training relevant to their role.

Systems were in place to provide relief cover for planned and unplanned leave. The person in charge said that staff cover will be provided from within the existing staff compliment to ensure consistency in providing care.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition.

The inspectors observed all staff interacting with the residents and person in charge in a professional and respectful manner.

The number and skill mix of staff on duty is subject to constant review by the provider or staff who deputise for her in her absence. The provider works on call at weekends and is available to staff at the centre by telephone or in person if required to support staff on duty.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Leone Ewings  
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-0000082
<b>Date of inspection:</b>	10/01/2017
<b>Date of response:</b>	05/02/2017

#### 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 01: Statement of Purpose

**Theme:**

Governance, Leadership and Management

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

Aspects of the statement of purpose required review in order to fully meet Schedule 1 requirements:

- details of the management structure
- complaints policy reflective of process in centre
- proposed whole-time equivalent staffing

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

- fully reflecting increased numbers applied for

**1. 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:**

Statement of purpose has been amended to reflect the increase in Registered beds to 31 ,The increased staffing WTEs, the management organisational structure chart and the details regarding complaints in the centre and has been submitted to the Authority .

Proposed Timescale: Complete

**Proposed Timescale:** 05/02/2017

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

Schedule 3 resident records including nursing reviews did not include sufficient detail of what was discussed and any changes or actions as a result of any review.

Some schedule 4 records were not fully maintained and in line with regulations:

- the rationale and records of dates of any alternatives used prior to the use of restraint
- the records of verbal complaints

**2. Action Required:**

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

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

Record keeping has been placed on the agenda for the next staff meeting which will take place in February 2017.

-All matters raised at the time of inspection will be discussed and the required details of what was discussed with Residents / families will be documented on all reviews from now on.

-Dates of alternatives trialled in an effort to reduce bed-rail restraint will be included , as well as what alternatives were trialled .

-A system for all verbal complaints to be recorded has been implemented.

**Proposed Timescale:** 28/02/2017

## Outcome 08: Health and Safety and Risk Management

### Theme:

Safe care and support

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

The provider had not completed a small number of hazard risk assessments identified by inspectors at the time of this inspection:

- risks associated with the use of the new passenger lift
- review of the accessibility in the premises inclusive of a sloping floor area in the communal space
- risks associated with the storage of moving and handling equipment in communal space
- risks with doors to new toilets opening out into corridor spaces

### 3. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

All Risk assessments have been undertaken and updated in the Risk Register.

**Proposed Timescale:** 05/02/2017

## 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:

Schedule 6 requirements not fully met by provider:  
storage for hoists on first and ground floor inadequate  
call bell absent from en-suite of room 10  
Room 8 incomplete and not fully furnished  
Assisted bathroom on first floor incomplete  
Handrails not fully in place in communal circulating areas

### 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:

Consultation with the architect has taken place and a space has been identified for the safe storage of Hoists on both floors. Works are due to commence on 6th March 2017.

The call bell in the ensuite of room 10 has been fitted.

Room 8 is now complete and occupied.

New assisted bathroom on first floor is now complete and in use.

Work has commenced on adding more handrails, and will be complete by the end of February 2017.

**Proposed Timescale:** 31/03/2017

## **Outcome 16: Residents' Rights, Dignity and Consultation**

### **Theme:**

Person-centred care and support

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

There was no designated area for which residents could receive visitors in private.

### **5. Action Required:**

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

Residents were involved in a discussion about this matter at a recent resident meeting. It was decided by the residents that they will designate the activity room on the ground floor as a private visiting space if they need to.

Proposed Timescale: Complete

**Proposed Timescale:** 05/02/2017