



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Padre Pio House
Name of provider:	Inishan Nursing Homes and Company Limited
Address of centre:	Churchtown, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	23 January 2019
Centre ID:	OSV-0000266
Fieldwork ID:	MON-0023473

## About the designated centre

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

Padre Pio House is a purpose built nursing home and is located close to the village of Churchtown in Co. Cork. The centre is built on large landscaped grounds with adequate parking for visitors and staff. The centre is registered to accommodate fifty two residents in forty two single bedrooms and five twin bedrooms. All bedrooms are en suite with toilet, shower and wash hand basin. The centre provides long-term nursing care, predominately to people over the age of 65, but can also provide convalescent and respite care. The centre caters for residents with varying degrees of dependency from low to maximum. The person in charge is responsible for the day-to-day operation of the centre with the support of an assistant director of nursing and a clinical nurse manager. Care is provided by a team of nurses, healthcare care assistants, activity staff, catering staff, and housekeeping staff.

**The following information outlines some additional data on this centre.**

Current registration end date:	19/02/2021
Number of residents on the date of inspection:	52

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
23 January 2019	09:00hrs to 16:45hrs	John Greaney	Lead
24 January 2019	09:00hrs to 14:30hrs	John Greaney	Lead

## Views of people who use the service

The inspector spoke with a number of residents throughout the inspection and all were very complimentary about the care and support provided and said that staff treated them with dignity and respect at all times. Residents told the inspector that there was a good atmosphere in the centre, that it was a friendly place to live and confirmed that they felt safe living there. Residents confirmed that they would have no problem in speaking to any staff member if they had a concern or there were any issues they would like addressed. Residents stated that staff were very kind, caring and responsive to their needs. Residents told the inspector that there was plenty happening in the centre and they were always given choice as to how they spent their day. Residents said that they had freedom to choose when they got up, when they had their meals or what activities they participated in.

## Capacity and capability

Overall, the inspector found that this was a well managed and governed service in which residents received a good standard of care in a homely environment. Some improvements were required in relation to the development of an annual review of the quality and safety of care and in the management of complaints.

There was a person in charge of the centre, who was also a director of the company that owned and operated the centre. The person in charge was supported by a recently appointed assistant director of nursing and by a clinical nurse manager, each of whom assumed responsibility for different aspects of the management of the centre. For example, the assistant director of nursing completed many of the audits, whereas the clinical nurse manager was responsible for ensuring that all staff had attended the required training. A second director of the company was also present in the centre on a daily basis and fulfilled a management role.

Residents spoken with by the inspector stated that staff were attentive to their needs and were predominantly caring and kind. This was supported by the observation of the inspector who observed staff interacting with residents in a respectful manner. Discussions with staff indicated that they were knowledgeable of residents and of their individual needs and preferences. Training records indicated that there was a comprehensive programme of training and staff were facilitated to attend training to support them provide evidence-based care. In addition to mandatory training, staff had also attended training in cardiopulmonary resuscitation, infection prevention and control, medication management and meeting the nutritional needs of residents.

The quality and safety of care was monitored through a programme of audits. The programme of audits included medication management, hand hygiene, care planning and the dining experience of residents. A relatives' satisfaction survey was also completed and of the nine completed surveys returned, all were very complimentary of the care provided in the centre. While there was an audit process, there was no annual review of quality and safety of care completed for the year preceding this inspection, to ensure that such care was in accordance with standards, as required by the regulations.

There was a policy on the management of complaints. The policy required review as it did not clearly set out the full complaints process. Improvements were also required in the level complaints records.

#### Regulation 14: Persons in charge

The person in charge of the designated was a registered nurse and had the required experience in care of the older person. Residents knew the person in charge and it was evident that she was involved in the day to day operation of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

A review of the staff roster indicated that there were adequate numbers and skill mix of staff to meet the needs of residents living in the centre on the days of the inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training records indicated that all staff had attended up-to-date training in mandatory areas such as fire safety, protecting residents from abuse, and manual and people handling.

Judgment: Compliant

#### Regulation 19: Directory of residents

The Directory of Residents did not contain the gender of each resident.

Judgment: Substantially compliant

### Regulation 22: Insurance

A certificate of insurance was available demonstrating that the provider had effected insurance against injury and loss of property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a comprehensive programme of audits and evidence of action in response to issues identified through the audit process. There was, however, no annual review of the quality and safety of care as required by the regulations.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Each residents had a written contract of care. The contract outlined the fees to be charged, including fees for additional services. The contract did not include the terms relating to the bedroom occupied by residents and the number of other residents, if any, in that bedroom.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of records indicated that notifications required to be submitted to the Office of the Chief Inspector were submitted as required.

Judgment: Compliant

## Regulation 21: Records

Records were stored securely and easily retrievable. A review of a sample of personnel records indicated that all staff had Garda vetting completed prior to commencing employment. While there were two written references for all staff, the references for one staff member were character references and did not relate to previous employment.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The policy on the management of complaints identified the complaints officer and also referenced the Ombudsman. The policy did not however, identify an independent appeal process or identify a person responsible for ensuring that all complaints were responded to and were recorded. A review of the complaints log indicated that complaints were recorded, however, there was insufficient detail in the log of the actual complaint and there was also a need for further detail of the investigation conducted following receipt of a complaint.

Judgment: Not compliant

## Quality and safety

Generally, this was a quality and safe service and this was supported by feedback from residents and by the observations of the inspector. While there was a positive focus on fire safety, some improvements were required in relation to fire drills and the preventive maintenance of the fire alarm.

Residents were assessed prior to admission, usually by the assistant director of nursing, to ensure that the centre could meet the needs of prospective residents. Care plans were developed for residents and these were personalised and provided good guidance on the needs and preferences of each resident. There was good access to healthcare and residents were regularly reviewed by their general practitioner (GP). There was also good access to allied health and specialist services, such as speech and language therapy, dietetics and physiotherapy. Residents were also facilitated to access to national screening programmes such as retinal screening and cervical screening.

It was evident that considerable effort had been made to provide an environment for residents that was comfortable and stimulating. There were a number of



communal rooms that were decorated to a high standard and facilitated residents to spend some time away from their bedroom and also facilitated residents to meet with visitors in private. There were also other areas where residents could sit comfortably, such as the atrium close to the main entrance and another seated area where there was an internal fish pond. The decor was of a very high standard with numerous artefacts, photographs and paintings on the display throughout the centre. Residents had access to a landscaped enclosed garden that contained a water feature, footpaths, garden furniture and raised plant beds. There were two hens in the garden that laid eggs, almost daily. There were also two donkeys, that had been rescued from the donkey sanctuary, in a field adjacent to the garden that were owned by the provider. Residents were interested in the welfare of the hens and donkeys and were frequently a topic for discussion for residents.

There was a good programme of activities and residents were seen to enthusiastically participate in activities on the days of the inspection. The programme of activities was facilitated by two activity coordinators and there were also some external musicians that attended on a regular basis. The centre had its own wheelchair accessible van to allow residents to go on outings to local amenities and attractions. There was also a large barbecue in the garden that was used extensively during the summer preceding this inspection.

Residents were consulted about how the centre was planned and run through residents meetings. A survey of relatives had also been conducted and the feedback was overwhelmingly positive. Residents spoken with by the inspector stated that they felt safe in the centre and would have no problem in reporting any concerns to staff.

Food appeared to be nutritious and was attractively presented, including pureed food that was colourful and appetizing. Residents had a choice of food at mealtimes and were assisted appropriately by staff while supporting independence in so far as possible. Most residents had their meals in the dining room. Residents were seen to come to the dining room for breakfast throughout the morning. Due to the size of the dining room, lunch and tea was served in two sittings, with the first sitting predominantly reserved for residents requiring assistance.

While it is acknowledged that fire safety was a high priority for the provider, a review was required of annual fire safety training to ensure that it was centre-specific and adequately prepared staff to respond in the event of a fire. A review fire drill records indicated that they did not incorporate the simulated evacuation of residents to enable staff to practice the evacuation of residents in a timely and effective manner in the event of a fire. Personal emergency evacuation plans were in place for all residents and these included details of the physical needs and potential psychological response of residents in the event of the need to evacuate quickly.

## Regulation 10: Communication difficulties

The communication needs of residents were clearly set out in care plans. Staff were knowledgeable of the various communication needs of residents.

Judgment: Compliant

### Regulation 11: Visits

There was open visiting and visitors were seen to come and go throughout the two days of the inspection. Visitors were welcomed by staff and they knew each other by name.

Judgment: Compliant

### Regulation 12: Personal possessions

There were adequate facilities for residents to store personal possessions. Residents were supported to personalise their bedrooms with items such as family photographs. There were adequate laundry facilities and a system for labelling clothes to ensure they could be returned to residents following laundering.

Judgment: Compliant

### Regulation 13: End of life

The inspector was informed that end of life needs of residents were met usually facilitated by nursing staff, care staff, and by the GP. There was also good access to palliative care services when required. End of life preferences were discussed with residents and their relatives, where relevant, and these were clearly set out in residents care plans.

Judgment: Compliant

### Regulation 17: Premises

The centre was bright, clean and in a good state of repair. The centre was decorated to a high standard and provided a homely environment for residents. There was ample suitable communal space and access to secure outdoor space. All bedrooms were en suite with toilet, shower and wash hand basin and there were

also communal toilets suitably located throughout the centre. Records of preventive maintenance were available for equipment such as hoist and beds.

Judgment: Compliant

### Regulation 18: Food and nutrition

The nutritional status of residents was monitored through regular weights and referrals were made to dietetics or speech and language therapy when required. There was an adequate system in place to ensure that residents received their prescribed diet and food texture. Residents received an adequate quantity of food at mealtimes and were complimentary of the food provided. Snacks were provided between meals and in the evening. Fluids were available and offered to residents throughout the day.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy and emergency plan. There was an associated risk register that identified risks in the centre and controls in place to mitigate the risks identified.

Judgment: Compliant

### Regulation 27: Infection control

There were adequate procedures in place in relation to infection prevention and control. There was a colour coded cleaning system and the centre appeared to be clean throughout. There were wash hand basins and hand hygiene gel dispensers suitably located throughout the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Some improvements were required in relation to fire safety, such as;

- annual fire safety training described to the inspector did not incorporate centre-specific evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, and fire control techniques
- fire drills records indicated that the simulated evacuation of residents was not practiced
- preventive maintenance of the fire alarm was not conducted quarterly in accordance with the relevant standard
- the inspector observed that a bedroom door had been held open with a tray table and another with a litter bin
- a review was required of the storage of oxygen cylinders to ensure it complied with recommended guidance

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Medication administration practices observed by the inspector were in compliance with recommended guidance. A sample of prescriptions viewed were signed by the GP and there was a nurses signature associated with each medicine administered. Medicines were stored securely. Medicines requiring special control measures were counted by two nurses when they were being administered and at change of shift.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed on admission using recognised assessment tools for issues such as the risk of falls, the risk of developing pressure sores and the risk of malnutrition. These assessments were reviewed regularly and whenever there was a change in a resident's status. Care plans were developed following these assessments and these provided good guidance on the care to be delivered.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to health care and to the services of their GP, including access to out-of-hours GP services. There was good access to dietetics, speech and

language therapy and tissue viability services through a nutritional supply company. Access to physiotherapy and occupational therapy through community services was slow and referrals were usually made to private providers.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were no residents in the centre that presented with significant responsive behaviour. Staff demonstrated an understanding of the residents with dementia and their various needs and preferences. While a number of staff had attended training in responsive behaviour, a significant number of staff had not attended this training. The only form of restraint in place were bedrails and there was a risk assessment conducted prior to the use of bedrails and safety checks while bedrails were in place. Alternatives to bedrails such as low low beds with crash mats and sensor alarms were explored prior to the use of bedrails.

Judgment: Substantially compliant

### Regulation 8: Protection

All residents spoken with by the inspector stated that they felt safe in the centre. Relatives spoken with by inspectors were complimentary of staff and of the care provided to residents. The provider was not pension agent for any residents and there were adequate records maintained in relation to residents finances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents received appropriate assistance and support to meet their needs but in a manner that supported their independence. The programme of activities provided for adequate occupation and entertainment of residents. A review was required of the screening between beds in the twin bedrooms as the screening did not always protect the privacy of the resident closest to the bedroom door.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Padre Pio House OSV-0000266

Inspection ID: MON-0023473

Date of inspection: 24/01/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> <li>• A new directory of Residents with a Female and Male column has gone to the printers</li> </ul>	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• The annual review of the quality and safety of care for 2018 has been completed</li> </ul>	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: <ul style="list-style-type: none"> <li>• Our template contract of care will be updated to include the number of the bedroom occupied by the resident and the number of other residents, if any, in that bedroom.</li> </ul>	



Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• The staff member has since supplied the correct references.</li> <li>• Our recruitment procedure has been updated to show that character references are not acceptable.</li> </ul>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• Our Management of Complaints Policy will be reviewed and corrected to reflect best practice.</li> <li>• Our Complaints Log will continue to be used but further detail of the complaint and subsequent investigation will be recorded in Care Management System.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• We will review our biannual fire safety training in consultation with our fire engineer.</li> <li>• Simulated Evacuation Training has been scheduled and the first session completed. We will update our training programme for 2019 to reflect this.</li> <li>• We have met with the Contractor responsible and have been assured the quarterly maintenance will be scheduled. Our maintenance department will also schedule a reminder. The first quarterly check has been completed.</li> <li>• We will include bedroom door awareness in our bi-annual fire Training for all staff in particular housekeeping staff.</li> <li>• We have taken guidance from the oxygen supplier. The oxygen is now stored off the floor and secured with a chain.</li> </ul>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>• We will add more days for training in responsive behaviour. As soon as dates are confirmed we will update the training programme for 2019.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• Extra screening has been ordered.</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	26/04/2019
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	11/03/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the	Not Compliant	Yellow	04/03/2019

	Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/03/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques	Not Compliant	Orange	31/05/2019

	and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/05/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Yellow	31/05/2019
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Not Compliant	Yellow	12/04/2019

Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Not Compliant	Yellow	12/04/2019
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/10/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	19/04/2019