



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

## Issued by the Chief Inspector

Name of designated centre:	Padre Pio Nursing Home
Name of provider:	B.M.C. (Nursing Home) Limited
Address of centre:	Graiguenoe, Holycross, Thurles, Tipperary
Type of inspection:	Announced
Date of inspection:	16 September 2019
Centre ID:	OSV-0000267
Fieldwork ID:	MON-0022772

## About the designated centre

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

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

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

Number of residents on the date of inspection:	45
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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
16 September 2019	09:30hrs to 18:50hrs	Margo O'Neill	Lead
17 September 2019	09:00hrs to 17:30hrs	Margo O'Neill	Lead

## What residents told us and what inspectors observed

The inspector met with residents and residents' relatives who were visiting over the two day announced inspection. Pre-inspection questionnaires were distributed to residents on behalf of the Chief Inspector of Social Services prior to the inspection. Thirteen questionnaires were completed and returned. Many expressed their great satisfaction with the service they received.

Residents said they were very satisfied with living in the centre, some reporting that they 'loved living' in Padre Pio and that they felt 'safe'. Many residents spoke highly about how their right to 'independence is being respected' but also that they are safe in the knowledge that they can 'ask for help if it is needed'.

Residents said staff always came when they needed them and they never had to wait for help. Some residents stated that they 'could not ask for better carers' and 'the staff are like my family'. Relatives of residents stated that staff had 'gone over and above in their duty of care' to their relative and another stated that they had 'nothing but praise for the care and kindness given' to their relative.

Many residents commented on the food and that it is was 'lovely', 'plentiful' and that residents received food that they like 'even if it is not on the menu'. Residents commented too that their right to choice was respected; 'I love when I ask for a small dinner and I get one and if I want more I can ask for it'.

Residents reported to the inspector that they enjoyed the activities and outings arranged by the centre's staff. Residents reported their favourite activities included bingo, music, mass and garden outings. In particular residents spoke very highly of the outings to traditional music sessions every six weeks and about the great fun and joy they had experienced from participating in the inter-generational choir with a local school and their recent trip to the Phoenix park in Dublin to meet An Uachtarán na hÉireann (the President of Ireland).

Residents were satisfied with their bedrooms and storage facilities provided for their clothing. A resident did state however that they would like a light on for a 'little bit at night'.

Residents' relatives who spoke on their behalf said 'the centre is cheerful and the staff are always welcoming' and inform them on how their relative 'has been'. The visitors' sitting area in the 'Poppy' section of the centre was described as 'ideal for visitors' in resident's feedback questionnaires.

The number of complaints made in the centre was low. Feedback from the questionnaires stated that most residents had never had to make a complaint in the centre but that they knew who to speak to if an issue were to arise.

Many residents said that they thought the newly developed safe outdoor garden was

'beautiful' and that they enjoyed getting out for fresh air and on bright sunny days. The prayer room was also mentioned as a place to enjoy a peaceful atmosphere.

## Capacity and capability

The inspection was an announced two day inspection to monitor ongoing compliance with the regulations and standards. The inspector followed up on notifications received by the Chief Inspector of Social Services since the last inspection in January 2019. No unsolicited information was received about the centre. The inspector's findings are discussed throughout the report.

Three actions were identified under the dimension of capacity and capability from the last inspection to bring the centre into compliance with the regulations. These had been completed by the provider.

There was a robust governance and management structure in place in the centre. The provider representative, who was also the person in charge was very experienced and had spent many years carrying on the business of a designated centre. There was a systematic approach to monitoring the quality and safety of the service delivered to residents that included an extensive schedule of audits.

There were sufficient staffing levels in the centre. Staff had appropriate skills and knowledge to meet residents' needs in the centre. Staff were appropriately supervised and facilitated to attend mandatory and professional development training. This promoted a culture of learning and continuous professional development for staff.

There was a low staff turnover and staff who spoke with the inspector said they were well supported by the person in charge and senior staff. There was robust recruitment and induction procedures in place. The provider confirmed to the inspector that staff had completed An Garda Síochána (police) vetting before commencing working in the centre as per the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The statement of purpose met the requirements of the regulations.

## Regulation 14: Persons in charge

The person in charge is a registered nurse, with the required experience in the area of nursing older people. The person in charge worked full-time in the centre and is engaged in the governance, operational management and administration of the centre. She maintained her own professional development and attended clinical courses relevant to her work. The person in charge was observed frequently

meeting with residents, visitors and staff throughout the inspection.

Judgment: Compliant

### Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the individual and collective assessed needs of the residents and for the safe delivery of services. Staff were observed to be skilled when providing care for residents and were knowledgeable regarding their needs. Residents confirmed that they were attended to in a timely way and said that staff were kind and caring.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training and were facilitated to attend courses to support their professional development. Training needs of staff was informed by the needs of residents and annual appraisals completed by the person in charge with all staff. On review of training records the inspector saw that mandatory training for staff such as safeguarding, infection control and fire safety training was provided.

The inspector noted that several different committees such as a quality and safety committee and activity committee had been formed. This provided additional development opportunities for staff while also enhancing the quality of the service provided to the residents. Staff turn over in the centre was low however a recruitment policy was in place that informed a robust recruitment and induction process for all new staff. The person in charge ensured staff were well-supervised according to their role.

Judgment: Compliant

### Regulation 21: Records

The inspector reviewed four staff files. These were found to contain all necessary information as required by Schedule 2 of the regulations including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Daily nursing records were maintained and contained detail of the residents' health and wellbeing. Records of each fire practice, drill and test of fire equipment were

maintained. Fire drill records included sufficient information to inform learning and refinement of the evacuation procedure for staff.

The centre had a restraint register that was appropriately maintained. All other records required under Schedules 1, 2, 3 and 4 of the Regulations were maintained.

Judgment: Compliant

## Regulation 22: Insurance

Confirmation of up-to-date insurance, to cover injury to residents or loss and damage of residents' property was made available to the inspector.

Judgment: Compliant

## Regulation 23: Governance and management

There were strong governance and management procedures in place in the centre. The provider representative, who was also the person in charge, worked full time in the centre providing good oversight of the service. There was a clearly defined governance structure in place. Each member of the team had their role and responsibilities defined and there were good processes for communication between team members. The person participating in management who worked in the centre several afternoons a week and clinical nurse managers supported the person in charge in her role. The person participating in management deputised when the person in charge was on leave and was supported by the clinical nurse managers to do so.

Sufficient resources were available to ensure the effective delivery of care to meet the assessed needs of residents and in accordance with the centre's statement of purpose.

There were comprehensive management systems in place to monitor quality and safety of the service provided. There was an extensive schedule of audits in place that were analysed and reviewed at governance and management meetings. Actions plans were developed and informed continuous quality improvement. Management met with staff regularly to review practice in all areas and to share findings from audits completed to promote learning and quality improvement.

There were a number of established committees, such as the quality and safety, activity and nutrition committees, that reviewed a number of key areas in the centre. There was evidence from the minutes of the meetings held by these



committees, that action plans were developed, followed up in a defined time period, by a nominated person and completed. The person in charge received regular informal feedback and resident council meetings informed management of residents' quality of life in the centre. The commitment by the centre's management and staff to ensuring residents enjoyed a meaningful life in the centre was clearly demonstrated.

An annual review report on the quality and safety of care and quality of life for residents was prepared for 2018. The report was completed in consultation with residents to inform service improvements for 2019.

Judgment: Compliant

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

The action from the last inspection had been addressed. Contracts for the provision of care were in place and outlined the services to be provided and the fees to be charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

Following the last inspection the statement of purpose was updated with the necessary details outlined in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had an up-to-date policy and procedure to manage complaints. A summary of the complaints procedure was displayed by the main entrance in the centre's reception hall for residents' and relatives' information. The complaint procedure was also included in the resident's guide. Details on display included the name of the nominated complaints officer in the centre, investigation procedure, the appeals process and the Ombudsman contact details. The centre had links with an advocacy group for residents should the need arise; these contact details were also displayed in the reception hall of the centre.

A record of complaints raised by residents and relatives was maintained in the

centre. The records included details of the investigations carried out in relation to the complaints and actions taken to resolve the complaint. Details of communication with the complainant and their level of satisfaction with the actions taken to resolve the issues was also recorded. Residents were aware of how to make a complaint and to who they could make it to if it were required.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All policies and procedures as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were present and noted to be specific to the centre. All policies were reviewed and updated at intervals not exceeding three years to ensure the information within the policies reflected best practice information.

Judgment: Compliant

#### Quality and safety

Residents' enjoyed a good quality of life in the centre and their health and nursing needs were met to a good standard. Some improvements were required to the premises in relation to bathrooms, and fire safety.

Each resident's healthcare needs were assessed and were informed by care plans that contained person-centred details and reflected their individual care preferences.

There was a proactive approach and comprehensive monitoring procedures in place in the centre to ensure provision of timely interventions for residents with assessed clinical risks such as risk of malnutrition or dehydration. Residents had timely access to general practitioners (GPs), other medical services and health and social care professionals as required.

The centre was visibly clean throughout and was maintained and decorated to a good standard. There were lots of interesting items, bookshelves and display cabinets with ornaments and comfortable seating areas throughout the centre. Residents were accommodated on the ground and first floor of the premises. Bedrooms were homely and residents were encouraged to personalise the décor. The number of first floor bathing facilities required review as it was not sufficient to meet the requirements of the regulations and standards.

Residents were supported to enjoy an active and meaningful life and there was a broad and varied group activity programme. The activity programme included a

number of group outings and trips organised by the person in charge, activity coordinator and staff. Residents partook in community integration projects such as the inter-generational choir with a local school. The inspector received very positive feedback on these experience from residents and their relatives. There were also one-to-one activities such as hand massage, reminiscence and reading for residents who required this level of activity.

Residents with responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well supported by staff in the centre and there was evidence of comprehensive assessment and person-centre behavioural support care plans. Efforts had been made to reduce the use of restrictive practices in the centre. Residents were encouraged and supported to optimise their independence where possible and had free access to a recently renovated enclosed outdoor garden.

Residents' views were valued by the provider and residents' meetings were held to consulted residents regarding their care and the service provided. Residents reported to the inspector that they felt safe in the centre and spoke very positively about the person in charge and staff.

Staff who spoke with the inspector were knowledgeable and knew residents and their individual needs well. Staff informed the inspector they were aware of their responsibilities regarding safeguarding of residents and responsibility to report any concerns.

The management team had measures and procedures in place to assess and manage risk to ensure residents health and safety needs were met. There was a policy and procedures in place to ensure residents were protected from the risk of fire and staff evacuation drills were carried out regularly. Some fire doors required maintenance review and works to ensure full closure and catching. Fire maps were on the display on the walls throughout the centre; these required review to include the centre's fire compartments. The person in charge undertook to address these issues. The timeliness of reallocation of bedrooms on the ground floor to residents with reduced ability to use the chairlift or stairs required review to ensure all residents had opportunities to attend social activities and other communal areas in the centre.

Seven actions identified under the dimension of quality and safety during the last inspection were followed up and found to have been addressed.

## Regulation 12: Personal possessions

Residents were provided with sufficient storage space in their bedrooms for their clothing and personal belongings. Each resident had access to a lockable space to

store their valuables.

A laundry service was provided in the centre for residents and their clothing was laundered appropriately. Residents' clothes were observed by the inspector to be clean, ironed and well cared for. Residents' clothing was effectively labelled ensuring clothes were safely returned to each resident. There were no complaints logged or negative feedback from residents or their relatives regarding the laundry service provided.

The provider acted in the role of pension agent for collection of social welfare pensions for two residents. The arrangement was clear and transparent on review. The provider kept a small amount of money in safekeeping on behalf of some residents for their day-to-day expenses. Records of transactions were maintained and balances were correct.

Judgment: Compliant

### Regulation 17: Premises

The inspector followed up on the actions from the last inspection and found that all three actions had been completed. The centre was clean, comfortable and in a good state of repair both internally and externally. Handrails were in place throughout the centre to facilitate residents independence when mobilising around the centre. There were two dining rooms, two sitting rooms, a visitor's area, therapy room and a small oratory. The larger dining room was used for residents' group activities during the day. The centre was decorated in a homely and warm style. In pre-inspection feedback questionnaires residents reported they were happy with how comfortable the centre was.

Residents' bedrooms are accommodated over two floors; the ground and first floors. Many of these had been decorated and personalised to residents' taste and with personal items such as family photographs and paintings. There were nine twin shared bedrooms and 31 single bedrooms. Residents who spoke to the inspector and those who provided feedback all expressed their satisfaction with their bedrooms.

Ten of the single bedrooms located on the ground floor, had full en-suite facilities inclusive of shower, toilet and wash hand basin. Also on the ground floor there are six shared toilets, two shared showers and one shared standard domestic bath. The domestic bath required review as it was not assessable for all residents.

On the first floor of the centre, there are three shared toilets, one shared shower and one shared domestic bath. The bath was infrequently used according to the person in charge. The layout and design of these facilities did not meet the needs of the residents accommodated on the first floor. For the eighteen residents who could be accommodated on the first floor, these shared facilities did not meet the needs of

the residents or the national standards that recommend one shower or bath facility for every eight residents. This was discussed with the person in charge during the inspection. An additional hand rail was required on two of the shared toilet facilities.

The first floor is accessible via stairs or a chairlift. There are twelve bedrooms on the first floor which could accommodate up to eighteen residents. The person in charge outlined that the pre-admission assessment for residents included screening of residents to ensure that all bedrooms, and the location of the bedrooms, were suitable for the residents' needs and abilities. Furthermore a risk assessment for the use of the stairs and the chair lift for all residents who were accommodated on the first floor was carried out.

The centre had a recently redesigned and renovated an enclosed garden that had a number of sitting areas, beautiful plants and interesting images to aid reminiscence and stimulate conversation. Residents and visitors reported they enjoyed spending time in this outdoor space particularly when the sun was shining.

Judgment: Not compliant

## Regulation 18: Food and nutrition

The inspector observed that residents had access to a safe supply of drinking water and refreshments at all times. Residents could choose where to take their meals but most resident choose one of the two dining areas to take their meals. Mealtimes were observed to be a social occasion and residents were offered sufficient choice. The chef informed the inspector alternative meal options were available for residents. The daily menu was displayed in the dining area and was also communicated by staff to residents to assist them with making informed choices. Staff knew residents' preferences well and the inspector observed there were sufficient numbers of staff to assist at meal times. Support provided for residents was patient and kind. Residents confirmed to the inspector that they thoroughly enjoyed the food prepared for them and that they 'always received something' they 'liked'.

Residents' nutritional and hydration needs were assessed and closely monitored. There was evidence of timely intervention when required. Systems were in place to ensure that residents received correct meals as recommended by the speech and language therapist and dietitian. Special diets were communicated to the chef who made every effort to ensure residents were provided with appetising food that met their individual preferences and needs.

Judgment: Compliant

## Regulation 26: Risk management

The centre had an up-to-date safety statement at the time of the inspection and the centre's risk management policy detailed the five specified risks as required by Regulation 26. The centre maintained a risk register. This detailed the risks identified in the centre, the risk ratings, the controls implemented and owner of each risk. However, not all controls outlined in the risk register were up-to-date to reflect changes made to procedures in practice in the centre. For example the change of procedure regarding the coded doors at the top of the stairs, that now remained open during the day time, required up dating in the risk register to reflect this.

Incidents and accidents that occurred in the centre were reviewed and action plans were developed to mitigate ongoing risk and to ensure learning and continuous quality improvement. This learning was passed on to staff through a written staff bulletin and during staff meetings. There was an emergency policy in place and an evacuation procedure and process. Appropriate arrangements for alternative accommodation for residents in the event of an emergency were also in place.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Since the last inspection a number of improvements had been made in the area of fire safety and precautions. The centre's fire alarm system had been updated to an L1 system providing cover throughout the centre and there was evidence of completion of a schedule of fire safety works highlighted during a risk management assessment.

There was an up-to-date policy and procedure in place to protect residents from risk of fire in the centre. Staff were facilitated to attend annual refresher fire safety training. Two staff members were out-of-date with this training at the time of the inspection however training had been scheduled for the weeks after the inspection to address this.

Fire fighting equipment was located throughout the building and emergency exits were clearly displayed and free of obstruction. Daily and weekly fire safety checking procedures were complete. Quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor was up to date.

There was a Personal Emergency Evacuation Plan (PEEP) developed for each resident. The PEEPs included details of residents' mobility needs and cognitive status to inform staff of residents' needs in the event of an emergency evacuation and after.

There was evidence of regular fire evacuation drills being carried out in the centre and that records of these drills contained sufficient information to inform learning and ongoing refinement of the evacuation procedure.

All bedroom doors had door closing devices in place; however, the inspector observed that not all doors in the centre were closing or catching fully. These doors required maintenance review and works to ensure full closure and catching. In the event of a fire closed doors delay the spread of fire and allow time to evacuate the centre. Fire maps were on the display on the walls throughout the centre which illustrated evacuation routes; however, these did not outline the centre's fire compartments. This information is important as it informs staff and residents where the closest safe place of refuge is located in the event of a fire occurring. These issues were highlighted to the person in charge during the inspection who undertook to address this.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A sample of residents' care plans were reviewed by the inspector during the inspection. Each resident had a comprehensive assessment of their needs completed within 48 hours of their admission. Staff used a variety of assessment tools to complete the assessment to inform the development of individual care plans. These were found to be person-centred and provided adequate direction to direct staff when providing care to residents.

An action had been identified following the last inspection in January 2019 regarding end of life care planning records. The inspector found on review of a sample of these care plans that these had been updated with sufficient detail to inform staff of the residents wishes. The records were reviewed and updated in consultation with the resident or where appropriate their relative.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with timely access to general practitioners (GPs), other medical and allied health professional services as necessary. Residents in the centre were cared for by GPs from local practices as they wished. Residents had access to local palliative care teams and psychiatry of older age services.

Physiotherapy, occupational therapy, speech and language therapy, tissue viability expertise, chiropody, dental, optical and dietitian services were available to residents

as necessary. Residents with needs requiring input by community dietitian and speech and language therapy services were appropriately referred. The provider also had arrangements in place to ensure there was no delay in residents accessing these services.

Residents were supported to attend outpatient appointments and to access national health screening programmes.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Some residents in the centre were periodically predisposed to episodes of responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Behavioural support care plans had been developed for residents with responsive behaviours; these identified triggers for these behaviours and outlined the most effective person-centred de-escalation strategies. Staff had up-to-date knowledge and skills to respond to residents who were identified as having responsive behaviour. The inspector observed that residents were well supported with person-centred de-escalation strategies implemented by staff who knew residents well.

The inspector noted that efforts had been made to reduce the level of restrictive practices in the centre. Actions identified on the last inspection had been addressed. Residents now had access at will to the enclosed garden as they wished. Documentation was in place confirming assessment of need for full-length bedrails and details of several different alternatives tried were recorded. Safety assessments were completed to ensure bedrails were safe for residents to use prior to implementation and while in use.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems and procedures in place to ensure residents were safeguarded and protected from abuse. All staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Additional safeguarding training was scheduled for the following month for three members of staff who were noted as being over due at the time of the inspection. Staff who spoke with inspectors were knowledgeable regarding the different kinds of abuse and how evidence of abuse may present and clearly articulated their responsibility to report. All interactions observed by



the inspector, between staff and residents, were respectful, warm, courteous and kind. All residents that spoke to the inspector reported they felt safe in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported and encouraged to participate in the running of the centre. Residents' meetings were held quarterly and residents were regularly consulted informally to inform feedback on the service provided. Residents' relatives or representatives were invited to attend residents' meetings and the inspector noted that there was good evidence of meaningful discussion in the recorded minutes examined and feedback was acted upon. There was access to an advocacy group as required for residents.

Residents' right to privacy and dignity was respected by staff. For example, the inspector observed staff knocking on doors and waiting for a response before entering a resident's room in order to respect residents' right to privacy and dignity. The arrangement of privacy curtains in one of the twin bedrooms when fully drawn, did not accommodate one of the residents to access the sink without entering the other resident's personal space. The inspector was not assured that residents' right to dignity and privacy could be assured in this room, this arrangement required review.

The inspector observed staff interactions with residents throughout the inspection, these were very positive, kind and respectful in nature and there was lots of laughter, fun and camaraderie observed, particularly during the activities. Feedback received from residents in the pre-inspection questionnaires and verbally to the inspector from residents and relatives also confirmed this.

One activity coordinator worked in the centre at the time of the inspection, who coordinated the provision of activities to meet the residents' individual and collective needs. Facilitating residents' activities was also part of the role of all care staff. There was a variety of meaningful group and one-to-one activities available and residents who met the inspector confirmed the activities on offer were interesting and enjoyable. A 'Key to Me' social assessment was completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. These were found to contain person-centred information to direct staff. Evidence of analysis of records of residents' participation and level of enjoyment was used to inform ongoing quality improvement when planning the centre's activation programme.

Resident's individual preferences were respected regarding activities. The inspector observed staff interactions with residents who mostly preferred to spend quiet time in their room, that were caring and respectful. These residents were informed of group activities that were occurring and offered every support to

partake if the resident choose to do so. This was confirmed by residents who spoke with the inspector who stated that their choices were respected and they were supported to participate in activities at a level that they were comfortable with. If they chose not to partake in activities, this was also respected.

Residents were facilitated to exercise their religious and political rights. Residents' religious preferences were facilitated and mass was celebrated in the centre regularly. Arrangements for local clergy from various denominations to attend the centre could also be facilitated.

The residents had access to copies of the local newspapers, radios and telephones. A recent improvement was the redesign of the outdoor enclosed garden. The inspector observed many residents sitting outside in this garden enjoying the sunshine. Many residents and relatives told the inspector that this was an enjoyable and comfortable space to spend time in.

Two actions from the last inspection in January 2019 had been addressed. Works to raise the dividing wall in the communal toilet had been completed and now enhanced residents' privacy and dignity. Pre-admission suitability for accommodation on the first floor for prospective residents was part of the centre's admission procedure. Risk assessments for all residents occupying bedrooms on the first floor were completed to assess residents' cognitive and physical ability to independently access the stairs and chair lift.

On the first floor, the inspector identified the potential risk of social isolation for some residents with reduced ability to use the chairlift or stairs. The provider took action to mitigate this risk and ensure that residents' social needs were met.

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>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Padre Pio Nursing Home OSV-0000267

Inspection ID: MON-0022772

Date of inspection: 17/09/2019

## 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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ol style="list-style-type: none"> <li>1. Refurbishment planned on the First Floor to accommodate additional shower. 31/01/2020</li> <li>2. Planned refurbishment to ground floor bathroom. July 30, 2020</li> <li>3. Additional handrails installed in the two bathrooms (one ground floor / one first floor) since inspection. Completed 23.09.19</li> </ol>	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: <ol style="list-style-type: none"> <li>1. The PIC will ensure that the Risk Register is reviewed on a monthly / ongoing basis to ensure that identified risks and controls are accurate and up-to-date. Completed 19.09.19</li> </ol>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ol style="list-style-type: none"> <li>1. Fire Plans – Completed 23.09.19: Compartments outlined on fire plans</li> <li>2. Fire Doors – Completed 19.09.19: Doors in question reviewed by maintenance and adjusted. All staff reminded to be vigilant for same and to be checked during weekly fire</li> </ol>	

alarm activation.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
1. Privacy Curtain – Completed 30.09.19: Installed post-inspection

## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/07/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	19/09/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	19/09/2019
Regulation 28(3)	The person in	Substantially	Yellow	23/09/2019

	charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Compliant		
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/09/2019