



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Padre Pio Nursing Home
Name of provider:	Web Hill Limited
Address of centre:	Sunnyside, Upper Rochestown, Cork
Type of inspection:	Announced
Date of inspection:	02 and 03 April 2019
Centre ID:	OSV-0005314
Fieldwork ID:	MON-0022861

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 family run designated centre and is located in the quiet suburban area of upper Rochestown, a few miles from Cork city. It is registered to accommodate a maximum of 25 residents. It is a single storey facility. Bedroom accommodation comprises single and twin rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise a day room, dining room, an entrance conservatory, and a small quiet visitors' room with toilet facilities. Residents have access to a new secure paved enclosed courtyard with seating and smoking shelter at the back of the centre; there is a seating area at the side of the main entrance; residents have access to and views of the front gardens from communal areas and from some bedrooms. Padre Pio Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, and palliative care is provided.

The following information outlines some additional data on this centre.

Current registration end date:	04/07/2019
Number of residents on the date of inspection:	25

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
02 April 2019	08:30hrs to 17:00hrs	Breeda Desmond	Lead
03 April 2019	08:30hrs to 14:00hrs	Breeda Desmond	Lead

Views of people who use the service

Six questionnaires were submitted and the inspector spoke with residents and relatives during the inspection. Feedback was positive regarding peoples' experiences in the centre and people reported that staff were great, friendly and caring; visitors are welcomed and offered a cup of tea or coffee. They spoke of the homely atmosphere and they could raise concerns with Sybil and she sorted things out. People enjoyed the activities programme. They loved the upgrading and re-decorating that was going on.

Capacity and capability

This was a good service with effective governance arrangements to promote positive outcomes for residents. Care was provided in accordance with the statement of purpose. This was a family run service with a clearly defined management structure with identified lines of accountability and responsibility for the service. There was a commitment to provide quality care that was person centred.

This inspection was undertaken following an application by the registered provider to re-register the centre in accordance with the requirements of the Health Act 2007. The annual review detailed the refurbishment of the physical environment for the comfort of residents, for example, many of the beds, bedroom furniture, pressure relieving devices, flooring and equipment had been upgraded; several of the bedrooms had been redecorated. Further remedial works such as the upgrading en suite facilities, bedroom furniture and flooring were included in the quality improvement initiatives for 2019 annual review report. The annual review for 2018 reflected good oversight of quality of care; it was updated on inspection to include the quality of life initiatives evidenced on inspection. There was an audit schedule in place and the incumbent person in charge had identified that this required review to ensure a more robust approach to monitoring and oversight of the service provided.

The statement of purpose was updated on inspection to include the descriptors and size of rooms, the new person in charge, reporting structure and deputising arrangements. The directory of residents, contract for the provision of services, and an insurance certificate were in place as described in the regulations. Schedule 2 documentation for staff was examined for new members of staff and outstanding documentation was provided on inspection. There was an annual staff training programme for 2019 with scheduled training including mandatory and other training including fire safety. There was an effective complaints procedure demonstrated and residents gave positive feedback regarding their ability to raise concerns.

Notifications were submitted in accordance with the regulations.

The office of the chief inspector had received notification of change of person in charge. The incumbent person in charge was taking up post on 4 April 2019. Nonetheless, he was on-site and supernumary and familiarising himself with the residents, processes and procedures of the service. He demonstrated knowledge of his role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life. Deputising arrangements were in place and the person in charge was supported by two senior nurses.

The atmosphere was friendly and relaxed and staff engaged with residents and visitors. Staff demonstrated good communication strategies with residents with complex communication needs. The inspector observed that staff were familiar with residents preferences and choices and facilitated these in a friendly and respectful manner. Mealtimes were observed and while some staff provided assistance that was discreet and respectful, better supervision at mealtimes would ensure positive outcomes for residents at mealtimes.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to re-register this centre in accordance with the requirements of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. Documentation was timely submitted including prescribed documentation and fees were paid.

Judgment: Compliant

Regulation 14: Persons in charge

Notification was timely submitted regarding appointment of a new person in charge. He was full time and had the necessary experience and qualifications as required in the regulations. He demonstrated adequate knowledge of the role and responsibility of person in charge and was articulate regarding governance and management of the service, residents and their care needs and preferences.

Judgment: Compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation

5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training schedule for 2019 demonstrated mandatory training as well as other relevant staff training staff. Staff appraisals were in place for staff.

Mealtimes were observed and while some staff provided assistance that was discreet and respectful, better supervision of staff at mealtimes would ensure positive outcomes for residents at mealtimes. Lunch time was staggered to facilitate the specific needs of residents, however, while lunch time was supposed to start at 12 mid-day, it had started at 11:45am. Mobilising residents in wheelchairs was not consistent with best practice as some people were moved without using footrests to support residents' feet.

Judgment: Not compliant

Regulation 19: Directory of residents

A directory of residents was maintained that reflected the requirements of Regulation 19.

Judgment: Compliant

Regulation 22: Insurance

A current insurance certificate was evidenced that included a contract of insurance against injury to residents, and against other risks including loss or damage.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures in place whereby the registered provider representative was on site daily and the person in charge had responsibility

for care provision. Deputising arrangements were in place for the person in charge.

The 2018 annual review of the quality and safety of care delivered to residents was reviewed. While it reflected good oversight of quality of care, it did not do justice to the quality of life initiatives evidenced. This was updated on inspection to reflect the quality of life creative initiatives seen on inspection and feedback given by residents.

The audit programme had action plans for upgrading the premises and improvement to the service; for example, the induction and training schedule for all staff, care documentation, falls risk programme. The audit schedule will include routine audit of the premises as part of quality improvement. The incumbent person in charge had already audited some aspects of care, for example, medication management, staff appraisal system and care documentation. Following from this he had started an up-skill programme for healthcare assistants and competency assessment for nurses as part of their continuous professional development.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of services were in place for all residents. These included fees to be charged, additional fees that may be charged and the accommodation type occupied by individual residents. They were signed and dated appropriately.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to reflect the layout of the bedrooms, the size of bedrooms and en suites and the facilities within each en suite. It was updated with the name of the person in charge following submission of notification of change of the person in charge.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers to the centre at the time of inspection. The registered provider representative was aware of their responsibilities regarding vetting

disclosures and documentation necessary for volunteers.

Judgment: Compliant

Regulation 31: Notification of incidents

The incident and accident log was examined and notifications submitted to the office of the chief inspector correlated with these records. Notifications were timely submitted in compliance with the regulations.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider representative was aware of her responsibility regarding notification to the office of the chief inspector regarding absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre. Residents and relatives gave positive feedback regarding their ability to raise issues and that they were resolved appropriately. Improvement was noted following findings on the last inspection whereby issues raised were recorded in accordance with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies as required in Schedule 5 were in place, they were centre-specific and referenced current legislation. The incumbent person in charge was in the process of further reviewing them in line with professional guidelines and current legislation.

Judgment: Compliant

Quality and safety

The inspector observed that the registered provider representative and the person in charge were known to residents and relatives and the atmosphere in the centre was friendly and relaxed. Care and support given to residents was calm and unhurried. In general, appropriate assistance was given when needed and staff demonstrated good communication strategies for people with complex communication needs. There were a new full-time activities staff to facilitate group stimulation as well as one-to-one therapy and residents reported they enjoyed the range of activities.

There were assessments and care plans for individual residents; these required review to ensure they reflected a holistic picture of the person to enable better outcomes for them. Residents notes showed that people had timely access to medical care as well as access to allied health professionals; they demonstrated appropriate observation and interventions including behavioural support.

The premises was homely and comfortable. Many aspects of the premises had been upgraded and some refurbishment was in progress at the time of inspection. For example, a lot of the flooring throughout was replaced; bedrooms and communal areas were painted; some bedroom furniture was replaced. The external space was revamped with new paving to both sides of the main entrance; the secure courtyard had lovely fencing and seating, and a smoking shelter.

There were systems in place to protect residents including staff training. Residents had secure storage in their bedrooms. The service was not a pension agent for any resident and did not maintain petty cash for residents. Fire safety records demonstrated appropriate checks and certifications to ensure fire safety. Fire training, drills and evacuations were up to date and fire marshals were in place for day and night duty rosters.

There was a current safety statement and risk management policy. The risk matrix showed that hazards were identified however the associated risks was not comprehensive, consequently, all measures and actions to control risk were inadequate.

Regulation 11: Visits

Visitors were observed calling to the centre throughout the day. The inspector observed visitors were well received and residents and family members stated that

they were made feel welcome, and were offered refreshments.

Judgment: Compliant

Regulation 12: Personal possessions

Records of their personal property were maintained. Residents' bedrooms had adequate space to maintain their clothes and personal possessions. Personal storage space comprised wardrobes and bedside locker with lockable storage with secure lockable storage; some bedrooms had additional storage of chest of drawers. Some of this furniture was upgraded and replacement of the remainder formed part of the annual review action plan for 2019.

They had access to on-site laundry facilities. Clothing was labelled for ease of identification.

Judgment: Compliant

Regulation 13: End of life

Residents had end of life care plans with valuable information regarding their wishes and preferences. While the person in charge had oversight of these and recorded the resuscitation decisions, it was the activities coordinator that gleaned the personal material to inform the care plans. Some staff had completed 'end of life care' training and further training was scheduled for 2019 regarding 'let me decide', to further enhance the process.

Judgment: Compliant

Regulation 17: Premises

The premises was homely and comfortable. Refurbishment was ongoing with new flooring to hallways, day room and bedrooms. Many of the bedrooms had new furniture including bedside lockers, wardrobes and beds. A new office was being constructed at the time of inspection to accommodate the registered provider representative and the existing office will become the nurses' office. Further planned enhancements to the centre included replacement of other flooring and bedroom furniture; upgrading an en suite shower room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Satisfaction surveys were completed that included a general satisfaction questionnaire and then a meals and mealtime satisfaction feedback request. Issues raised were dealt with by the chefs where menu choices were discussed and changed to the requests of the residents. Chefs were knowledgeable regarding residents choices, specialist diets and textures.

Judgment: Compliant

Regulation 26: Risk management

A current safety statement and risk management policy was in place. While it identified hazards, the risks associated with these hazards as well as the controls were not always comprehensive to ensure safety and mitigate possibilities of risk to residents and staff.

Motors for pressure relieving mattresses at the end of residents' beds were unsecured and posed a hazard; these were all secured before the end of the inspection.

Judgment: Not compliant

Regulation 27: Infection control

While improvement was noted regarding the cleaning regime, household staff training was not up to date. The cleaner's trolley was not fit for purpose to ensure adherence to best practice.

The inspector observed that in one twin bedroom there was just one container for residents' toothbrushes, toothpaste and razors. A water container for specific irrigation purposes was found on the hand-wash basin in another twin bedroom.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety records demonstrated appropriate checks and certifications to ensure fire safety. Fire training, drills and evacuations were up to date and fire marshals were in place for day and night duty rosters. Fire evacuations records showed timed evacuations with improvements in times noted. Going forward, the evacuations will be completed simulating night duty numbers.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Incumbent person in charge developed new controlled drug books for recording in line with professional guidelines: 1) for the twice daily checks 2) administration record and 3) the returns of controlled medications book that will be signed and dated by the pharmacist to ensure a more robust system. Monthly audits by person in charge and the pharmacist had commenced. The person in charge had reviewed medication errors and near misses and completed route cause analysis and these informed staff leaning and appraisals and professional development.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All residents had care plans and assessments and while some were person centred with valuable information to inform individualised care, others were vague. The plans of care were based on 'problem identification', consequently, there were no care plans to enable people to maintain their current status and independence. Residents' had the appropriate care plans for swallow regarding textures and positioning, but their preferences, likes and dislikes were not recorded.

Judgment: Not compliant

Regulation 6: Health care

Residents medical notes demonstrated that residents had timely access to their GP, allied health professionals and specialist services.

Nursing records were updated following from the last inspection to included a nursing record of the person's health and condition and treatment given, completed on a daily basis in accordance with Schedule 3.

Controlled drugs were checked twice a day in keeping with professional guidelines.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Behavioural support plans and observational tools in place demonstrated effective strategies to support residents. Observations on inspection showed that, in general, staff had good insight into responding to and managing communication needs.

Judgment: Compliant

Regulation 8: Protection

The service was not a pension agent for any resident and they did not maintain petty cash for residents. Residents had their own secure storage as part of their personal storage in their bedrooms. All staff training was up to date regarding protection and reporting responsibilities. The registered provider representative was aware of their obligations regarding protection, investigating and notifying, if necessary.

Judgment: Compliant

Regulation 9: Residents' rights

Monthly residents' meeting and minutes demonstrated there was good interaction and discussions. The activities programme was varied and residents gave very positive feedback about their activities. Morning sessions comprised one-to-one sessions followed by newspaper reading and discussion and these were lively sessions with great interaction observed; residents decided the afternoon programme. Local newsletters and magazines were available. A quarterly newsletter was produced by the activities co-ordinator and this contained all kinds of global and local news. 'All About Me' and 'Life Stories' were developed for those residents and relatives that wished to part-take and these were used as part of the activities programme and to support communication needs. Satisfaction surveys were undertaken three times a year to enhance care and quality of life. The inspector observed that residents' independence was promoted and encouraged.

Judgment: 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
Views of people who use the service	
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	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 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Padre Pio Nursing Home OSV-0005314

Inspection ID: MON-0022861

Date of inspection: 03/04/2019 and 04/04/2019

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Lunch time starts at 12:15 pm since 04.04.2019.</p> <p>Introduction of a walk around audit tool enables to monitor manual handling practices of staff while using wheelchairs to transfer residents. Moreover, there is an ongoing competency assessment and upskilling plan in place for the staff to ensure staff supervision.</p> <p>The staff upskilling plan has commenced and will be completed by 31.08.2019</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The new office will be ready to use by 15.06.2019.</p> <p>The replacement of the flooring will be completed by 31.08.2019.</p> <p>The en-suite shower rooms will be upgraded by 31.07.2019.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk</p>	

management:
 A revised risk management system is in place which clearly states risks associated with the hazards and also the controls are mentioned more comprehensively with attention to details.
 This will be completed by 15.06.2019.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 A suitable housekeeping trolley was ordered on the 12.04.2019.
 Specific infection control training for the household staff is organized and is expected to complete by 15.06.2019
 Key worker system and room audits are in place since 05.04.2019 to ensure that residents' toiletries personal belongings and any other therapeutic requirements are stored properly complying with ICP standards.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Fire evacuation drill simulating staff levels at night has started since 10.04.2019

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 New system of care planning which specifies the key domains of person-centered care and likes and dislikes of the resident have been adopted since 04.04.2019 and is expected to be completed by 15.06.2019.



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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/08/2019
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.	Substantially Compliant	Yellow	31/08/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	15/06/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management	Not Compliant	Orange	15/06/2019

	policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	15/06/2019
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 and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	10/04/2019

Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	15/06/2019
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