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Padre Pio Nursing Home, Sunnyside, Upper Rochestown, Cork.

Item Type	report
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Citation	Breeda Desmond, 'Padre Pio Nursing Home, Sunnyside, Upper Rochestown, Cork.', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2014-10
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-03-13 05:08:10
Link to Item	https://hdl.handle.net/20.500.14765/71733

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Padre Pio Nursing Home
Centre ID:	OSV-0000268
Centre address:	Sunnyside, Upper Rochestown, Cork.
Telephone number:	021 484 1595
Email address:	padrepiorochestown@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Eileen McCarthy
Provider Nominee:	Eileen McCarthy
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 September 2014 09:00	08 September 2014 17:30
09 September 2014 07:30	09 September 2014 14:30

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

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

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection and it was the ninth inspection undertaken by the Authority. The provider applied to renew the registration which will expire on 04 January 2015. This renewal of registration inspection took place over two days. The provider also held the position of person in charge and as part of the inspection the inspector met with the provider/person in charge, centre manager, the deputy person in charge, residents, and staff members. The inspector observed practices and reviewed all governance, clinical and operational documentation to inform this re-registration application.

The provider/person in charge and manager displayed adequate knowledge of the

regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents. Many of the actions required from the previous inspections relating to the premises were not completely remedied, nonetheless, the inspector viewed a number of improvements throughout the centre which will be discussed under the relevant outcomes in the report.

Six residents and three relatives completed questionnaires were received and the inspector spoke with residents during the inspection. The collective feedback from residents was mostly one of satisfaction with the service and care provided.

Overall, the inspector found that there was evidence of good care practices in meeting the day-to-day needs of residents. Staff were kind and respectful to residents and demonstrated good knowledge of residents and intervention necessary for those with divergent needs.

All staff had received training in elder abuse prevention and protection to safeguard residents in their care. The inspector deemed that staff levels and skill-mix were inadequate to meet the assessed needs of residents and management gave assurances that this would be remedied.

There was a newly appointed activity coordinator who provided a wide variety of social and recreational activities and residents spoke highly of the range of activities and interaction. Residents were encouraged to exercise independence and choice where their views were sought informally on a daily basis and formally in the residents' meeting, which were held two-monthly. Independence of residents was promoted and many were observed mobilising throughout the centre.

All staff had received training in fire safety and evacuation.

In summary, the inspector identified aspects of the service requiring improvement to ensure compliance with the Regulations, all of which had been identified in previous inspection reports.

These improvements include:

- 1) staff levels
- 2) staff training regarding infection prevention and control
- 3) fire safety notices
- 4) medication management policy and practice
- 5) adult protection policy
- 6) premises: the layout of twin bedrooms
storage of equipment
beds
showers
décor
furniture
placement of televisions
lack of private space.

The action plan at the end of this report sets out the actions necessary to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland 2009.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Statement of Purpose (SOP) was reviewed annually and updated in September 2014. It described a service which aimed at providing individualised care for all residents. All items listed in Schedule 1 of the Regulations were detailed in the statement of purpose. A copy of the SOP was given to residents on admission and a copy was displayed at main reception. It was identified that the conditions of registration were not included in the statement of purpose, and this was remedied whereby the conditions of registration were now listed. The organisation structure diagram was difficult to follow and was amended to enable residents and relatives to follow it more clearly. The newly appointed deputy person in charge was added to the organisational structure. Recourse to the Chief Inspector was included in their complaints procedure in the Statement of Purpose and this was removed, to ensure compliance with the Regulations.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

There was a quality assurance programme in place which was continuously reviewed and updated by the centre manager to include additional areas for addressing. This programme was based on the National Standards to ensure there was adherence with best practice guidelines. This involved a 'rolling' annual audit programme whereby specific audits were completed on a monthly basis to ensure all areas were audited yearly. Following completion of an audit corrective action was identified with responsibility assigned to a staff member and a timeline documented for either completion or review of progress of the actions required. Previously it was identified that all policies listed in Schedule 5 were not in place. A 'policy review programme' was evidenced whereby all policies listed in Schedule 5 were now in place and up-to-date and additional policies were being revised. A staff signature list was evidenced to show that staff had read the policies. Individual policies will be discussed under the relevant outcomes in this report. The auditing programme was established with key performance indicators (KPI's) recorded weekly and reviewed monthly and senior management were responsible for this. These were discussed during the inspection whereby the manager outlined that the KPI's informed a review of equipment and practices which has led to positive outcomes for residents, for example, restraint was not used in the centre and there were no incidence of pressure ulcers.

Residents were consulted with on a daily basis and this was evidenced during both days of inspection. Residents gave positive feedback regarding communication and involvement in their care and welfare and the ease of access to 'Matron and/or Sybil' to discuss matters.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Contracts of care were securely maintained by the manager. The contracts detailed fees to be charged as well as additional fees. Samples of contracts of care for residents were examined and were signed and dated by either the resident or their next of kin in line

with best practice. Contracts were renewed with change of fees and/or change of conditions and services provided.

There was a residents' guide in place which detailed information required in the Regulations. Each resident received a copy of the guide on admission and there was a copy available at main reception. Recourse to the office of the Chief Inspector as part of the complaints procedure included in the guide was removed.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependent people. She demonstrated knowledge and understanding of the Regulations and the National Standards as well as clinical knowledge to ensure suitable and safe care. Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities. There was evidence that the person in charge had a commitment to her own continued professional development and had completed many courses such as person-centred care, protection, medication management, leadership and management.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector was satisfied that the records required in Schedule 2 (staffing records), Schedule 4 (general records), Regulation 25 (medical records), Regulation 21 (provision of information to residents) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, Schedule 3 (residents' records) required attention as a recent photograph was not in place for each resident as part of their care plan documentation, nonetheless, photographic identification was in place as part of residents' medication management documentation. The register of residents was reviewed and while it contained most of the information required by legislation, the cause of death was not always documented here; a record of the cause of death of a resident was part of the individual reports submitted to the coroner. This was remedied during the inspection, whereby the cause of death was recorded in the register of residents. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

Judgment:

Non Compliant - Minor

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of her responsibilities relating to Regulation 37 and 38 regarding notification to the Authority should the occasion arise. Appropriate deputising arrangements were in place to ensure care and welfare of residents, whereby the senior nurse assumed responsibility when the person in charge was on annual leave. The senior nurse demonstrated adequate awareness of her regulatory responsibilities as well as clinical knowledge. As the deputy person in charge was recently appointed, the appropriate notification was not submitted to the Authority; this was remedied on the first day of inspection whereby the manager requested the necessary pack from the Authority.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. The training record detailed completed training for staff in adult protection. Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if care was untoward. The person in charge spoke with residents on a daily basis. The staff induction programme for new staff demonstrated training in safeguarding and safety of vulnerable adults. The cleaning staff was recently appointed and stated that she had completed this training. Feedback from residents was positive and many stated they felt 'safe and secure' in the centre.

Photographic identification required for each resident as part of safe medication management; consent for such photographs was necessary and was obtained from residents or their next-of-kin.

Residents' finances were maintained in line with best practice by the manager. The centre was not responsible for any petty cash belonging to residents. Secure facilities were in place for each resident in their bedrooms for their valuables.

While there was an up-to-date policy for adult protection which contained the information as stipulated in Regulation 36 regarding immediate notification to the Authority of an allegation of abuse, it was not comprehensive, for example, it did not direct staff or management through the process of investigation, timelines for completion of the investigation, staff involved in the investigation, or guidelines to determine whether or not suspension of a staff member was indicated and conditions of staff suspension. This was discussed with management who detailed the investigation procedure in the event of an allegation of abuse, however, these details did not form part of their policy.

Judgment:

Non Compliant - Minor

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Previously it was identified that the health and safety and risk management policy was not up-to-date. This was now remedied and it contained all the items as listed in the Regulations in conjunction with details on the identification and prevention of risks, the recording, investigation and learning from serious or untoward incidents or adverse events. The emergency plan was available with alternative accommodation detailed, should the need arise. The centre manager had overall responsibility for the continuous monitoring of safety of services.

There was a current policy in place for infection prevention and control. Advisory signage for best practice hand washing was displayed over hand wash sinks and hand hygiene gel dispensers and the inspector observed that opportunities for hand hygiene were taken by staff. While most staff had completed training in infection prevention and control and hand hygiene, the recently appointed cleaning staff member did not have this training completed to ensure best practice was adhered with and prevent the risk of cross infection.

A fire safety register was in place which demonstrated that weekly, monthly and quarterly checks were completed to ensure fire safety precautions, however, the daily fire safety checks contained in the fire safety register were not completed. This was remedied on the first day of inspection whereby the manager assigned the role and responsibility of daily documentation of fire safety checks to the position of the nurse in charge. All staff had completed their mandatory fire training. Fire drills were completed six-monthly and this was evidenced by fire training records reviewed. Current relevant fire certification for maintenance and servicing was evidenced. Residents' doors were designated fire doors and some had door wedges to maintain the fire doors ajar. This was highlighted to the provider/person in charge and manager who agreed to discuss these findings with the fire safety engineer to enable residents to keep their doors ajar while maintaining fire safety precautions. Management gave assurances that the resultant programme of works would be submitted with the action plan.

All staff had completed their mandatory moving and handling of residents to ensure safe practice.

A current insurance policy was demonstrated which included residents' personal property as outlined in the Regulations.

A record was maintained of incidents and accidents' which correlated with notifications submitted to the Authority and residents' care plans were reflective of interventions documented in the incidents and accident forms completed.

Laundry was segregated at source and alginate pads were available for contaminated items. Laundry was outsourced and residents' clothing was labelled by staff or their relatives to mitigate loss or misplacement of items. Appropriate protective equipment such as disposable plastic aprons and gloves were demonstrated.

The kitchen was inspected. Placement of food in the fridge was compliant with food safety and food items were labelled and dated appropriately. The inspector identified that the worktops were quite cluttered with stored items which inhibited effective cleaning as corners and edgings were unclean. This was remedied before the end of inspection whereby all stored items were removed from the worktops and placed in the appropriate cupboards and surfaces were cleaned.

Guidance was in place for staff in relation to how staff should manage residents' who wished to smoke. Staff were observed supervising residents' who wished to smoke and this was undertaken in a dignified manner that promoted their independence and social interaction. There were two smoking areas, one in the garden and the second was a sheltered area alongside main reception.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

While there was an up-to-date medication management policy detailing procedures for safe ordering, prescribing and administration of medicines, it did not detail information regarding safe storage, handling and disposal of unused or out-of-date medicines. The policy detailed information on self-administration of medicines however it did not contain the risk assessment referred to in the policy. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Controlled drugs were maintained in line with best practice professional guidelines. A nurses' signature sheet was in place as described in professional guidelines. Medications were stored securely in a designated large cupboard and only the charge nurse had keys to access it. While there was a medication trolley available, it was used on the medication round only, where the blister pack holder was placed on top of the medicine trolley

along with the drug book, fluids and medicine containers (dressings were stored in the medicine trolley). The inspector requested that this practice be reviewed because of the potential risk of leaving the medicines unattended especially if an emergency occurred. The person in charge agreed to review their practice as well as their storage arrangements to mitigate potential risk. The pharmacist attended the centre monthly and medication management audits were completed regularly and education sessions were given to staff regarding drug actions, interactions, PRN (as required) medications, documentation and treatments related to specific diagnoses. Medication prescription reviews were completed by the GPs and this was evidenced on residents' prescriptions.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Notifications received by the Authority were reviewed upon submitted and prior to this inspection. Notifiable incidents and quarterly returns submitted to the Authority were timely. A record was maintained of incidents occurring in the centre and these correlated with relevant notifications submitted to the Authority.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

Residents had timely access to general practitioner (GP) services and allied health services including physiotherapy, dietician, speech and language therapy, optician, occupational therapy, dental and chiropody services. The inspector reviewed a sample of care plans with associated risk assessments of residents which were completed on admission and four-monthly and more frequent if their condition required. The information documented in the plan of care was resident-centred and reflected knowledge of each individual. Previously it was identified that nutritional monitoring was not in place and this was remedied. Residents' weights and other observations were completed on a monthly basis and more frequent if their clinical condition warranted and there was evidence of this. Fluid balance records and dietary intake was recorded and there was an appropriate nutritional risk assessment evidenced to inform best practice. A daily activities flow chart and narrative was maintained on each resident documenting progress. Consent was obtained from the resident or in the case of those with cognitive impairment, discussion with their next of kin.

There was a newly appointed activities coordinator in post who outlined that upon her commencement she spoke with each resident to ascertain their preferences, likes and dislikes for the activities programme, and there was documented evidence of this. She also spoke with staff who had cared for residents to get further insight into the residents especially those with cognitive impairment. Residents stated that they were 'very happy' with the new activities coordinator as she 'did loads' with them and they found it 'enjoyable and interesting'. She did group sessions and one-to-one sessions with those who preferred to stay in their bedrooms or chose not to part-take in communal activities. Overall, residents had opportunities to participate in meaningful activities appropriate to their interests and needs.

There was an enclosed garden located at the front of the centre which was painted and decorated and had comfortable seating and garden furniture. Previously it was identified that the walkway surface was unsafe and this was remedied whereby access to the garden and the garden area was level and safe for use by residents.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

All previous monitoring inspections since 2009 identified many issues regarding the decor, layout and space of this premises. While some of these were remedied, many remained unresolved.

Refurbishment to date included:

- 1) removal of chimney breast from the main sitting room to allow greater space for residents
- 2) domestic-type showers in rooms 5, 7, 10, 11, 13 were removed and shower en suites were wet rooms
- 3) rooms 4 and 5 were completely refurbished
- 4) rooms 6, 7, 9,10, 12 and 14 had new build-in wardrobes
- 5) 15 beds were replaced with low-low or high-low beds
- 6) crash mattresses, pressure-relieving mattresses and cushions were in place
- 7) new sluicing facilities
- 8) new laundry facilities
- 9) new treatment room
- 10) new heating system with zoning
- 11) new equipment in the kitchen.

Residents' accommodation comprised five single and ten twin bedrooms. Apart from their bedrooms, there was no private space available to residents and their families to meet. As 10 out of the 15 bedrooms were shared, privacy in the bedrooms was also curtailed for most residents. While the size of the twin rooms was adequate, the layout required review to ensure that the bedroom space was suitable for its stated purpose and met the needs of all residents, for example, some twin rooms did not have two comfortable chairs for each resident. This was discussed with the provider/person in charge who agreed that a review and action was necessary to ensure the layout was appropriate for each resident. While some shower en suite facilities were refurbished, the remained required attention as they were domestic-type with a step into the shower and were not wheelchair accessible. Other rooms consisted of a small dining room which could accommodate 12 residents, one sitting room/multipurpose room, a conservatory, kitchen, and staff facilities. There was just one additional communal toilet located in close proximity to day areas and the dining room. Some bedrooms had new curtains, curtain rails, built-in wardrobes and decorated and were fit for their stated purpose. However, a programme of works was necessary for painting and decorating for all areas including bedroom doors, walls, communal areas and bedrooms; there was a new hand-rail along the corridor but this was neither varnished or painted which inhibited effective cleaning. The provider outlined that 15 beds were replaced, however, 10 beds remained to be upgraded. There was no storage space for equipment such as hoist, wheelchairs or commodes. Two commodes were seen to be stored in the shower tray of en suite bathrooms. Safe secure outdoor space was provided for residents and this was well maintained with level walkways and seating. The entrance and front of the building was wheelchair accessible. There were no parking facilities within the centre, so visitors parked on the road outside the nursing home. Overall, while the centre was homely, it

required considerable work to ensure it would meet the individual and collective needs of residents. This was discussed with management at feedback meeting.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A synopsis of the complaints procedure was displayed prominently at main reception. The inspector noted that recourse to the Office of the Chief Inspector was included here and this was removed from the complaints process. The provider/person in charge monitored complaints and endeavoured to resolve issues as soon as they arise. The complaints policy was up-to-date and detailed the complaints officer as well as the independent appeals process. Complaints form was reviewed and it did not include recording of the outcome of the complaint and whether the complainant was satisfied or not with the outcome. This was remedied whereby the manager amended the complaints' form to enable staff completing the form document the outcome for the complainant.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

While there was no resident receiving end-of-life care at the time of inspection, one resident was under palliative care and was reviewed regularly. Care practices observed would ensure residents received end of life care in a way that met their individual

physical and spiritual needs. However, due to lack of single rooms, residents' wishes to be in a single room could not be accommodated. This was identified in the thematic inspection completed on 4 November 2013. Care plans demonstrated that end-of-life care wishes were discussed and documented to ensure care would be delivered in accordance with their desires and requests. Divergent spiritual needs were facilitated and Mass was held in the centre monthly. Residents had access to palliative care homecare as well as the hospice services. Staff had completed professional development regarding end-of-life care, palliative care and pain management.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

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

Findings:

There was a policy in place for risk assessment, monitoring and documentation of nutritional status and residents care plans reflected this whereby diabetic diets were documented. Catering staff discussed specialist diets with inspectors and demonstrated their knowledge regarding specialist diets and consistency for residents. Staff had completed training in modified consistency food preparation. Residents' weights were documented on a monthly basis or more often if their clinical condition warranted. Residents had access to fresh water and other fluids throughout the day and feedback from residents spoken with concurred that meals were of a high standard and meal times was of their choice. Choice of fluids, meals, snacks was provided. Most residents had their breakfast in their bedrooms. The inspector observed breakfast and lunch time in the dining room and this appeared to be a pleasant and relaxed experience. Residents were assisted in an appropriate manner, respectful of residents' dignity. Menu with choice was displayed in large print at the entrance to the dining room. Upon admission to the centre the chef/cook visited the residents and compiled a food plan of the residents' likes, dislikes, speciality and consistency; following discussion with the next-of-kin this plan was enhanced to ensure the information was comprehensive. There was documented evidence of this and the chef updated this record regularly to ensure each resident had food choice and quantity to suit their assessed needs and wishes.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed minutes of the residents' meetings which were facilitated by the activities coordinator. The new coordinator demonstrated minutes of two meetings held since she commenced her post and these reflected her engagement with residents to ascertain their wishes for activities. Residents were observed reading news papers and local magazines. Residents had televisions and music centres in their bedrooms; there was a large flat screen television available in the sitting room. The manner in which residents were addressed by staff was seen by inspectors to be appropriate and respectful. The inspector observed the residents' privacy and dignity being respected and promoted by staff in the provision of personal care.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Locked storage space was provided for residents to store valuables as required. Storage space was provided in residents' bedrooms for their clothing and belongings. There was a policy on residents' personal property and possessions and completed resident's property lists were seen to be completed in resident's notes. Residents' laundry was outsourced. Residents' clothing was labelled by staff and the residents' family to prevent

clothing becoming mislaid. A new laundry room was available which housed a washing machine and dryer and shelving for detergents. It was reported to the inspector that items such as tea towels were laundered here.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The manager relayed to the inspector that staff levels were under constant review in conjunction with residents' dependencies. However, inspector deemed that the number and skill-mix of staff was inadequate to meet the assessed needs of residents and this was previously identified in inspection reports. This was discussed with management who agreed to increase staff from 07:00hrs daily and risk assess and review their staffing levels for twilight hours. However, following review of previous inspection reports, staff levels had reduced with no increase noted. A staff handover was observed and care staff gave valuable contributions regarding the care, welfare and progress of residents to enhance the handover from night-duty staff.

Current registration with regulatory professional bodies was in place for all nurses. The staff training matrix examined demonstrated that mandatory training was completed. Other staff training completed in the last year comprised end of life care, manual handling, dysphagia, infection prevention and control, dressings and wound management, medication management, pain management, assessment and care planning and fire. One nurse had completed the programme 'Leading an Empowered Organisation'.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Padre Pio Nursing Home
Centre ID:	OSV-0000268
Date of inspection:	08/09/2014
Date of response:	02/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

While there was an up-to-date medication management policy detailing procedures for safe ordering, prescribing and administration of medicines, it did not detail information regarding safe storage, handling and disposal of unused or out-of-date medicines. The policy detailed information on self-administration of medicines however it did not contain the risk assessment referred to in the policy.

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

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

We will review the Medication Management Policy to ensure it contains all the required information.

Proposed Timescale: 31/10/2014

Theme:

Governance, Leadership and Management

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

A recent photograph was not in place for each resident as part of their care plan documentation.

Action Required:

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

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

There is now a recent photograph of each Resident in their Care Plan Documentation.

Proposed Timescale: 02/10/2014

Outcome 07: Safeguarding and Safety**Theme:**

Safe care and support

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

While there was an up-to-date policy for adult protection which contained the information as stipulated in Regulation 36 regarding immediate notification to the Authority of an allegation of abuse, it was not comprehensive, for example, it did not direct staff or management through the process of investigation, time-lines for completion of the investigation, staff involved in the investigation, or guidelines to determine whether or not suspension of a staff member was indicated and conditions of staff suspension.

Action Required:

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

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

We will review the Adult Protection Policy to include the required information and guidelines for staff.

Proposed Timescale: 31/10/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

While most staff had completed training in infection prevention and control and hand hygiene, the recently appointed cleaning staff member did not have this training completed to ensure best practice was adhered with and prevent the risk of cross infection.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

A Cleaning Skills Course has been booked for the cleaning staff member. An Infection Control course has also been booked.

Proposed Timescale: The Cleaning Skills Course will be completed on the 9th October 2014 and the Infection Control Course will be completed on the 20th October 2014.

Theme:

Safe care and support

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

Residents' bedroom doors were designated fire doors and some had door wedges to maintain the fire doors ajar.

Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

We will be reviewing the current system with a Fire Safety Electrician and introducing a magnet/fire release system within the Nursing Home.

Proposed Timescale: 30/11/2014

Theme:

Safe care and support

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

Ensure that the daily fire safety checks commenced on the first day of inspection are embedded in practice with the role and responsibility of daily documentation assigned to a responsible person.

Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Daily fire safety checks regarding emergency doors are being carried out by Nursing Staff.

Proposed Timescale: Completed and ongoing.

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

While there was a medication trolley available, it was used on the medication round only, where the blister pack holder was placed on top of the medicine trolley along with the drug book, fluids and medicine containers (dressings were stored in the medicine trolley). The inspector requested that this practice be reviewed because of the potential risk of leaving the medicines unattended especially if an emergency occurred.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All medication has been transferred and is now stored solely in the medication trolley. This is locked and chained securely to a wall when not in use. All medicines are now dispensed directly from the drug trolley. Staff members are also attending an external Medication Management course to ensure safe practices within the Nursing Home.

Proposed Timescale: The changing of medication storage has been completed. The training course is on the 22nd October 2014.

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Adequate private space for residents and/or where residents could meet visitors in private was not available.

The layout of twin rooms did not meet the needs of residents.

There was just one communal toilet located in close proximity to day areas and dining areas.

Adequate storage space to ensure equipment and assistive devices were stored in a discreet and safe manner was not available.

10 beds needed to be replaced.

Shower en suites required replacement to ensure they were appropriate to the needs of all residents.

The centre was not suitably decorated and some areas were unclean.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

1. We will be adding a Visitors Room within the building. We propose to have this completed by December 31st 2014.
2. We will review the layout of the twin rooms and make changes where necessary. We have already started this review and it will be ongoing.
3. We intend adding a communal toilet near the day and dining areas within the building. We will be doing this when adding the visitors room so hope to have them completed by the 31st December 2014.
4. We have cleared an area outside the building for storage of the standing hoist, wheelchairs etc. This has been completed.
5. We will be replacing the beds. These will all be replaced by January 31st 2015.
6. The shower en-suite will be removed and the entire en-suite will be re-done, including new shower, handbasin and toilet, flooring and tiling. We propose to have this completed by November 30th 2014.
7. We are redecorating the premises including painting of bedrooms and communal areas, sanding and varnishing of handrails and firedoors, new soft furnishings where required. This has already started and is ongoing.

Proposed Timescale: 31/01/2015

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

The number and skill-mix of staff was inadequate to meet the assessed needs of residents.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

We have increased the staff in the morning to include an extra Care Assistant from 7am to 8am. We will also be employing an extra care assistant in the evening from 7pm to 10pm. We are currently interviewing staff to find someone suitable and qualified for this role.

Proposed Timescale:
