Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Web Hill Limited
Address of centre:	Sunnyside, Upper Rochestown, Cork
Type of inspection:	Unannounced
Date of inspection:	19 March 2026
Centre ID:	OSV-0005314
Fieldwork ID:	MON-0049635

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. Communal areas comprise a day room, dining room and conservatory. Residents have access to a 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. 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.

Number of residents on the date of inspection:	24

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
Thursday 19 March 2026	10:30hrs to 16:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Resident's living in Padro Pio Nursing Home were complimentary of the staff who provided them with care and support in a kind and respectful manner. Residents spoke positively about the team of staff who made them feel safe, and described how staff encouraged them to be as independent as possible and to engage socially with other residents.

This was a one day unannounced inspection to monitor compliance with the regulations. On arrival to the centre the inspector saw and greeted three residents sitting out in the garden, enjoying the sunshine. Inside the front door, in the conservatory, the inspector met with the activities coordinator who was playing a game of cards with a resident and enjoying a morning chat. A nurse was on duty and was deputising for the person in charge who was attending external training. The person in charge later attended the inspection for the duration of the day.

Padro Pio Nursing Home provides care for both male and female adults, with a range of dependencies and needs. The centre is a single story domestic style bungalow, situated in the suburb of Rochestown, Cork City and it is registered to accommodate 25 residents. There were 24 residents living in the centre on the day of this inspection. The inspector observed that the centre is situated on a mature site with the garden to the front of the premises and many residents were observed to sit out and relax in the garden on the day and staff were seen to take residents on walks around the garden.

On a walk around of the centre, staff were observed to be attending to the morning care needs of residents. There was a relaxed and calm atmosphere in the centre and polite conversation was overheard between residents and staff. The inspector spoke with eight residents in the communal sitting room and in their bedrooms. Residents reported that staff were kind, caring, and attentive to their needs. They described how staff respected their privacy and their right to choose in many aspects of their daily life. For example; some residents preferred to remain in bed until late in the morning, and staff respected their choice. Other residents attended day services locally.

The communal sitting room was seen to be well-used by residents throughout the day and residents were provided with a varied programme of social engagement and activities. The activities coordinator was seen to engage with residents positively and it was evident they knew residents preferences and abilities. At approximately 11 am a number of transitional year students from a local school came to visit residents, accompanied by their teacher. The inspector was informed that this visit was scheduled weekly. The inspector observed positive interactions between these students and residents where some of them played cards with residents and others

sat down and chatted with residents about their past life history. Residents told the inspector they loved to see the students coming as it brought a smile to their faces.

A programme of refurbishment work to upgrade the premises was being planned at the time of this inspection which was due to commence in July 2026. The inspector was informed that this would include and extension to the side of the premises, upgrades to bedrooms and the addition of communal space, to offer more room and choice for residents. It was evident that residents had been kept informed of the planned works and told the inspector they were looking forward to the work commencing. On the walk around of the premises the inspector noted that the layout of some twin rooms did not ensure that both residents could have access to a chair and locker and some painting and repair work to furniture was required. These and other findings in relation to premises are further detailed under Regulation 17: Premises.

Residents told the inspector felt listened to by the team of staff and their choices were respected. There were resident meetings to discuss any issues they may have and to suggest ideas on how to improve the centre. Advocacy services were available to all residents. Details of independent advocacy groups were on display in the centre. Residents spoke positively with regards the foods they were offered in the centre and told the inspector they always had choices. The inspector observed snacks and drinks being offered to residents throughout the day. Due to limited dining space within the centre there were two sittings at meals times. Visitors were welcomed throughout the day. The inspector had the opportunity to speak with three visitors who stated they were very satisfied with the personalised care.

The following sections of this report detail the findings in relation to the capacity and capability of the provider, and describes how these arrangements support the quality and safety of the service provided to the residents.

Capacity and capability

Overall, the findings of this inspection were that the governance and management of Padro Pio Nursing Home was robust which ensured that residents received good quality and safe care and services. The provider and team of staff were committed to a process of quality improvement with a focus on respect for resident's human rights and person centred care delivery.

Padro Pio Nursing Home is a family operated centre run by Webhill Limited who is the registered provider. The company comprises of two directors, one of whom works full time in the centre and is well known to residents, staff and families. On the day of this inspection the inspector found the centre was adequately resourced when considering the layout of the centre and the dependency needs of residents. There was a clearly-defined management structure in place. Members of the management team were aware of their lines of authority and accountability and

demonstrated a clear understanding of their individual roles and responsibilities. The centre was being managed by an appropriately qualified person in charge supported by an assistant director of nursing and two recently appointed clinical nurse managers.

There were strong communication systems in the centre, ensuring good oversight of all areas of resident care. An established system was in place for the overall monitoring of clinical and social care delivery and clinical and environmental risks. This ensured that the service provided was safe, appropriate, consistent and effectively monitored. The annual review of the quality and safety of care delivered to residents for 2025 was near completion.

Comprehensive documentation of accidents and incidents were recorded. A review of the records of adverse incidents involving residents showed that incidents were appropriately documented, investigated, and learning was identified to improve the quality and safety of the service provided to residents. Records pertaining to staff personnel files, the directory of residents, and a certificate of insurance, were maintained in line with the requirements of the regulations.

A centre-specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. The complaints procedure was on display in the centre, as required by the regulations.

Regulation 15: Staffing

The centre had a stable team of staff that ensured that residents benefited from continuity of care from staff who knew their individual needs. The team consisted of registered nurses, health care assistants, catering, cleaning, activities and maintenance staff. The registered provider had ensured that the number and skill mix of staff in the centre was appropriate to meet the assessed needs of residents, in accordance with the size and layout of the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and was maintaining a directory of residents in the centre and this included all information as outlined in the regulations.

Judgment: Compliant

Regulation 21: Records

Records were seen to be maintained and stored adequately and met legislative requirements. Records were made available to the inspector who noted that they complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, An Garda Síochána (police) vetting disclosures were in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and a certificate if registered nurses active registration was maintained. These records were available in the centre for each member of staff, as required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contact of insurance against injury to residents, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles and detailed responsibility for all areas of care provision. There were robust management systems in place to ensure that the service provided was safe appropriate, consistently and effectively monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable events as set out in Schedule 4 of the regulations were submitted to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Feedback was welcome by the registered provider and management team from residents and their relatives through consultation via residents' surveys and residents meetings. There was a low level of complaints within the service. However, there was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint, should they wish to do so.

Judgment: Compliant

Quality and safety

Supportive and caring staff promoted and respected residents' rights in Padro Pio Nursing Home to ensure that residents enjoyed a good quality of life in this centre. Residents' needs were being met through very good access to health care services and opportunities for social engagement. Effective governance arrangements in the centre as described in the first section of this report ensured that residents received a good quality and safe service.

Resident care records were maintained on an electronic care record system. Following admission, a range of clinical assessments were carried out, using validated assessment tools to identify areas of risk specific to each resident. The outcomes of these assessments were used to develop an individualised care plan for each resident, which addressed their individual abilities and assessed needs. The health and well-being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. In the sample of files reviewed, information regarding the assessment, involvement and recommendations of these services was reflected. The inspector found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for residents

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. The centre's risk register was updated regularly with environmental and clinical risks identified and assessed, and measures and actions in place to control the risks. Procedures had been established to ensure that the transfer of residents from the designated centre occurred, in line with the requirements of the regulations.

A positive and supportive approach was taken by staff in their care of a small number of residents who intermittently experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to be attentive to residents' cues and needs for support. All staff were facilitated to attend appropriate training to ensure they had up-to-date knowledge and skills to care for residents who experienced responsive behaviours.

The inspector found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. There was evidence of on-going consultation with residents and their representatives. Residents' meetings were held and facilitated by the activities coordinator. Minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that issues such as care, activities, food and complaints were discussed. There was evidence that issues raised by residents had been acted upon by the management team.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspector found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for residents who needed support from staff. Assistive equipment for residents for whom English was not their first language, was sourced and communication books were developed and utilised. For residents with hearing and visual difficulties, their care plan referred to their use of glasses and hearing aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding that there were plans in place for significant upgrades to the premises in the coming months, findings of this inspection were that the premises did not currently conform with the matters set out in Schedule 6. This was evidenced by the following findings:

- The layout of some twin rooms did not facilitate residents to have a locker beside their bed and access to the television.
- Residents did not have access to lockable storage in their bedrooms for safe-keeping of their personal money and valuables.
- The external smoking room was poorly maintained as there was some broken furniture and numerous cigarette ends on the floor.

- Some bathroom cabinets were observed to be damaged.
- Paintwork in some bedrooms was seen to be damaged and chipped.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors reviewed four residents' records and saw that relevant information about the resident was provided to the receiving hospital, where the resident was temporarily absent from a designated centre. This included consultation with residents and their representatives regarding transfers and discharges, and arrangements to ensure information pertinent to the care of residents were communicated to the receiving health care facility.

Judgment: Compliant

Regulation 26: Risk management

The provider had policies and procedures in place to identify and respond to risks in the designated centre. The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were individualised, person centred and reflected care delivery. The person in charge had direct responsibility for quality assuring all residents care plans and had put systems in place to ensure four monthly review and consultations with residents and their families. Comprehensive nursing assessments were in place using a range of validated tools to assess risk of developing pressure ulcers, weight loss, and falls.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access a range of health and social care expertise. Where residents required further health and social care expertise, they were supported to access these services such as dietetics, occupational therapy, speech and language therapy and community psychiatry.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge and staff were committed to the use of minimal restraints in the centre, and their practices reflected the national restraint policy guidelines. The least restrictive alternatives were tried and a restraint free environment was supported in the centre. There were no bedrails in use on the day of the inspection and a respectful and non-restrictive approach to care was implemented.

Judgment: Compliant

Regulation 9: Residents' rights

Management and staff promoted and respected the rights and choices of resident's living in the centre. There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements in the centre. Residents had good opportunities to participate in social activities in line with their interests and capabilities.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Padre Pio Nursing Home OSV-0005314

Inspection ID: MON-0049635

Date of inspection: 19/03/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A satisfaction survey was carried out with all residents in the double rooms on the 20/03/2026 to ensure their comfort and needs. All beds now have a locker next to them. All residents also have access to television.All bedside lockers were fitted with locks on 25/03/2025. Weekly checklist in place for since 20/03/2026 is to be completed by the nominated person to ensure that the smoking room is kept neat and tidy. Cleaning schedule for smoking area was changed from weekly to daily and a signing sheet for the housekeeping staff was introduced with effect from 20/03/2026.On 20/03/2026 RPR conducted a walkaround audit with the maintenance staff and the damaged bathroom cabinets have been replaced. The paintwork has been redone and is now included in the maintenance audit.	

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.	Substantially Compliant	Yellow	25/03/2026