



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

Issued by the Chief Inspector

Name of designated centre:	Padre Pio Nursing Home
Name of provider:	B.M.C. (Nursing Home) Limited
Address of centre:	Graiguenoe, Holycross, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0000267
Fieldwork ID:	MON-0037154

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 September 2022	09:35hrs to 17:25hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in Padre Pio Nursing Home, where their rights were respected and they had freedom in how they chose to spend their days. There was a cheerful and vibrant atmosphere in the centre, and the sense of well being amongst residents was evident. Residents who spoke with the inspector were unanimous in expressing their satisfaction with the staff and the service provided to them. Those residents who could not articulate for themselves appeared comfortable and content. Likewise, visitors to whom the inspector spoke with praised the management and staff for the high level of care and attention given to residents. One visitor stated that their loved one's transition to living in the centre had been "seamless" and had "exceeded expectations". Visitors stated that they felt reassured that their family members were safe and content in the centre. The inspector observed that staff were consistently respectful in their interactions with residents and knew them well.

On arrival to the centre, the inspector was guided through infection prevention and control measures, which included a temperature check and symptom screening. The person in charge accompanied the inspector on a tour of the premises. The inspector found that the centre was warm, comfortable, adequately ventilated and with appropriate lighting throughout. The decor was thoughtfully styled in a homely fashion and was bright and inviting. The centre is laid out over two floors, with all communal space being on the ground floor. There is bedroom capacity for 18 residents on the first floor. A prerequisite to residing on the first floor is that the resident must be assessed as being able to use the centre's stair lift. The inspector verified that the residents on the first floor all met this criteria. The centre was free from clutter and there was appropriate handrails and seating areas throughout the premises which enhanced residents' ability to move around the centre safely and independently. Residents reported satisfaction with their bedroom accommodation, many of which varied in size and shape, but all containing a chair, locker, lockable space, wardrobe and storage space. Wall-mounted televisions were available in every room. Residents were encouraged to personalise their rooms with their own furniture and belongings, and many rooms were decorated with photographs and paintings.

There was access to the centre's garden via corridors and the dining room. The garden had plentiful tables and chairs, circular walkways and a small gazebo. The mature planting was designed to maximise the sensory experience and contained bright flowers, berries and scented lavender and mint. This area was described as "gorgeous" and "so relaxing" by residents. The dining room and sitting rooms contained appropriate and comfortable furniture. Place settings were laid out for residents prior to their meals and residents appeared relaxed and comfortable in the dining spaces where they enjoyed conversation between fellow residents and staff during their meals. Menus were prominently displayed on a large board and also on each table. Pictorial menus assisted residents to understand the choices available.

All residents who spoke with the inspector reported that the variety of food on offer was excellent. One resident stated "the food is simply beautiful". The main lounge was the heart of the centre, where residents gathered to watch television and movies on the large screen projector, and where activities took place. Two separate, smaller sitting rooms were also in use, and some residents choose to spend quieter time in these areas. An oratory was available for private prayer and a visiting room allowed additional privacy during visiting, if required or requested.

Residents were seen to enjoy the activities observed on the day of the inspection with plenty of friendly conversation and good humoured fun happening between residents and staff. The activities on offer included chair yoga, Bingo, live music and art. The activities coordinator was instrumental in maintaining links with the local community. She told the inspector about the recent bake sale held by the centre, where the community turned out in their droves to support the fundraiser, and it was a special occasion for residents and staff alike. There had been a recent visit to a local heritage centre which was enjoyed by all, and provided good stimulation and reminiscence. A local guard was planning to accompany staff and male residents on a trip to Templemore and a visit to Cashel Palace was planned for a group of women. It was evident that these social excursions were an important part of life for the residents. There were pictures of special occasions and memorials to past residents throughout the centre and it was clear that every effort was made to ensure residents lived a full and enjoyable life, to the best of their abilities.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There were good overall governance systems in this centre, which is evidenced in the high levels of compliance found on this inspection. The registered provider ensured that the service was appropriate to the needs of the residents. Strong leadership and a well-established staff team focused on maintaining a safe and comfortable environment for residents, whilst also respecting their individual rights and preferences.

This was an unannounced inspection which took place over one day. The purpose of the inspection was to assess ongoing compliance with the regulations and standards following an application by the registered provider to renew the registration of the centre. The information supplied with the application was verified during the course of the inspection. The centre has a history of good regulatory compliance. The compliance plan following the previous inspection in March 2021 had been actioned and there were sustained levels of compliance seen with respect to all of the regulations assessed. The centre is registered to provide accommodation for 49 residents, and there was 47 residents living in the centre on the day of inspection.

B.M.C (Nursing Home) Limited is the registered provider of Padre Pio Nursing Home. The company has four directors, two of whom are engaged in the overall governance and management of the centre. One director is also the person in charge of the centre. Throughout the inspection, the person in charge demonstrated very good insight regarding her roles and responsibilities, and described a well-organised model of service delivery, encompassing a high level of both clinical and social care. She demonstrated excellent knowledge of residents' individual needs. Another director participates in the management of the centre with roles in leadership, supervision, auditing and administration in the centre. On a day-to-day basis, the person in charge is supported in the centre by two clinical nurse managers, who are supernumerary to the nursing complement. They provide supervision of practice over the weekend, and the person in charge is on call to support the service as required. The clinical nurse managers deputise for the person in charge in her absence. Staff were well-supervised in their roles. The registered provider ensured there was sufficient and safe staffing levels to meet the assessed needs of the residents and to support a full social and activity programme. There was a minimum of two registered nurses on duty at all times. Adequate healthcare assistants, activity staff, catering and domestic staff supported the daily operations in the centre. Oversight of administration, human resources, finances and record-keeping was maintained by clerical staff.

There were good management systems in place to monitor the quality and safety of the service. A schedule of clinical and environmental audits evaluated key areas such as infection control procedures, residents' documentation and medication management. The quality of care was monitored through the collection of weekly data, such as monitoring the use of antibiotics and psychotropic medications and the incidence of wounds and falls. Analysis of the information gathered through these systems was used to inform the development of quality improvement plans. Audits and improvement plans were discussed at the quality and safety committee meetings and at wider staff meetings across all departments, which were held regularly. Minutes of these meetings evidenced a sharing of information, including updates in relation to residents' needs, audits and relevant COVID-19 updates. Staff were given opportunities to feed back on the service.

A sample of staff personnel files reviewed by the inspector indicated that they were maintained in compliance with regulatory requirements. These files provided evidence of robust recruitment and retention of staff, and staff reported feeling supported in their roles. There was a comprehensive induction programme in place, and all staff had annual performance appraisals, where there were opportunities to identify any training needs, to develop skills and knowledge. The overall provision of training in the centre was good, with staff being up to date with relevant training modules, such as safeguarding of vulnerable persons, fire safety and infection control. Additional training courses were provided specific to a staff member's role, for example, all domestic staff attended accredited cleaning training, and activity coordinators had training in the delivery of dementia-specific therapies.

Two minor complaints had been recorded in 2022. These were seen to be well-managed in line with the centre's own policy. Residents confirmed that they were consulted with regularly by the management and staff and that their queries were

dealt with quickly, and as a result, any issues they had would not reach the level of a formal complaint. There was a log of incidents and accidents which occurred in the centre and this was seen to detail the factors contributing to the incident and included follow up actions to minimise the same type of incident occurring again.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment:

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. She had the necessary experience and qualifications to fulfill the regulatory requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the 47 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Important training such as fire safety and the management of behaviours that challenge was completed for staff. The inspector was assured that staff were appropriately supervised by senior staff in their respective roles and that there was appropriate on-call management support available at night and at weekends.

Judgment: Compliant

Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The records outlined in schedules 2, 3 and 4 of the regulations were stored securely in the centre and made available for the inspector to review.

Residents' records evidenced daily nursing notes with regard to the health and condition of the residents and treatment provided.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected an annual contract of insurance against injury to residents and other risks.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

A comprehensive annual review of the quality and safety of care provided to residents in 2021 had been completed by the person in charge, with targeted action plans for improvement set out for 2022. The review also contained feedback and

consultation with residents and their representatives.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. These were seen to be agreed on admission to the centre and detailed the services provided to each resident whether under the Nursing Home Support Scheme or privately. The type of accommodation was stated along with fees, including for services which the resident was not entitled to under any other health entitlement.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A clear complaints procedure was in place and this was displayed prominently in the centre. The record of complaints was reviewed by the inspector. These records identified that complaints were recorded and investigated in a timely way and that complainants were advised of the outcome of their complaint. A record of the complainant's satisfaction with how the complaint had been managed was also

documented.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The centre's statement of purpose describes an ethos of person-centred care that enhances life and does not restrict it. The inspector found that this ethos was embodied fully by the management and staff team. Residents were supported to achieve optimum quality of life and independence through individualised and holistically planned care. Residents were well-respected, and encouraged to give feedback on the services they receive.

The overall design of the premises, both internally and externally was appealing, with plenty of comfortable communal areas for residents' to enjoy and an enclosed garden that was spacious and well-maintained. Those bedrooms that did not have ensuite facilities were all equipped with a wash hand basin. Bedrooms on both the ground and first floors had nearby access to bathing and toilet facilities. The registered provider ensured that the premises met the needs of the residents. Improvements to the premises since the last inspection included:

- The storage room on the first floor had been reorganised to ensure that equipment such as activity supplies and resident assistive equipment was segregated to individual areas
- New lockers had been installed in the staff changing room, and staff were no longer using the storage room as a changing area.
- A progressive schedule of maintenance and decorative upgrades was underway, which evidenced incremental improvements in residents bedrooms and communal areas
- The installation of clinical hand wash sinks in strategic locations throughout the premises. These sinks met best-practice guidelines for infection prevention and control and supported efficient hand hygiene

The centre was cleaned to a high standard, with good routines and schedules for cleaning and decontamination. A staff nurse was assigned as the infection control link nurse on each shift. Clinical nurse managers were afforded protected time to

complete infection control audits, including observational audits and audits of practice. Staff were seen to use personal protective equipment (PPE) such as face masks and gloves appropriately. The centre had managed an outbreak of COVID-19 in March 2022 by implementing their contingency plan and increasing communication with staff, residents and visitors. Residents needs had been met throughout the outbreak with the support of General Practitioner (GP) reviews and with good liaison with the Health Service Executive (HSE) infection control nursing team, who visited the centre to provide support and advice. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to minimise the risk of harm to residents and staff. COVID-19 vaccination uptake among residents and staff was optimal and procedures were in place to facilitate testing and isolation of residents should the need arise. The person in charge had completed a retrospective review of the COVID-19 outbreak which identified areas that had worked well, and areas for improvement. The lessons learned were shared with staff. As a result of this learning, the subsequent outbreak in June 2022 was professionally managed and well contained.

It was evident that staff knew the residents very well and this knowledge was reflected in the resident's individualised care plans which were developed with the resident or their representative where required. Care plans were implemented and reviewed on a regular basis, reflecting residents' changing or additional needs. Residents had access to a GP of their choice, local geriatricians and palliative care services. The health of residents was promoted through ongoing medical review and nursing assessment using a range of validated tools. These assessments included skin integrity, malnutrition, falls and mobility. GP's provided regular medication reviews and the overall management of medications in the centre was good. Medication errors, when they did occur, were documented and analysed to inform ongoing improvements.

There was a proactive approach to risk management in the centre. Records of incidents occurring in the centre were comprehensive and included learning and measures to prevent recurrence. A record was kept of all potential and actual clinical and environmental risks and this record identified appropriate control measures in place to mitigate the occurrence of these risks.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Regular resident council meetings were held which provided a forum for residents to actively participate in decision-making and provide feedback in areas regarding social and leisure activities, advocacy and empowerment, and influencing standards of care. Minutes of these meetings were documented, with action plans assigned and followed up on. For example, when a resident commented on a slow response to a call bell, an audit of call bell response times was promptly conducted, and the results communicated back to the resident, and staff.

Regulation 11: Visits

There were suitable arrangements in place for residents to receive visitors. The current arrangements did not pose any unnecessary restrictions on residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished. Residents informed the inspector, and residents' council minutes identified, that residents were satisfied with the arrangements in place for the laundering, and prompt return, of their clothing.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the needs of the residents and conformed to the matters set out in Schedule 6 of the regulations. There was a programme of progressive, ongoing maintenance in place.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents of the centre and this was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide included a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under regulation 26. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

The centre's risk register was well maintained with environmental and clinical risks identified and assessed, and measures and actions in place to control the risks.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that the the procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. Up-to-date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff briefings took place to ensure staff were familiar and aware of the ongoing changes to guidance from public health and the Health Service Executive (HSE).

Judgment: Compliant

Regulation 28: Fire precautions

Systems were in place to monitor fire safety procedures. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm was conducted at regular recommended intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes. The largest fire compartment contained eleven residents and simulated evacuation drills of these

area were conducted at regular intervals and simulated various emergency scenarios.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were good medicine management systems in place in the centre. Medicines were transcribed onto a Kardex from original prescriptions by two staff nurses, in line with the centre's policy. These prescriptions were then signed by the GP who also signed when any medicine was discontinued. Indications for administration were stated for short-term and "as required" medications. Out-of-date medicines and medicines which were no longer in use were segregated from in-use medications and were returned to the pharmacy. Controlled drugs were carefully managed in accordance with professional guidance.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the residents care plans.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up to date changes.

Judgment: Compliant

Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including speech and language therapists, dietitian services and tissue viability specialists. An in-house physiotherapy service provided group exercise and individual

physiotherapy assessments.

There was a very low level of pressure ulcer formation within the centre, due to the appropriate delivery of evidence-based, preventative skin assessments and regular monitoring for pressure-related skin damage. Residents who were admitted with pressure ulcers or other wounds, were appropriately referred to specialist wound care nurses for additional expertise.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. For example;

- An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should here be an allegation of abuse made
- Prior to commencing employment in the centre, all staff were subject to Garda (police) vetting
- The inspector verified that there was secure systems in place for the management of residents' personal finances. The centre was not acting as a pension agent for any resident
- The registered provider facilitated staff to attend regular training in safeguarding of vulnerable persons
- When required, residents were supported to access independent advocacy services.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents council meeting minutes, satisfaction surveys, and from speaking with residents on the day.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a high level of personal detail. This detail informed individual social and activity care

plans.. A schedule of diverse and interesting activities were available for residents. This schedule was delivered by dedicated activity staff over seven days. The inspector reviewed the range of activities on offer to the residents and noted that these reflected residents 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	
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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	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 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant