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:	10 July 2025
Centre ID:	OSV-0005314
Fieldwork ID:	MON-0047795

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 10 July 2025	08:15hrs to 15:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Overall, feedback from residents on the day of this inspection was one of satisfaction with the quality of care and service provided in Padro Pio Nursing Home. The inspector found that the residents were cared for by a well established compassionate staff team, who knew them well. Residents told the inspector that staff were kind and caring, and that they were very happy with their life in the centre which was homely and met their needs. The inspector met the majority of the residents during this one day inspection, and spoke in more detail with eight residents throughout the day. One resident told the inspector that staff "would do anything for you" and another stated "they look after me so well." The staff and management team were committed to promoting a person centred model of care.

This was an unannounced inspection which was carried out over one day. On arrival to the centre the inspector saw three residents sitting out the front of the property enjoying the sunshine. The inspector was met by the Clinical Nurse Manager upon entry to the centre. As they were attending to residents at the time, the inspector walked through the centre, which gave them the opportunity to meet with residents and observe their lived experience in the centre. Some residents were sleeping at this time, others were being assisted by staff in their rooms and two were in the sitting room, enjoying a cup of tea.

Padro Pio Nursing Home is a single storey designated centre situated in the suburb of Rochestown in Cork City. It is registered to provide care to 25 residents, with a range of dependencies and needs. There were 24 residents living in the home on the day of this inspection. Bedroom accommodation in the centre comprises of five single and 10 twin bedrooms. Twelve of these bedrooms have en-suite facilities and the remainder of the bedrooms have shared toilets and showers. The inspector observed that the layout of one twin bedrooms had been reviewed in response to the findings of the previous inspection and new built in wardrobes had been fitted. This ensured that residents could have a chair beside their bed and easier access to their wardrobe facilities. However, the layout of two further twin rooms required action as detailed under regulation 17. The inspector was informed that there was a plan in place to reduce two of these twin bedrooms to single occupancy as part of a planned renovations to the premises to commence later in the year. A review of residents meetings indicated that residents had been kept informed of this upcoming project over the past year, and some residents spoken with told the inspector that they looked forward to this commencing as it would mean additional dining space and a larger sitting room.

The inspector saw that the centre was clean throughout and some of the walls of the corridors had been painted with warm colours since the previous inspection and decorated with pictures, which gave the centre a more homely feel. The inspector saw that communal space within the centre consists of one sitting room and a dining room. There was also a conservatory with a large fish tank at the entrance to the building, with three chairs available for residents use. As the dining room could

only seat six to eight residents, the management team had arranged that there would be two sittings at meals times. The person in charges office was located inside the front door and the provider representative was working from an external office, close to the centres entrance. This enabled good monitoring of the service, staff practices and also ensured they were available to meet with residents, staff and families if they had any concerns. The inspector saw residents and families chatting with the management team throughout the day and they confirmed that they were always available to discuss any issues or requests.

This inspection took place on a sunny day in July where temperatures were approaching 30 degrees Celsius. Staff were observed ensuring that residents had drinks and snacks throughout the day and there were some fans in use. Residents had unrestricted access to mature gardens to the front of the centre with picnic benches and tables with umbrellas. This area was seen to be used by residents. One of the residents had a significant input into maintaining flowers in the garden and were seen to be watering the plants on the day.

Residents told the inspector that they were very happy living in Padro Pio Nursing Home. They addressed staff by name and appeared comfortable and relaxed in their presence. This level of satisfaction was echoed in a recent residents' and relatives' survey which showed high levels of satisfaction with the overall service provided. Residents spoken with were happy with the selection of activities on offer which included music, quizzes, bingo and karaoke. The staff member assigned to activities on the day displayed a thorough knowledge of each resident's preferences for activities. Residents were seen coming and going from activities during the day, and spending quiet time in their rooms if they preferred. A number of residents went out to day care services and were seen to be collected in the morning and dropped back to the centre in the late afternoon. They told the inspector they loved their days and were supported by the team of staff to access community supports.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents appeared well dressed and groomed in their own personalised styles. Residents told the inspector they were listened to by staff and that staff were good to them. Residents who spoke with the inspector confirmed that they had choice over their daily routine, including when to get up in the morning, the clothes to wear and whether or not they wished to partake in the day's activities. Those residents who could not communicate their needs appeared comfortable and content. Both staff and management were present to supervise and respond to residents requests for assistance.

The inspector met three visitors who were unanimous in their praise for the staff and the level of care provided. One visitor said they were confident that their loved one was happy and their medical condition had improved since admission. Others said staff went "above and beyond" to ensure that their loved ones were taken care of.

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

This was an unannounced inspection conducted over one day, to monitor ongoing compliance with the regulations. Overall, this inspection found that residents were in receipt of a high standard of care in Padro Pio Nursing Home by staff that were responsive to their needs. There were effective management systems in place and the centre was adequately resourced, ensuring good levels of compliance with the regulations and quality care delivery.

The centre was owned and operated by Webhill Limited Ltd. who is the registered provider. The company has two directors, one of whom represented the provider. They worked in the centre full time and were well known to residents and families. The centre had a full time person in charge in position and they were supported in their role by a clinical nurse manager, a team of nursing staff, care staff, housekeeping, catering and maintenance staff. There was a clearly defined management structure and staff and residents were familiar with staff roles and their responsibilities.

The person in charge demonstrated good knowledge of their role and responsibilities, including oversight of resident clinical care and welfare, to continuously improve quality of care and quality of life of residents. The person in charge gathered data on key areas such as falls, restraints, end of life care and infection control practices on a regular basis. These were analysed and contributed to a schedule of audits of practice and environmental audits. Quality improvement plans were developed following completion of the audits. It was evident that enhanced monitoring of the general environment and infection control practices within the centre had been implemented, in response to the findings of the previous inspection of August 2024. The inspector also followed up on the actions required by the provider in relation to fire safety following this inspection and found that all had been addressed, which included more frequents drills, instillation of call bell facilities in the smoking area and ensuring that fire escape routes were kept free from obstruction.

The management team held regular formal management meetings and minutes reviewed by the inspector indicated that key issues relevant to the running of the centre were discussed and actioned. The centre had experienced a recent turnover of staff and were in the process of recruiting additional staff in the centre to maintain the staffing levels. On the day of this inspection the inspector found that the skill mix of staff was appropriate to meet the assessed needs of the 24 residents living in the centre. The centre had a registered nurse on duty 24 hours a day, as required by the regulations.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were made readily available to the inspector throughout the inspection. A training matrix was maintained to monitor staff attendance at training provided. From a review of training records, and from speaking with staff, it was evident to the inspector that staff working in the centre were up-to-date with mandatory training in areas such as the management of responsive behavior, safeguarding and fire safety. Policies and procedures as set out in Schedule 5, were in place and up to date.

An electronic record of accidents and incidents was maintained in the centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. The person in charge informed the Chief Inspector of notifiable events, in accordance with Regulation 31. Complaints were discussed with the person in charge on inspection and records were reviewed. It was evident that an effective complaints procedure was in place. Complaints were investigated promptly, complainants were informed of the outcome and it was recorded it they were satisfied with the response to the complaint.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector, as required every three years. This included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is a suitably qualified nurse with experience in the care of older persons and they had obtained a management qualification. They had a strong presence in the centre and were well known to the residents and families. The person in charge demonstrated a good knowledge of their regulatory responsibilities and a commitment to providing a safe and high quality service for the residents.

Judgment: Compliant

Regulation 15: Staffing

Based on the size and layout of the centre, and having regard for the assessed needs of the residents, the inspector was assured that there was a sufficient level of staffing with an appropriate skill-mix, across all departments on the day of this

inspection. Dependency levels were being monitored to inform staffing levels required. On the day of this inspection the profile of residents living in the centre was as follows: maximum-high dependency 52%, medium dependency 16% and low dependency 32%.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were supervised in their roles daily by the management team.

Judgment: Compliant

Regulation 23: Governance and management

The system of governance and management in place for the centre at the time of the inspection provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There was a clearly defined management structure in place. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge submitted all required notifications to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up to date complaints policy that identified the complaints officer and the complaints process. The policy included an independent appeals process. The procedure for making a complaint was on display in the reception area and residents were reminded of this at residents meetings. A review of the complaints log indicated that a small number of complaints were recorded. These were investigated and required improvements, if any, were put in place in response to complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures required by Schedule 5 of the regulations were available to guide staff, for example the policies on use of restraint, fire safety management and end-of-life care. These policies were centre-specific and were up to date with relevant information and national and international guidance.

Judgment: Compliant

Quality and safety

Overall, residents were in receipt of a good standard of care in Padro Pio Nursing Home by staff that were responsive to their needs. Residents spoke positively about the care and support they received from staff and told the inspector that their rights were respected and they felt safe in their home. Some action was required in infection control and the premises, which will be discussed in more detail under the relevant regulation.

Residents' needs were assessed on admission to the centre, through validated assessment tools, in conjunction with information gathered from the residents and where appropriate their relatives. This information informed the development of person-centred care plans that provided guidance to staff with regard to residents specific care needs and how to meet those needs. Care plans detailed the interventions in place to manage identified risks such as those associated with residents impaired skin integrity, risk of malnutrition and falls.

Residents were provided with appropriate and timely access to general practitioner services and additional medical expertise was sought if required. Residents received a high standard of evidence-based nursing care. Wound care was well-managed with clear documentation of assessment and wound management details. Residents had access to appropriate equipment to meet assessed needs such as pressure relieving equipment and manual handling equipment.

Residents' dietary needs were met. Residents' weights were closely monitored and where required, interventions were implemented to ensure nutritional needs were addressed. Sudden weight loss was investigated and managed in a timely manner. Food was freshly prepared and cooked on site and residents expressed overall satisfaction with food, snacks and drinks available to them. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. There was adequate supervision and assistance provided at mealtimes. Although dining space in the centre was limited, the team of staff had reviewed resident's access to the dining room following findings of the previous inspection and now were offering two sittings at mealtimes.

Based on the observations of the inspector there were generally good procedures in place in relation to infection prevention and control. The management team had improved the monitoring of environmental hygiene, in response to the findings of the previous inspection which had a positive impact on the general appearance of the centre and cleanliness of equipment. Staff were observed to be appropriately using personal protective equipment on the day of this inspection. However, some wall-mounted hand hygiene stations were not functioning, which is actioned under Regulation 27.

Measures were in place to protect residents from being harmed or suffering abuse and all staff had completed training in adult protection. The inspector reviewed records of a safeguarding incident. It was evident that appropriate measures were taken by management to protect the resident as soon as they became aware of the allegation and referrals to external support agencies were made, to ensure best outcomes for the resident.

Care was person centred in Padro Pio Nursing Home and residents' rights were upheld. Residents had access to television, newspapers and other media. There were facilities for meaningful occupation and entertainment. It was evident that residents were encouraged to maintain their independence and to make choices about how they would like to spend their day. Residents were well supported to maintain their links with family and friends and their local community and this was encouraged, which was a particular strength of the service.

Regulation 11: Visits

Visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated to visit in the centre. Residents were able to meet with visitors in their bedrooms or in the small visitors room inside the front door of the centre.

Judgment: Compliant

Regulation 17: Premises

Some actions were required to conform with Schedule 6 as evidenced by the following findings:

- As found on the previous inspection the layout of some twin bedrooms did not ensure that residents could have access to a chair beside their beds were situated close together. The situation of these beds also did not allow for the safe use of equipment such as hoists.
- Some rubber grips on residents walking equipment were observed to be worn and damaged. This may increase risk of falls.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. Menus were developed in consideration of residents individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements as detailed in the resident's care plan.

Judgment: Compliant

Regulation 27: Infection control

While the centre's interior was generally clean on the inspection day, some areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018). For example:

- Some wall-mounted alcohol-based hand hygiene stations, situated outside of residents bedrooms, were seen to be broken and therefore were not available for staff use at the point of care.
- There was minimal storage in the centre and as a result some equipment, such as wheelchairs were stored in residents bathrooms. This could increase the risk of cross contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector examined a sample of residents' care documentation. Each resident had a care plan, based on an ongoing comprehensive assessment of their needs. The individualised care plans reviewed were developed within 48 hours of admission following a comprehensive assessment of the resident's health, personal and social care needs. Care plans were found to be personalised and provided good guidance on the care to be delivered to each resident on an individual basis.

Judgment: Compliant

Regulation 6: Health care

Resident's had access to medical and allied health care professionals in line with their assessed needs. Residents' health care needs were regularly reviewed by the general practitioner (GP) and appropriately referred to relevant community health care practitioners in order to promote the residents' health and well-being. Residents had access to physiotherapy, speech and language therapy and dietetics and chiropody. Residents were reviewed by tissue viability specialist where required. The centre had strong links with local gerontology services, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection. Residents reported feeling safe in the centre and stated they would have no difficulty talking to staff should they have any concerns. The provider was not a pension agent for any resident on the day of this inspection. Prior to commencing employment in the centre, all staff were subject to An Garda Siochana (police) vetting.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and their choices were promoted in the centre by all staff. Residents had opportunities to participate in meaningful, coordinated social

activities, which supported their interests and capabilities. A detailed account of each resident's life was collated which guided staff with ensuring that their quality of life in the centre was optimised. Residents had access to local and national newspapers, televisions and radios in their bedrooms and in the communal areas. Information regarding advocacy services was displayed in the centre and the inspector saw they many residents were supported to access this service. Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

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 23: Governance and management	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 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Padre Pio Nursing Home OSV-0005314

Inspection ID: MON-0047795

Date of inspection: 10/07/2025

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: All the rubber bushes on all the walking equipment were replaced on 11/07/2025. Environmental audit and equipment audit were reviewed and inspection of rubber bushes for walking equipment was included to ensure early identification of wear and tear. With regards to the issue regarding the layout of the twin rooms, residents in the concerned rooms were consulted individually to discuss and rule out any satisfaction issues. Plan for renovation of these rooms and the status of its progress were explained to the residents. Meanwhile staff are advised to take extra caution regarding use of equipment and patient moving and handling.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: On 11/07/2025, all the hand sanitizer equipment were reviewed. New once were ordered and old ones were replaced by 18/07/2025. Wheel chair in the concerned single room was removed and stored in the area designated for storing wheelchair. Room audit has been reviewed to include inspection of residents bathroom to ensure that wheelchairs are not stored there.	

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	11/07/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	18/07/2025