<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Padre Pio Rest Home</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0005581</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Kilderriheen, Cappoquin, Waterford.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>058 54117</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:padrepioresthome@gmail.com">padrepioresthome@gmail.com</a></td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Cappoglen Ltd</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Caroline Connelly</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
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</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
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<td><strong>Number of vacancies on the date of inspection:</strong></td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
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<tbody>
<tr>
<td>06 November 2018 09:20</td>
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<tr>
<td>07 November 2018 09:15</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in March 2017 and to monitor progress on the actions required arising from that inspection. There was a new person in charge in
post since the previous inspection but she was on leave at the time of the inspection. She had been person in charge in the past so was familiar with the role. The inspector met with residents, relatives, the Registered Provider Representative (RPR), nurses and numerous staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 10 of the 22 residents residing in the centre with a formal diagnosis of dementia. The inspector observed that a few of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but observed that many residents functioned at high levels of independence. Overall, the inspector found the RPR and staff team were very committed to providing a high quality service for residents and residents enjoyed a good quality of life in the centre.

The inspector saw that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There was a staff member allocated to the function of activity co-ordinator on daily basis who fulfilled a role in meeting the social needs of residents and the inspector observed that staff connected with residents as individuals. The inspector found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding all aspects of life and care in the centre. The inspector found that staff were knowledgeable about residents’ likes, dislikes and personal preferences. Staff interacted with residents in a respectful, kind and warm manner. The inspector spoke with residents, who confirmed that they felt safe and were happy living in the centre.

The person in charge had submitted a completed self assessment tool on dementia care to the Authority with relevant policies and procedures prior to the inspection. The person in charge and provider had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of the inspector did generally concur with the provider’s judgments with the exception of staff which was assessed by the inspector as non-compliant moderate.

The overall atmosphere in the centre was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. However residents’ privacy and dignity was compromised in the twin rooms due to inadequate screening. The inspector found that a number of improvements required on the inspection in March 2017 had been implemented including great improvements to the premises. However some aspects of the premises, vetting of volunteers and care planning did require further action. These are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for
Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. The centre can accommodate 24 residents. There were a total of 22 residents in the centre on the day of this inspection, ten residents had been assessed at maximum and high dependency needs, seven residents had medium dependency needs and 5 residents had low dependency needs. Ten residents had a formal diagnosis of dementia.

The inspector saw that residents had a choice of General Practitioner (GP) and a number of local GP's visited the centre on a very regular basis and the inspector saw regular medical reviews documented in resident's files. The records confirmed that residents were assisted to achieve and maintain the best possible health through medicine reviews, blood profiling and annual administration of the influenza vaccine. Residents had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Residents in the centre also had access to the specialist mental health services. With regular visits from community mental health nurses and appointments facilitated to see psychiatrists as required. The inspector focused on the experience of residents with dementia in the centre on this inspection and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, social care and end of life care in relation to other residents.

Residents were assessed prior to admission to the centre by the person in charge using a structured assessment. The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of evidenced based validated tools to assess each resident’s risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Resident generally had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents’ assessed healthcare and social needs. They contained the required information to guide the care and were generally regularly reviewed and updated to reflect residents’ changing needs. However the inspector did see some assessments and care plans that required updating.
Overall care plans were individualised very person centred and comprehensive. Staff spoken with had a well developed knowledge and understanding of the residents and their individual needs, likes and dislikes.

The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. On the days of inspection there was no resident receiving end of life care. The majority of the residents who recently died had received full end of life care in the centre supported by the staff, GP’s and if appropriate, the community palliative care team. There was evidence that the person in charge, the nursing team supported by residents’ GP’s and in consultation with residents' families; had established practices to include care procedures that would prevent unnecessary or unsuitable hospital admissions. There was evidence of on-going discussions and planning for the end stage of life. Residents at risk of developing pressure ulcers had pressure relieving mattresses and cushions to prevent ulcers developing. The inspector reviewed the care of one resident who had a wound and found that detailed scientific assessments were completed and photographic evidence was used to assess changes in the wound. Care given was seen to be in accordance with evidenced based practice and nursing staff advised the inspector that they had access to support from the tissue viability nurse if required.

There were systems in place to ensure residents' nutritional needs were met, and that they residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food and home baking provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The chef was in the process of introducing pictorial menus and was very knowledgeable about residents likes, dislikes and special diets. Mealtimes in the dining room were observed by the inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls. Mobility and daily exercises were encouraged with weekly fitness classes incorporated into the activity schedule. Residents had suitable mobility aids and modified chairs following seating assessments by an occupational therapist and or the physiotherapist. Hand rails on corridors and grab-rails were observed in toilet and bathroom facilities used by residents which promoted independence.
The inspector found there were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents. Medicines were stored securely in the centre. Each resident’s medication was stored within a locked cupboard in their bedroom. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration. Controlled drugs were stored securely within a locked cabinet and balances of all controlled drugs were recorded in the controlled drugs register. The inspector reviewed a sample of residents’ medicine prescription records and they were maintained in a tidy and organised manner, they were clearly labelled, they had photographic identification of each resident and they were legible. Since the last inspection medications that required crushing or in an altered format were prescribed as such by the GP. There was evidence that residents’ medicine prescriptions were reviewed at least every three months by a medical practitioner as well as a pharmacist. Two residents were self medicating and assessments were in place to support this practice one of the residents explained her medications to the inspector and was fully involved in her medication review with the pharmacist and GP.

**Judgment:**
Substantially Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector reviewed the centre’s policy on suspected or actual abuse and was found to be comprehensive. Staff training records were reviewed and the inspector saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

The inspector was satisfied that there were general measures in place to safeguard residents and protect them from abuse. Robust systems were in place to safeguard residents' money. The centre provided locked areas in residents bedrooms to store valuables and money. They did not act as pension agent for any resident. Contracts of care clearly stipulated what extras the centre charged for. Residents received invoices for care and any required extras such as activities hairdressing and chiropody and these were seen to be clear and robust.

A policy on managing responsive behaviours was in place. The inspector saw training records and staff confirmed that since the previous inspection staff had received training in responsive behaviours and specialist dementia training. There was evidence
that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents needs as was discussed under outcome 1. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person centred way by the staff using effective personalised de-escalation methods.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. There were only two residents using bedrails at the time of inspection and alternative to restraints were put in place such as low low beds and alarm/sensor mats. Review of use of restraints was on-going and the centre worked towards a no restraint environment. Families were involved in the assessment procedure and gave feedback regarding the process. The inspector saw that regular checks of all residents were being completed and documented.

**Judgment:**
Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents’ religious preferences are facilitated through regular visits by clergy to the centre with mass held once a week and administration of sacrament of the sick. Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. The inspector observed that residents’ choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room. The inspector observed a number of residents enjoying a walk outside.

Staff were observed communicating appropriated with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited regularly and residents enjoyed having their
Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome. They said that if they any concerns they could identify them to the staff and were assured they would be resolved. Surveys were undertaken. Residents had access to the daily newspaper and residents were observed enjoying the paper. Residents had access to radio, television, and information on local events. Systems for consultation with residents were in place. Inspectors evidenced minutes of residents' meetings which depicted how residents were consulted on the centre was run. Feedback was regularly sought from residents and relatives and satisfaction surveys were undertaken. On inspection, it was evident that the centre was managed in a way that took into consideration residents' wishes and choices. Residents with dementia were represented by relatives and the centre had access to independent advocacy services, independent advocates visited the centre on a regular basis and attended the residents meetings.

There were two activities coordinators who delivered the activity programme over a five day period. The inspector spoke with one of the activities coordinators. The inspector found that she was very enthusiastic and dedicated to improving quality of life for residents. The inspector found that she had intimate knowledge of each resident and their past history in relation to their personal and working life. Group activities on the days of inspection included a book reading reminiscence session, bingo and a music session. Residents could participate in group activities and one to one sessions were also available to residents who preferred this. Activities included music, bingo, exercise sessions, baking, card games, puzzles, reading and walks out. Residents told the inspector that they were happy with the choice of activities on offer. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. The centre had two dogs that were in the centre daily and residents enjoyed seeing them. There were also hens and ducks in the garden and two donkeys from the donkey sanctuary. The centre also had its own bus for trips out which residents said they really enjoyed. Residents told the inspector that they were happy with the choice of activities on offer and said there was always plenty going on in the centre to keep them busy and entertained.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the afternoon. These observations took place in the communal room. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a very positive nature with good interactions seen between staff and residents.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. However screening provided in the twin bedrooms did not fully encase the bed area.
therefore it did not fully protect the residents privacy.

Overall the inspector found the residents including residents with dementia had a good quality of life in the centre and an ethos of respect was evident.

**Judgment:**
Substantially Compliant

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### Outcome 04: Complaints procedures

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A written complaints policy was available in the centre and the inspector saw that the complaints procedure was hung in a prominent place outside the office and was also available in residents rooms. There was a nominated person to deal with complaints in the centre and a second nominated person to monitor and ensure that all complaints were appropriately responded to. There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.

The inspector reviewed the complaints log and found the complaints process was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. Residents and relatives all said that they had easy access to the nurses and the person in charge who to whom they could openly report any concerns and were assured issues would be dealt with. There was evidence that the person in charge monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded as required by the regulations. There was evidence that analysis of complaints was undertaken and lessons learn recorded and communicated to all staff.

**Judgment:**
Compliant

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### Outcome 05: Suitable Staffing

**Theme:**
Workforce
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the size and layout of the designated centre. Residents and relatives spoken with confirmed that staffing levels were good; stating they never had to wait long for their call bell to be answered or their requested needs to be met.

Residents to whom the inspector spoke described staff as being very attentive and kind in their dealings with residents and indicated that staff were caring, responsive to their needs and at all times treated them with respect and dignity. A number of staff spoken to had worked in the centre for many years and clearly demonstrated an excellent understanding of their role and responsibilities in relation to ensuring appropriate delivery of person-centred care to residents. The inspector observed very positive interactions between staff and residents over the course of the inspection and found staff to have an excellent knowledge of residents' needs as well as their likes and dislikes. Over the two days of inspection, the inspector observed staff did not appear to be rushed, had time to stop sit and chat with residents or to participated in various group activities.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents’ condition. There was a communication book available for staff also. There was evidence of regular staff meetings taking place. The inspector observed that staff appraisals took place on an annual basis. New staff had a formal induction programme and suitable mentoring arrangements were in place. Good supervision practices were in place with the nurse visible on the floor providing guidance to staff and monitoring the care delivered to residents.

All nursing staff were on the live register with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland and the health care assistants had completed the Further Education and Training Awards Council (FETAC) level five qualifications or equivalent. Records reviewed confirmed that staff had mandatory education and training in place. Staff had also been provided with education on a variety of topics, such as dementia, nutrition, continence, health and safety and medication management. The nursing staff had undertaken a two day dementia programme and provided training to the other staff on their return to the centre.

Staff recruitment procedures were in place and included vetting of staff. The sample of staff files viewed by the inspector were found to contain all of the necessary information required by Schedule 2 of the regulations. However, as identified on the previous inspection there was a volunteer working in the centre who did not have appropriate
vetting or roles and responsibilities outlined. On this inspection they were all in place for that volunteer but two further volunteers had commenced in the centre and Garda vetting was not available for them nor were their roles and responsibility outlined. Vetting was also not available at the time of the inspection for the hairdresser and chiropodist. The National Vetting Bureau (Children and Vulnerable Persons) Act 2012 requires that a relevant organisation, in this case a designated centre, shall not -

- employ,
- enter into a contract for services,
- permit to undertake relevant work, or
- allow participation in any education scheme any person who has not received a vetting disclosure from the National Vetting Bureau.

**Judgment:**
Non Compliant - Moderate

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Padre Pio Rest home is registered to provide care to 24 residents. It is situated in a rural scenic location on the outskirts of Cappoquin town. It is a single story building which has undergone a number of extensions and substantial renovations over the years. The centre provides a mixture of single and twin bedrooms. There were 16 single bedrooms, 12 of these had en-suite facilities and there are four twin bedrooms with wash-hand basins. There are additional bathrooms, shower rooms and toilets conveniently located for residents use. Communal accommodation included a large sitting room, dining room and oratory. There is plenty of outdoor space with tables, chairs and walkways around the centre for residents enjoyment and use. There was ample parking for visitors and staff.

Issues with the premises had been identified on all previous inspections of the centre where it was found that the design and layout of the premises did not meet the needs of the residents including adequate private and communal space and suitable facilities for use by residents. Hallways were narrow and did not facilitate the independent movement of residents with mobilisation aids. The sluicing and laundry areas were not appropriate to the size of the centre and did not comply with best practice infection control in terms of equipment and wall and floor finishes. On this inspection the inspector found that substantial refurbishment works had continued from the previous inspection. There was a double door sliding entrance with a ramp to create wheelchair access. There was a large sitting room with two separate lounge areas which included a
flat screen television, bookcase and comfortable seating. There were large windows which attracted natural light, the decor was tranquil and the soft furnishings all added to a peaceful ambience. Residents had chosen the colours and were proud of this and the inspector observed many residents and relatives using the different spaces available. The inspector saw that the corridors had been widened which aided ease of mobility for residents. The old staff room had been renovated into a food preparation area with new flooring and sinks. The kitchen area had new non slip flooring, cooker and sinks. Kitchen staff also now had their own separate changing facilities. There was a double porta-cabin in place with one room for the laundry section and the other room was a staff room with changing facilities. There was a new sluicing area and a new storage room had been provided in the old staff office. The provider had put an extension to provide a new oratory and the old oratory was converted to the nursing office which was just inside the door of the centre and provided a reception for visitors and residents as they passed by.

The person in charge and provider had carried out on-going improvements to create an environment where the overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Residents’ bedrooms were generally personalised and furnished to a good standard and there was adequate space provided for residents’ personal possessions and clothing. However the shared bedrooms were small in size and some did not allow for personal care to be delivered in privacy or the use of equipment without moving the resident beds.

Overall the premises and grounds were well maintained. The inspector noted that the centre was warm and the level of cleanliness and hygiene was of a very high standard. There was evidence of a continuous programme of maintenance. There was appropriate assistive equipment available such as electric beds, hoists, pressure relieving mattresses and cushions, and specialised chairs to meet the needs of the residents. Records were available of the preventive maintenance of equipment such as beds, chairs, wheelchairs, weighing scales and hoists in the centre on the days of inspection.

The inspector found the residents were enabled to move around as they wished and the widening of the corridors had facilitated this. There were some signs and pictures that had been creatively used in the centre to support residents to be orientated to where they where such as on the dining room dayroom and toilet doors. Further attention to directional signage would be required to guide residents with a cognitive impairment to locate their bedrooms or their way around the centre. Areas for reminiscence were seen such as an old fashioned china cabinet containing china and other older pictures and memorabilia.

All bed linen was sent out to an external laundry and resident’s personal clothing was laundered in-house or by the relatives. The system in place for managing residents’ clothing was effective. Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre.

Judgment: Substantially Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>06 - 07/11/2018</td>
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<tr>
<td>Date of response:</td>
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Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some assessments and care plans were not formally reviewed at four monthly intervals or sooner if required.

1. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Following QMS Meeting a plan has been put in place to have all assessments and care plans reviewed at four monthly intervals.

**Proposed Timescale:** 28/02/2019

### Outcome 03: Residents' Rights, Dignity and Consultation

**Theme:**
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Screening provided in the twin bedrooms did not fully encase the bed area therefore it did not fully protect the residents privacy.

**2. Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Plan in place to provide screening in twin bedrooms to fully protect the residents privacy.

**Proposed Timescale:** 28/02/2019

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two volunteers had commenced in the centre and their roles and responsibility were not outlined as required by the regulations.

**3. Action Required:**
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:
The roles and responsibilities for volunteers in written form is been developed.

**Proposed Timescale:** 31/01/2019

**Theme:**
Workforce
**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Two volunteers had commenced in the centre and Garda vetting was not available for them. Vetting was also not available at the time of the inspection for the hairdresser and chiropodist.

The National Vetting Bureau (Children and Vulnerable Persons) Act 2012 requires that a relevant organisation, in this case a designated centre, shall not -

- employ,
- enter into a contract for services,
- permit to undertake relevant work, or
- allow participation in any education scheme any person who has not received a vetting disclosure from the National Vetting Bureau.

4. **Action Required:**
Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

**Please state the actions you have taken or are planning to take:**
Garda Vetting is completed for one volunteer, is in progress for the second, it is also in progress for the hairdresser and chiropodist.

**Proposed Timescale:** 31/01/2019

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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Some of the shared bedrooms were small in size and did not allow for personal care to be delivered in privacy or the use of equipment without moving the resident beds.

Further attention to directional signage would be required to guide residents with a cognitive impairment to locate their bedrooms or their way around the centre.

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

**Please state the actions you have taken or are planning to take:**
We are planning to have phased out sharing room by then end of 2021. Attention is been given to improved directional signage that will assist residents with a cognitive impairment to locate their bedrooms or their way around the centre more easily.

**Proposed Timescale:** 28/02/2019