

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Padre Pio Nursing Home
<b>Centre ID:</b>	ORG-0000267
<b>Centre address:</b>	Graiguenoe, Holycross, Thurles, Tipperary.
<b>Telephone number:</b>	0504 43110
<b>Email address:</b>	bmcnh@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	B.M.C. (Nursing Home) Limited
<b>Provider Nominee:</b>	Lucie McCormack
<b>Person in charge:</b>	Lucie McCormack
<b>Lead inspector:</b>	Mary Moore
<b>Support inspector(s):</b>	Vincent Kearns
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	45
<b>Number of vacancies on the date of inspection:</b>	4

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

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

**The inspection took place over the following dates and times**

From:	To:
08 January 2014 09:30	08 January 2014 19:00
09 January 2014 08:00	09 January 2014 14:00

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

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

**Summary of findings from this inspection**

This inspection was an announced renewal of registration inspection and was the fourth inspection of the centre by the Authority. As part of the inspection process, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation and staff records. The documentation submitted by the provider as part of the renewal process was submitted in a timely and precise manner and was also reviewed prior to the inspection including questionnaires completed by residents and relatives; the feedback received was positive and is referenced as appropriate in the body of the report.

Previous inspection findings have been satisfactory and where regulatory non-compliance has been identified the provider has demonstrated its willingness, commitment and capacity to implement the required improvements. The previous inspection of the centre was undertaken on 30 August 2012 and the inspection report and the provider's response to the action plan can be found at [www.hiqa.ie](http://www.hiqa.ie).

These inspection findings were positive. The actions that emanated from the previous inspection were substantially addressed and inspectors concluded that the provider operated the centre within the parameters of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and was substantially compliant in 13 of the 18 outcomes. Moderate non-compliance was found in three and minor non-compliance in a further two. Inspectors were satisfied that residents were in receipt of a good standard of care and services from staff who were knowledgeable and sensitive to their needs and preferences.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose was an accurate reflection of the service and was fully compliant with the requirements of the Regulations.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed a random sample of 10 contracts and saw that each contract was signed as agreed with the resident. However, there were three formats of contract seen and in general the contract stated only the overall fee to be paid. While reference was made to additional services and charges, it was not clear from the contract what the services were and whether such services were additional or optional. The fee to be charged for such services was not stated and all fees payable and by whom such as state support schemes were not included.

These deficits were reflected in the system for invoicing residents where some but not all additional services and fees were specifically and individually detailed.

### **Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

As a director of the company the person in charge had enhanced authority and accountability for the service. She was suitably qualified and evidence of her current registration with her regulatory body was in place. It was evident from observation, feedback received from residents, relatives and staff and documentation reviewed that the person in charge was consistently engaged in the operational management and administration of the centre and was committed to the ongoing review and improvement of the quality and safety of care and services. Documentation required by inspectors was readily available and the person in charge readily answered any queries raised in relation to any resident's wellbeing, welfare and care. The person in charge worked full-time, was also available to staff when not on duty and inspectors saw that she was visible, accessible and approachable and actively involved in the supervision of staff and care delivery.

There was evidence that the person in charge continued to engage in professional development and since the previous inspection had completed operational and clinical education and training including protection issues, infection prevention and control, fire warden training, documentation and care planning, nutrition, basic life support and the use of antibiotics in residential care settings.

### **Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management
<b>Judgement:</b> Compliant
<b>Outstanding requirement(s) from previous inspection:</b> The action(s) required from the previous inspection were satisfactorily implemented.
<b>Findings:</b> All of the required documents were in place and were maintained in a manner that ensured accuracy and ease of retrieval of any required information. Procedures were in place for the review and amendment of centre-specific policies and practice in general was in line with policy. Insurance cover was in place as required by the Regulations.

<b>Outcome 05: Absence of the person in charge</b> <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.</i>
<b>Theme:</b> Leadership, Governance and Management
<b>Judgement:</b> Compliant
<b>Outstanding requirement(s) from previous inspection:</b> No actions were required from the previous inspection.
<b>Findings:</b> The person in charge confirmed that she had not been absent from the centre for any period that required notification to the Authority. There was a clear management structure in place that incorporated suitable arrangements for the replacement of the person in charge on a routine or unexpected basis. There were two nominated Key Senior Managers (KSM) available with established experience of managing the centre; they were suitably supported by the person in charge including facilitating their completion of a Further Education and Training Awards Council (FETAC) Level 6 management programme.

<b>Outcome 06: Safeguarding and Safety</b> <i>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.</i>
<b>Theme:</b> Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that measures were in place for the protection of residents. Inspectors saw a suite of policies for the prevention, detection and management of abuse. The policy did not outline the provider's responsibility to notify the Chief Inspector of any suspected, alleged or reported abuse. The provider was requested to address this at verbal feedback as inspectors based on the monitoring of the centre to date were satisfied that the provider was fully aware of and had exercised its responsibilities.

There was a monitored programme of staff training operated and training records indicated that staff had received initial and refresher training on protection issues facilitated by an external party. Staff spoken with confirmed their attendance at training and were knowledgeable as to their role and responsibilities. Feedback received from residents and relatives surveyed on the quality and safety of the care and services received by them was consistently positive.

Inspectors saw that policies and procedures for the management of residents' finances were in place. Lodgements and transactions were signed by a minimum of two staff where a residents signature was not obtainable.

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

There was a centre specific health and safety statement in place that was reviewed by the provider on an annual basis. The statement incorporated:

- a broad range of risk assessments and controls for each area of work and their associated work practices
- outlined the contingencies in place for responding to a range of emergencies such as fire and loss of power
- outlined the policy and procedures for the recording, investigation and learning from



accidents and incidents.

The safety statement was augmented by a clinical risk register that was updated and maintained on an ongoing basis by the person in charge. It outlined residents at risk of, for example, compromised nutrition, wound development and falls, and the actions taken to reduce or resolve the risk. Catering services and food hygiene systems were monitored internally and by the relevant Environmental Health Officer (EHO). Inspection reports seen reported substantial compliance. A satisfactory analysis of the water well was undertaken in December 2013.

There was a safety committee, safety officer and safety representative in place and compliance with health and safety procedures was audited on a quarterly basis. For example, staff compliance with the recording requirements of accidents and incidents.

Circulation areas and sanitary areas were equipped with handrails and grab-rails.

Evidence from a competent person of compliance with the statutory requirements relating to fire safety and building control was submitted to the Authority with the application for renewal of registration. The fire register was well maintained and from it the inspector easily retrieved evidence that the fire detection system was serviced quarterly and annually most recently in January 2014. Fire fighting equipment and the emergency lighting were inspected and tested annually in February 2013 and November 2013 respectively by competent persons. Staff completed routine inspections of fire precautions and procedures on a weekly or monthly basis and maintained records of such inspections. Fire training was provided to staff on an annual basis, nine nominated staff had attended fire warden training in July 2013 and practical fire evacuation exercises were completed on a quarterly basis. Each resident had a personal emergency evacuation plan (PEEP). The inspector saw that fire escape routes were clearly indicated and free from obstruction, that diagrammatic fire evacuation notices and fire action notices were prominently displayed and staff spoken with had adequate knowledge of actions to be taken in the event of fire.

The consumption of tobacco by residents was minimal. There was a policy, individual risk assessments and controls such as staff supervision, a fire retardant clothes protector and restricted access to smoking materials were implemented as appropriate. A temporary smoking room was in place; it was equipped with fire detection and fire fighting equipment, a call bell and was adequately ventilated.

However, despite the substantial evidence of good practice there was no fire detection equipment in the laundry and all risks had not been identified. The inspector saw that all ground floor bedroom windows were not suitably restricted.

Staff had access to contemporary moving and handling equipment including four hoists and flat sheet sliding systems. The inspector saw that equipment was serviced in line with legislative requirements most recently in September 2013. Each resident had a current manual handling risk assessment and plan that provided clear instruction on the equipment to be used and the number of staff required for each manual handling event. Based on their observations inspectors were satisfied that staff adhered to the plan. Training records indicated that staff training in manual handling was monitored by the

person in charge and was within mandatory timeframes.

There was evidence of infection control precautions and procedures. Practice was guided by a suite of evidence based policies, staff had received recent training, and an infection control management committee was formed in July 2013. Audits had been completed on defined areas of practice with evidence of enhanced infection and prevention and control procedures in these areas. Staff had good access to and were seen to utilise personal protective equipment. New pedal operated waste bins were evident. External clinical waste bins were found to be locked and certificates attesting to its removal by a recognised contractor were seen by the inspector. However, despite the evidence of commitment to good practice deficits were identified. For example:

- Inspectors saw that clinical waste bins and open used linen receptacles were stored on the main corridors.
- The sluice rooms were compact and the room and the sluice sink was seen to be used by both clinical and environmental hygiene staff and posed a risk to effective infection prevention and control. Hand hygiene equipment in one sluice room was located over the sluice sink.
- Racking systems in both sluice rooms were perished and corroded in places.
- Staff spoken with though provided with the appropriate equipment described unsafe practice for the management of soiled linen.

## **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Minor

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

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

### **Findings:**

Overall the inspection findings supported the implementation of safe, regulatory compliant medication management practices.

Records seen indicated that procedures were in place for the management of controlled drugs. Medical authorisation was seen for the administration of medications in an altered format (crushed). Detailed signed and countersigned records were retained of unused and unwanted medications returned to the pharmacy. Medication management practices were audited on a monthly basis in collaboration with the pharmacist and the quarterly review of residents medication regimes by the relevant General Practitioner (GP) was recorded in their medical notes.

Records seen indicated that medication errors were recorded, managed and dealt with transparently and with accountability. Policy and procedures were in place for the prescribing, administration and review of medications administered on a PRN (as required) basis.

Nursing staff transcribed medication prescription records and while inspectors were satisfied that practice was in line with regulatory body guidance, the policy on transcription had not been reviewed as requested to reflect this practice; policy still stated that transcription "shall be avoided where possible".

### **Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Notifications submitted to the Authority were reviewed on submission and again prior to the inspection; accident and incident records were reviewed on inspection. The inspector was satisfied that the person in charge had fulfilled her legal responsibilities in relation to the submission of notifications and that adequate systems were in place for detecting, managing, recording and acting on significant events, accidents and incidents to enhance clinical and safety outcomes for residents. For example, the inspector saw that accident records were detailed, appropriate action was taken and each accident was reviewed by the person in charge individually and collectively on a quarterly and annual basis. There was evidence of the implementation in practice of risk reducing measures such as movement alarm mats, physiotherapy assessment and impact reducing floor mats.

### **Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Records seen indicated that the person in charge operated a comprehensive and effective system for the review of the quality and safety of care and services not only for the purpose of monitoring compliance but also to effect change and improvement as necessary. For example, the inspector saw that policies were audited and amended routinely but also in response to events in practice. Clinical indicators including the use of restraint, weight loss, the incidence of pressure sores and the use of psychotropic medications were collated and analysed on a weekly and quarterly basis with evidence of the implementation of interventions and evaluation of their effectiveness. The incidence of infection and the use of antibiotics within the centre were benchmarked against the most recent national measures. Resident focussed medication management audits were completed by the person in charge and the pharmacist monthly.

There was a very comprehensive system in place for the audit of the care planning process on a two to three-monthly basis with evidence of feedback to each key nurse. A review of procedures and clinical outcomes was completed annually with a report including recommendations compiled. The person in charge reported that she was currently in the process of collating the 2013 data, the 2012 report was available for inspection.

The system of review was transparent, deficits were clearly identified and there was evidence of feedback to staff and the implementation of recommendations such as the care pathway for PEG (Percutaneous Endoscopic Gastrostomy) nutrition.

Inspectors saw that residents and relatives had ready access to, were familiar and communicated comfortably with the person in charge and staff. A formal consultation with residents and relatives was completed in 2011. The benefit on repeating this exercise at timely and appropriate intervals was discussed with the person in charge at verbal feedback.

**Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

At the time of inspection there were 45 residents living in the centre on a long-term basis. Staff had assessed the needs of the residents as 23 maximum, 10 high, 7 medium, and five low. Inspectors saw that residents looked well and cared for and this was reflected in the positive comments received from residents and relatives. Staff spoken with including the person in charge were knowledgeable as to each residents care requirements and care plan.

Based on a sample of medical records, nursing care plans and other records such as audits and daily nursing records inspectors were satisfied that residents' holistic care requirements were met to a high standard. Evidence of current, timely and equitable medical review and treatment was documented as was referral and access to other healthcare such as dietetics, speech and language, acute hospital services, tissue viability, optical care and chiropody. Physiotherapy was provided in-house on an individual and group basis. Records of referrals, treatment and discharge recommendations were in place. Residents' vital signs were monitored at a minimum monthly and influenza vaccination for the current season had been facilitated.

Inspectors saw that significant time had been invested in addressing the limitations previously identified on inspection in the process of care planning and that the current standard of care planning was high. The care plan presented a clear care pathway and inspectors saw that residents' needs were comprehensively assessed and reviewed at ten weekly intervals or more frequently if required. Inspectors saw that the care plan was an accurate reflection of the residents needs, that care interventions were planned appropriately, care was personalised but also supported by the use of evidence-based assessment tools and biographical data and that care was delivered as planned. There was documentary evidence that the care plan was discussed and devised in consultation with the residents or the responsible family member as appropriate.

The restraint policy reflected nationally agreed policy and procedures and inspectors saw that staff understood that restraint was used as a last resort and in a time limited manner, use was supported by the completion of a risk balancing tool and following discussion and agreement with the resident, GP, physiotherapist and responsible family member as appropriate. Records of restraint monitoring and release were maintained.

Wound assessment and management records indicated that care was in line with contemporary evidence-based guidelines, that risk was assessed and monitored and adequate provision was made for the supply of preventative pressure relieving equipment.

Inspectors saw that good provision was made for the delivery of a meaningful and therapeutic programme of activity and engagement. There was a dedicated activities coordinator who was employed full-time but was also willingly assisted by other staff members. The programme was informed by the completion of assessments that

identified each resident's life story, choices and preferences, and from the feedback provided by residents and a variety of activities including baking, chair based exercises, reminiscence, quizzes and memory games were offered. The activities coordinator had recently completed an arts and crafts programme and its implementation with residents was prominently displayed. Staff spoken with had a clear understanding of residents' choices, ability and right of refusal to participate and articulated a philosophy where every activity was viewed as an opportunity to engage with a resident. This was observed in practice by inspectors.

### **Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

#### **Theme:**

Effective Care and Support

#### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

#### **Findings:**

The premises has been used as a designated centre for older people since 1989 and was acquired by its present owners, BMC Nursing Home Limited, in 2001. The original building is a two-storey building. A single-storey extension was added in 1990 and a further single-storey extension was completed in early 2011. Eight new single en suite bedrooms were added at that time, bringing the overall capacity to 49 residents. The premises is located approximately 0.5kms from the facilities of Holycross village.

The overall premises was found to be visibly clean, well maintained, in good decorative order, adequately heated, lighted and ventilated; an ongoing programme of maintenance and refurbishment was in place.

There are 40 bedrooms in total and accommodation for residents is provided on both the ground and first floors. Eighteen residents are accommodated on the first floor. The first floor is accessed by means of a stairs and stairs chair-lift. Accommodation on this floor comprises six single bedrooms and six two-bedded rooms none of which are en suite. Two bathrooms one comprising a toilet, wash-hand basin and bath, the other an assisted shower, toilet and wash-hand basin, and a further single toilet are provided for residents. Also accommodated on the first floor is an office shared by the person in charge and administration staff, a sluice room and storage. Access to the stairwell was discreetly restricted and staff were seen to observe safe practice while assisting residents on the stairs chair-lift.

Thirty one residents can be accommodated on the ground floor in 25 single bedrooms, 10 of which offer en suite facilities, and three two-bedded rooms. There are three assisted bathrooms with bath/assisted shower, toilet and wash-hand basins and three further toilets for residents' use provided on the ground floor. Sanitary facilities are conveniently located to bedrooms and communal areas; bedrooms without en suite facilities were equipped with a wash-hand basin.

Adequate dining and communal space was provided on the ground floor and these were pleasant, comfortable and easily supervised by staff.

Residents and their relatives were seen to utilise a quieter area with pleasant seating and reasonable privacy for the purpose of visiting.

Residents had access, weather permitting to a secure courtyard and landscaped area.

Staff facilities including dining and sanitary facilities were available with segregated facilities for catering staff.

A universally accessible toilet was available to visitors.

A well equipped and attractively presented hairdressing salon was available to residents.

Residents had access to a call bell system, were heard to utilise it and staff were seen to respond promptly.

Provision was made for the storage of an adequate supply of linen; adequate provision was made for general storage.

Residents were seen to be provided with a range of equipment for their care and comfort and a contract was in place for the testing and maintenance of such equipment on an annual basis. Certificates were in place to this effect and inspectors saw that the equipment was of a good standard and in good condition. Certificates seen indicated that services such as gas installations and the generator were inspected and serviced annually.

While two sluice rooms, one on each floor and each with a bedpan washer, were provided they were compact and the risk inherent to their dual purpose usage has been discussed in Outcome 7.

### **Outcome 13: Complaints procedures**

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

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Complaint records seen by the inspector indicated that staff understood their role in the receipt and management of complaints, that complaints were listened to, investigated, that staff were transparent and honest where the required standard had not been met and that complaints were seen as an opportunity to review practice, learning and improvement as required. There was evidence of feedback to complainants and an evaluation of complainant satisfaction as to the actions taken by the provider to resolve the issues complained of.

The complaints procedure was displayed in the main reception area and incorporated the details of the independent appeals procedure. However, the complaints procedure required review as it incorrectly advised the complainant to contact the Chief Inspector if "they wished to pursue the complaint further". The person charge who operated as the complaints officer also completed the audit of complaints and this would not satisfy the requirement of the Regulations.

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

End-of life care practice was guided by a policy that was seen to reflect the principles of discussion, choice, respect and dignity including choice as to the place of death including the provision of a single room if requested and preferred. Inspectors were satisfied that the policy was implemented in practice. Residents' end-of-life wishes, preferences and needs including active treatment and intervention were discussed, identified, agreed, recorded and planned for. Discussions as appropriate included the relevant GP and family members. Inspectors saw that significant persons were facilitated to be with residents and that their needs and requirements were also met in a flexible, kind and professional manner.

Staff spoken with were familiar with residents expressed wishes and the palliative care plans that were in place. Training records indicated that some staff had recently



attended education on the provision of end of life care including palliative emergencies.

### **Outcome 15: Food and Nutrition**

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

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Compliant

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

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

#### **Findings:**

Based on their observations, records reviewed, staff spoken with and feedback received from residents and relatives inspectors were satisfied that systems were in place for the provision and monitoring of quality evidence-based nutritional care to residents. Practice was guided by a suite of evidence-based policies. There was a nutritional committee that met each quarter and the minutes of meetings seen indicated comprehensive review and discussion of residents' requirements.

Staff compiled information on each resident's likes and dislikes and were seen to ascertain choice daily, the quality, variety and presentation of the meals provided was appealing and appetising. Catering staff had access to and were familiar with detailed, accurate and current information on resident's individual requirements including the provision of modified diets and fluids. Staff saw meals as social occasions; supervision and assistance was adequate and provided with discretion. Inspectors saw that staff were sensitive to the needs of residents unable to consume normal fluids and diet and implemented diversional activity and occupation for them during mealtimes. Staff were seen to offer fluids and refreshments to residents at regular and frequent intervals.

Residents' baseline measurements including weight, BMI and MUST (Malnutrition Universal Screening Tool) were established at a minimum monthly and monitored for any deviations. Records seen indicated that residents as appropriate had good referral and access to both dietetic and speech and language services and their care was delivered in line with all recommendations. Dietary and fluid intake was monitored, oral health was assessed and oral care plans in place for residents with specific requirements or assessed as at risk.

### **Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life*

*and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The Residents' Guide was prominently displayed in the main entrance hall as was other relevant information such as the registration certificate, the complaints procedure and the philosophy of care.

Inspectors observed a high level of visitor activity with no apparent or reported restrictions on visiting and the record of visitors was actively maintained.

Arrangements were in place for religious observance. Mass took place in the centre weekly, groups of residents were seen to engage in collective prayer in the evening. Staff were aware of resident's individual denominations and choices and confirmed that these were respected and facilitated.

Staff were seen to assist residents to remain independent and exercise control over their daily routines such as mealtimes, bedtimes or activity participation. It was evident and residents confirmed that they had developed supportive relationships with staff.

As discussed in Outcome 11, good provision was made for opportunities for residents to participate in meaningful activities and there was evidence of resident and family involvement in care planning.

Inspectors saw that the person in charge was visible, approachable and accessible to residents and visitors and records seen including the complaints records indicated that persons felt comfortable about raising any queries or concerns. More formalised systems of consultation were in place such as the residents committee that convened approximately each quarter. Minutes of the most recent meeting of November 2013 indicated that staff and residents discussed a broad range of issues including social outings, visiting groups and participation in national events such as positive ageing week.

The provider was requested to review the current closed circuit television (CCTV) coverage. CCTV cameras were in place as was a policy governing its use. Signs indicated the position of the cameras, and the monitor was located in the main administration office. However, cameras monitored and recorded resident, staff and visitor activity in both communal rooms, one dining room and the main kitchen. The Authority's Standards advise that CCTV, where used, does not intrude on the privacy of the resident. Further clarity and guidance recently issued from a data protection perspective,

particularly in relation to designated centres, and addressed residents and visitors reasonable expectation of privacy in communal and dining rooms. The provider was advised that a camera focussed on an exit may be reasonable and proportionate but unfortunately the existing cameras also covered floor space and recorded resident, visitor and staff activity.

### **Outcome 17: Residents clothing and personal property and possessions**

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

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

#### **Findings:**

The laundry service operated daily and staff spoken with confirmed that the majority of residents availed of the service. The laundry was adequately equipped, was sufficiently spacious to allow for the segregation of clean and soiled linen and was found to be clean, tidy and organised. Staff spoken with articulated a sense of responsibility for the safe management of resident's personal property, items were discreetly labelled and no significant issue with missing items was reported by residents or relatives surveyed.

The policy on the management of resident's personal property was comprehensive, acknowledged the providers liability under the Regulations and the appropriate insurance was in place. The inspector saw as outlined in the policy that staff completed an inventory of resident's possessions signed by the resident and staff member or two staff members.

Residents were provided with adequate storage for their personal possessions included a secure storage space. Storage in shared rooms was sufficiently segregated to allow for the privacy and dignity of each resident.

### **Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

#### **Theme:**

Workforce

**Judgement:**

Compliant

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

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

**Findings:**

Based on their observations, these inspections findings and records reviewed inspectors were satisfied that staffing levels and skill-mix were sufficient to meet the needs of the residents and other factors such as the design and layout of the building.

A planned and actual staff rota was maintained; all persons on duty including persons participating in the management of the centre were identified on the staff rota. There was a clear management structure in place and a nurse on duty and in charge of the centre at all times. Evidence of their current registration with their regulatory body was in place for all nursing staff employed.

There was evidence of robust recruitment practices. The inspector reviewed a random sample of staff files and found that their content complied with regulatory requirements. Procedures were in place for the verification of references and persons engaged by the centre to provide services to residents had been vetted appropriate to their role and service agreements were in place.

There was good evidence of the ongoing supervision of staff, care and service delivery as seen in the system for quality review, minutes of staff meetings, annual staff appraisals, induction and probationary appraisal records.

The provider's commitment to staff development was evident in the staff training plan and the detailed staff training records that were maintained. Staff spoken with confirmed their attendance at training and the learning gained was evident in the inspection findings. Education and training was facilitated primarily by external bodies, reflected the providers legislative responsibilities such as in manual handling, food safety, health and safety and fire but also reflected the aims and objectives of the centre and the care requirements of residents and included medication management, wound prevention and management, nutrition, the provision of subcutaneous fluids, care planning, dementia and the management of challenging behaviour and end-of-life care. Many staff files reviewed contained evidence of the completion of education in care of the older person to FETAC Level 5.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

## **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Mary Moore  
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<sup>1</sup>

<b>Centre name:</b>	Padre Pio Nursing Home
<b>Centre ID:</b>	ORG-0000267
<b>Date of inspection:</b>	08/01/2014 and 09/01/2014
<b>Date of response:</b>	31/01/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 02: Contract for the Provision of Services

**Theme:** Leadership, Governance and Management

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

It was not clear from the contract what the services not included in the basic fee were and whether such services were additional or optional.

The fee to be charged for such services was not stated.

All fees payable and by whom, such as state support schemes, were not included.

**Action Required:**

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

<sup>1</sup> 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:**

All Contracts of Care to be reviewed and updated to one format.

Schedule of Fees to be included showing range of fees for services provided and stating whether such service was optional or additional.

Contracts to be updated to accurately show fees payable and by whom. Contract to specify amounts payable by the Resident and any contribution paid via State Support.

**Proposed Timescale:** 01/04/2014

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Safe Care and Support

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

All risks had not been identified and the inspector saw that all ground floor bedroom windows were not suitably restricted.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

On admission, Residents will be assessed for their risk of absconsion. Where a Resident is found to be at risk of absconsion, this will be documented in their Care Plan and a window restrictor will be installed. On-going reassessment will take place as a Resident's condition dictates.

**Proposed Timescale:** 07/02/2014

**Theme:** Safe Care and Support

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

Deficits were identified in infection prevention risk management procedures. For example:

- Inspectors saw that clinical waste bins and open used-linen receptacles were stored on the main corridors.
- The sluice rooms were compact and the room and the sluice sink was seen to be used by both clinical and environmental hygiene staff and posed a risk to effective infection prevention and control. Hand hygiene equipment in one sluice room was located over the sluice sink.
- Racking systems in both sluice rooms were perished and corroded in places.
- Staff spoken with though provided with the appropriate equipment described unsafe

practice for the management of soiled linen.

**Action Required:**

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

Clinical Waste Bins have been removed from the corridors and have been placed in Sluice Rooms.

Open used linen receptacles have been replaced with closed-lidded receptacles. Housekeeping Staff reminded to use the designated external Cleaning Store Room and Sink Area and not the Sluice Rooms for their cleaning needs.

Hand hygiene equipment relocated away from the sluice sink and closer to the hand wash sink.

Racking systems in both sluice rooms have been replaced.

Staff reminded of correct practice for the management of soiled linen.

**Proposed Timescale:** 31/01/2014

**Theme:** Safe Care and Support

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

There was no fire detection in the laundry.

**Action Required:**

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Fire detection equipment installed in laundry area.

**Proposed Timescale:** 31/01/2014

**Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

The policy on transcription had not been reviewed as requested to reflect the practice



of routine transcription. The policy still stated that transcription "shall be avoided where possible".

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Policy amended and the phrase "shall be avoided where possible" has been replaced with "Transcription of medical prescriptions shall be carried out routinely as necessary".

**Proposed Timescale:** 31/01/2014

**Outcome 13: Complaints procedures**

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

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

The complaints procedure required review as it incorrectly advised the complainant to contact the Chief Inspector if "they wished to pursue the complaint further".

**Action Required:**

Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

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

Referral to the Chief Inspector has been removed from the complaints procedure and all additional documentation.

**Proposed Timescale:** 31/01/2014

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

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

The person in charge who operated as the complaints officer also completed the audit of complaints and this would not satisfy the requirement of the Regulations.

**Action Required:**

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5)

maintains the records specified under Regulation 39(7).

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

All audits of complaints to be carried out by the Clinical Nurse Managers.

**Proposed Timescale:** 31/01/2014

**Outcome 16: Residents Rights, Dignity and Consultation**

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

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

CCTV cameras monitored and recorded resident, staff and visitor activity in both communal rooms, one dining room and the main kitchen.

**Action Required:**

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

CCTV cameras have been deactivated in communal rooms, assisted dining room and the main kitchen.

**Proposed Timescale:** 31/01/2014