

**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-0000268
<b>Centre address:</b>	Sunnyside, Upper Rochestown, Cork, Cork.
<b>Telephone number:</b>	021 484 1595
<b>Email address:</b>	padrepiorochestown@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Eileen McCarthy
<b>Provider Nominee:</b>	Eileen McCarthy
<b>Person in charge:</b>	Eileen McCarthy
<b>Lead inspector:</b>	Geraldine Ryan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	1

## 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 04 November 2013 06:55 To: 04 November 2013 13:30

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

Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 17: Residents clothing and personal property and possessions

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, end-of-life care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidenced-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as training records, care plans, medication management charts, complaints log, minutes of residents' meetings and audits. The person in charge who completed the provider self-assessment tool judged that the centre had a minor non-compliance with regard end-of-life care and was compliant with regard to food and nutrition.

The inspector found compliance in the area of food and nutrition and a minor non compliance in the area of end-of-life care with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland.

While the thematic inspection focused on two outcomes as described above, there was a requirement for the inspector to review other outcomes in so far as they related to end-of life care and food and nutrition. Some minor non compliances and one moderate non compliance were identified and these are discussed in the body of the report.

The inspector noted that the centre was cold. This was addressed by the person in charge who informed the inspector that the heating system was currently being upgraded. Residents voiced that they were happy in the centre and were complimentary of the food. There was evidence of improvements arising from the findings of the self-assessment questionnaires; commencement of end of life care planning and menus on dining tables. Staff, spoken with by the inspector were knowledgeable about the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity.

**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 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:**

No actions were required from the previous inspection.

**Findings:**

Medication management documentation indicated that nutritional supplements were prescribed by the GP. However, the maximum dose of medications prescribed as required (PRN), within a 24 hour period, was not documented in a number of medication prescription charts. Some medications discontinued by the (general practitioner) GP were not signed off as being discontinued.

**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:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Not all residents' care plans were reviewed in consultation with the resident. While there was evidence that residents with a noted weight loss or gain were closely monitored, a specific care plan to guide staff on the management of the residents with a weight loss/gain was not in place. Information with regard to a resident's weight loss/gain was not recorded in the daily nursing progress notes.

**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:**

Non Compliant - Moderate

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

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

**Findings:**

The premises was reviewed is so far as it related to end of life care. The centre's policy on end of life care stated 'if possible, the provision of a single room was made available'. Regarding relatives and the provision of accommodation, the centre's policy stated 'If possible, overnight facilities were available for their use. However, should the need arise, it was unclear as to how this arrangement would be implemented as current accommodations included:

- five single bedrooms (3 bedrooms with ensuite shower, toilet and wash-hand basin, 1 bedroom with an en-suite toilet /wash-hand basin and 1 bedroom with a wash-hand basin)
- 10 twin bedded rooms (6 bedrooms with ensuite shower, toilet and wash-hand basin, 2 bedrooms with en-suite toilet /wash-hand basin and 2 bedrooms with wash-hand basin).

On the day of inspection, there was one vacancy in a twin bedded room. Subsequently, the centre did not concur with its own policy as it did not have:

- a single room available for a resident with end of life care needs
- facilitate the resident's choice as to the place of death including the option of a single room
- the centre did not have overnight facilities available for family.

There was some provision of sitting areas; a conservatory and a room which was used as a sitting room/dining room and an activities room. A separate dining room was located off the multi-purpose room.

#### **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:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

##### **Findings:**

The inspector reviewed the centre's policy on end-of-life care and noted that the policy included information to guide staff. However, the policy did not cover the following:

- support of other residents and staff. Where this was mentioned in the policy, there was no detail as to what this support entailed
- notification of the acute hospital to ensure that no further correspondence goes to the home or family address
- staff attendance at funeral/sending of sympathy card
- audit and evaluation.

Questionnaires, asking relatives' opinions regarding end-of-life care, were sent to the relatives of deceased residents. The response rate was 20%. Responses reflected satisfaction with the care received by residents at this time. The inspector reviewed a sample of residents' care plans with regard to end-of-life care and noted that they were generic and did not always reflect up to date information. The person in charge agreed with observation and presented evidence of updated end-of-life care plans capturing residents' preferences at this time that were currently being implemented in the centre.

There was evidence that residents received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. Residents spoke in a positive manner with regard to their care. Some residents expressed that in the event of becoming unwell, they would like to go to the acute services while other residents stated that they would prefer to stay in the centre.

A remembrance event was planned for 7 November 2013.

Staff training records indicated that six staff had completed training, by an accredited external facilitator, in end of life care. A further six staff were booked to attend this training on 5 December 2013.

The person in charge stated that she had completed post graduate training in palliative care and on the use of a syringe driver (a mechanical pump used to administer medications) in symptom management.

Staff were knowledgeable in how to physically care for a resident at end of life. Staff voiced how recent bereavements were managed and expressed how some of the residents had lived in the centre for a long time, and that it would be an honour to be there for the resident and their families at this time. Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre and ministers from a range of religious denominations visited as required. The centre's policy included guidance to staff with regard to facilitating and engaging in cultural practices at end of life.

Accommodations available in the centre are discussed in further detail under outcome 12. Tea/coffee/snacks facilities were provided for relatives. Open visiting was facilitated. There was some provision of some sitting areas; a conservatory and a room which was used as a sitting room/dining room/activities room. A separate dining room was located off this multi-purpose room.

There was evidence in residents' care plans that residents had choice as to the place of death. The inspector reviewed a sample of care plans of deceased residents and noted that the residents had timely access to the general practitioner (GP) and the out of hour's service. There was evidence that regular family meetings were convened.

The person in charge stated that she had met with all residents with regard to their preferences regarding end-of-life care and as far as was practicable:

- had stored in a safe place, an outfit, chosen by a resident/family that a resident would like to wear at end of life
- details pertinent funeral arrangements and information with regard to places of burial.

However, this important information was not captured in residents' end-of-life care plans, and to guide staff in the event that the person in charge was off site.

The person in charge confirmed that residents had access to the local specialist palliative care services, when required.

Documentation indicated that, within the last two years, 86% of deceased residents had their end-of-life care needs addressed without the need for transfer to an acute hospital.

There was evidence that medication management was regularly reviewed and closely monitored by the GP. This is discussed in more detail under outcome 8.

The person in charge stated that upon the death of a resident, his/her family or representatives were offered practical information (verbally and in writing by means of a leaflet) on what to do following the death and on understanding loss and bereavement and that this included information on how to access bereavement and counselling services. The office manager guided relatives on how to register a death.

There was a protocol for the return of personal possessions. However, on review it was evident that not all residents had an updated inventory of their personal belongings, signed by the resident where possible.

### **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:**

No actions were required from the previous inspection.

#### **Findings:**

The inspector reviewed the person in charge's self-assessment questionnaire and the overall self assessment of compliance with Regulation 20: Food and Nutrition and Standard 19: Meals and Mealtimes. The person in charge had assessed the centre as being compliant. The inspector found, on the day of inspection, that the centre was compliant with Regulation 20.

The centre had an up to date policies on food and nutrition.

A record of staff training submitted to the Authority indicated that:

- two chefs attended training on food safety in 2011
- one care staff attended training on dysphagia management in October 2012
- two staff nurses, three care staff and one chef attended training on nutrition and diet in March 2013.
- an external dietetic and speech and language therapy (SALT) service provided ongoing training in food and nutrition.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Residents had the option of having their breakfast served in bed, in the dining rooms or at their bedside and at a time of their choosing. Snacks and hot and cold drinks including fresh drinking water were readily available throughout the day. The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Residents having their meals were appropriately assisted and received



their meal in a timely manner.

Assistive cutlery or crockery required for a resident with reduced dexterity was provided when required.

The inspector reviewed records of resident meetings and no issues were noted pertaining to food and nutrition.

The inspector met with the chef who confirmed that he met with the person in charge on a daily basis. The chef stated that menus, food choices and preferences, residents experiencing weight loss/gain were discussed daily. It was evident that the chef had in-depth knowledge of residents' likes and dislikes and particular dietary requirements. A two weekly menu was in operation. An up to date folder of diets, dietary requirements to guide staff, was available in the kitchen.

There was evidence that choice was available to residents for breakfast, lunch and evening tea. The breakfast choice included a variety of hot and cold cereals, breads, juices, tea and coffee. Residents confirmed that a staff member came around daily informing them what was on the menu and confirmed that they had a choice in the menu. There was ample evidence that the chef staff regularly sought feedback from the residents with regard to the meals served.

Documentation submitted to the Authority indicated that:

6 residents (25%) were on a diabetic diet

5 residents (21%) were on a soft diet

10 residents (41%) were on a nutritional supplement.

A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the general practitioner for residents were administered accordingly.

Breakfast was served to residents between the hours of 07.00hrs to 10.00hrs. The dining tables were dressed with oil cloths, glassware, serviettes and menus indicating the lunch and tea menu.

Lunch was served between 11.15hrs and 13.00hrs. Residents, who availed of assistance with their lunch, commenced their meal at 11:15hrs. Residents expressed to the inspector that they chose to have it at this time. The inspector noted that lunch, in sufficient portions, was plated and attractively presented in an appetising manner. Gravies/sauces were served separately if required. Staff informed the inspector that residents could choose to have their meal in the dining room or in their room. On the day of the inspection, most residents dined in the dining rooms. Residents voiced how the soup and lunch was tasty and hot. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Meal times were unhurried social occasions and staff were observed using the mealtimes as an opportunity to communicate, engage and interact with residents. The inspector noted staff describing the meal to residents, asking residents if they wished to wear protective attire.

Evening tea was served between 16:30hrs and 18:00hrs.

The inspector was informed by staff that the residents had access to dietetic services, speech and language therapy services and occupational therapy and there was evidence of this in residents' care plans.

There was evidence that residents had a MUST assessment on admission, three monthly or when required. Staff, spoken with by the inspector, were familiar with how to assess and use the tool.

Residents' weights were recorded three monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified. However, not all residents' care plans were updated accordingly. This is discussed under outcome 11.

Residents with diabetes had a care plan guiding their care. The inspector noted information in residents' care plans regarding the recording of blood sugars and corresponding documentation of this information in residents' progress nursing notes. This information was also shared at the morning report.

There was evidence that residents' clinical risk assessments informed residents' care planning.

The centre's complaints log was reviewed and there was no evidence of any issues pertinent to food and nutrition.

### **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:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

#### **Findings:**

Not all residents had an up to date inventory of their personal belongings, signed where possible by the resident.

## 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:***

Geraldine Ryan  
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-0000268
<b>Date of inspection:</b>	04/11/2013
<b>Date of response:</b>	20/11/2013

#### 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 08: Medication Management

**Theme:** Safe Care and Support

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

The maximum dose of medications prescribed as required (PRN), within a 24 hour period, was not documented in a number of medication prescription charts.

Medication discontinued by the GP was not signed off and dated as being discontinued.

**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:**

The maximum dose of PRN medications is documented on the pharmacy administration

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

record for each resident. It is now documented on the kardex drug prescription as well.

**Proposed Timescale:** 18/11/2013

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

**Theme:** Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all residents care plans were reviewed in consultation with the resident.

**Action Required:**

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

It is now documented that care plans are discussed with residents, or if they are unable, discussed with their relatives.

**Proposed Timescale:** 18/11/2013

**Theme:** Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

While there was evidence that residents with a noted weight loss or gain were closely monitored, a specific care plan to guide staff on the management of the residents with a weight loss/gain was not in place.

**Action Required:**

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

If a resident has significant weight loss/gain, this will now be documented and reflected in a care plan.

**Proposed Timescale:** 18/11/2013

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

**Theme:** Effective Care and Support

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

The registered provider did not ensure that the physical design and layout of the premises to be used as the designated centre met the needs of each resident.

**Action Required:**

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

The standards require a minimum of 3.4 sq.meters per resident of communal sitting, dining and recreational space. The total we need therefore is 85 sq.meters and we currently provide 86.16 square meters.

We do intend, however, to begin structural changes next year. These will include the removal of existing chimney and fireplace in the living room to create one large room and increase communal space.

We hope to start these structural renovations in May 2014, weather permitting.

**Proposed Timescale:**

**Outcome 14: End of Life Care**

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

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

The registered provider did not ensure that staff concurred with the centre's policy on end-of-life care in ensuring that all residents had a comprehensive care plan for end-of-life care.

**Action Required:**

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

We are completing all the care plans for end-of-life Care. This is ongoing for new residents.

**Proposed Timescale:**

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

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all residents had an up to date inventory of their personal belongings, signed where possible by the resident.

**Action Required:**

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

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

We are completing an up-to-date inventory of residents' personal belongings. Care assistants have been allocated a number of residents each in order to finalise this.

**Proposed Timescale:** 18/11/2013