

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Padre Pio Nursing Home
Centre ID:	OSV-0000267
Centre address:	Graiguenoe, Holycross, Thurles, Tipperary.
Telephone number:	0504 43110
Email address:	bmcnh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	B.M.C. (Nursing Home) Limited
Provider Nominee:	Lucie McCormack
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	6

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 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 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 ongoing regulatory compliance. 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 June 2015 08:55 To: 04 June 2015 19:30

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

Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The inspection was an unannounced inspection to monitor compliance and was triggered by a pattern of concerns received by the Authority. Following a concern in November 2014 in relation to infection prevention and control practices, personal care and the management of complaints, an investigation was undertaken by the provider in relation to these concerns at the request of the Authority. A subsequent concern was received by the Authority in April 2015 in relation to falls prevention, management of complaints, personal care, lack of activities, healthcare provision, end of life care and lack of effective consultation with residents. These concerns were looked into throughout the inspection and the inspector's findings are outlined in the body of the report.

Overall, the inspector found that the person in charge ensured that residents' medical and nursing needs were met to a good standard. Residents looked well and cared for, engaged readily with the inspector and provided positive feedback on the staff, care and services provided. Residents did not spend prolonged periods of time in bed and were encouraged to mobilise. The inspector found evidence of good practice in a range of areas and the care provided was person-centred. The person in charge and staff all interacted with residents in a respectful, warm and friendly

manner and demonstrated a thorough knowledge of residents' needs, likes, dislikes and preferences.

A number of improvements were identified to enhance the substantive evidence of good practice and to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The outstanding required improvements are set out in detail in the action plan at the end of this report and include:

- Review of the safeguarding policy and provision of training
- medication management
- refresher fire training.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was evidence of a clearly defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The person in charge was also the provider nominee and she was supported in her role by two clinical nurse managers (CNMs). The inspector was satisfied that the management system in place ensured that service provided was safe, appropriate, consistent and effectively monitored.

Staff with whom the inspector spoke were clear about the management structure and the reporting mechanisms. The inspector saw evidence of continued investment in the centre to ensure effective delivery of care in accordance with the statement of purpose such as ongoing refurbishment and replacement of equipment.

The annual review for 2014 of the quality and safety of care for residents was made available to the inspector and there was evidence of consultation with residents and relatives. The annual review was comprehensive and examined pertinent areas such as pain management, medicines management, nutrition and complaints management. Areas for improvement were identified and improvements for the coming year were included. The inspector saw that these were implemented

There was weekly monitoring of a key performance indicators including use of psychotropic medicines, pain management, restraint, pressure areas, falls and weight loss. The inspector noted that this data was effectively analysed and areas for improvement or change were identified.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

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

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

Findings:

Only the component in relation to contract of care was examined as part of this inspection.

The inspector reviewed a sample of residents' contracts of care and noted that contracts were signed and dated by the resident or their representative within one month of admission. The contract set out the services to be provided, the overall basic fee for the provision of care and services, any monies received from state support schemes and the residual fee for which the resident was liable as applicable to each resident. Details of any additional services that may incur an additional charge were included.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse with clear lines of authority, accountability and responsibility for the provision of service.

The person in charge had been in post since July 2001 and was also the provider nominee. The roster reflected that the person in charge was employed full-time and had retained a strong clinical role. The person in charge was a nurse with more than three years experience in the area of nursing of the older person within the previous six years. The person in charge had attained a post-graduate qualification in health services management in 2008.

The person in charge provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people. The person in charge had recently completed additional training in the area of palliative care including the European Certificate in Essential Palliative Care. The person in charge had also completed a 'train the trainer' program in elder abuse.

While speaking with the inspector, the person in charge demonstrated comprehensive knowledge of residents, their care needs and a strong commitment to ongoing improvement of the quality of the services provided. She was seen and reported to be visible, accessible and effective by staff, residents and relatives. Residents and relatives were observed to be relaxed and comfortable in her presence.

The person in charge demonstrated good knowledge of the relevant legislation and her statutory responsibilities. As provider nominee, the person in charge had enhanced authority and responsibility for the provision of the service.

Judgment:

Compliant

***Outcome 07: Safeguarding and Safety
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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted. However, some improvements were required in relation to the centre-specific policy, staff training and documentation in relation to restraint.

There were organisational policies in place in relation to the protection of vulnerable adults and response to allegations of abuse. The policies were comprehensive, evidence based and had been reviewed in 2014. However, the policy that dealt with the response to allegations of abuse required review as it did not contain an alternative reporting pathway if the allegation was made against the person in charge or a member of the management team.

Training records confirmed that staff had received training in relation to responding to

incidents, suspicions or allegations of abuse. The majority of staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. However, the inspector spoke to a member of staff who was not involved in direct patient care and the staff member was unable to clearly articulate what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. The training matrix indicated that this staff member had not completed the relevant training since 2009.

Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse.

The inspector was satisfied that there were transparent systems in place for the management of residents' finances which were guided by a comprehensive policy. Complete financial records that were easily retrievable and were kept on site in respect to each resident. The inspector saw that an electronic, itemised record of charges made to each resident, money received or deposited on behalf of the resident, monies used and the purpose for which the money was used was maintained. Invoices were seen to be all itemised. There was a system in place to verify that residents receive services, which are billed directly to the provider who then charges the resident.

A centre-specific policy in relation to meeting the needs of residents with behaviour that challenges was made available to the inspector and had been reviewed in April 2014. The policy was comprehensive and evidence based. Records confirmed that training was provided to relevant staff in the response and management of behaviour that is challenging.

Care plans demonstrated that there were clear strategies in place to support residents with behaviour that challenges. Staff were able to describe the strategies in use. Strategies demonstrated a positive approach to behaviour that challenges including the use of distraction techniques. Evidence based tools were used to record the antecedent, behaviour and consequence (ABC) of the behaviours. Multi-disciplinary input was sought when appropriate. Clear efforts were made to identify and alleviate the underlying causes of behaviour that is challenging

There was a centre-specific policy on the use of resident restraint, which included a direction to consider all other options prior to using restraint. The policy had been reviewed in April 2014. The inspector observed that while bedrails were in use, their use followed an appropriate assessment. The inspector noted that signed consent from residents was secured where possible and the use of bedrails was discussed with residents' representatives as appropriate. Multi-disciplinary input was sought when planning the use of restrictive procedures. A risk-balance tool was completed for residents prior to the use of a bedrail. The inspector saw evidence of ongoing monitoring and observation of a resident while a bedrail was in place.

The inspector saw that chemical restraint was used rarely and its use was in line with national guidance and evidence based practice. However, care plans in relation to supporting residents with behaviours that challenge required improvement as they did not always contain sufficient information in relation to the administration of prescribed 'as required' psychotropic medicines to ensure that these medicines are used

appropriately.

Judgment:

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

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

Findings:

Overall, the provider was committed to protecting and promoting the health and safety of residents, staff and visitors. The inspector noted that a proactive approach had been implemented in relation to risk management.

There was a health and safety statement in place which was last reviewed in April 2015. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy, which outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risks identified specifically in the Regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review.

The inspector saw that there was a comprehensive emergency plan in place, reviewed in September 2012 and covered events such as natural disasters and utility failure. An emergency box was easily accessible which included torches, blankets and emergency contact details to be used in an emergency. Provision was made to cover an event where the centre may be uninhabitable.

The inspector saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents.

Suitable fire equipment was provided throughout the centre including the laundry. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. Fire records were comprehensive, accurate and easily retrievable. The inspector saw that there was an ongoing schedule of training in fire prevention and associated emergency procedures and that training was facilitated four times per year. Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. The training matrix indicated that refresher fire training had been

completed by some staff members in May 2014 and the provider nominee outlined that training had been booked for July and August 2015 in order to capture all staff.

The fire alarm is serviced on a quarterly basis, most recently in April 2015. Fire safety equipment is serviced on an annual basis, most recently in February 2015. Emergency lighting and fire doors had been serviced annually, most recently in November 2014. Fire drills took place at least every six months. Records of daily, weekly and monthly fire checks were made available to the inspector. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident.

The training matrix confirmed that all staff were trained in the moving and handling of residents. Staff demonstrated a good understanding of the use of the hoist and contemporary moving equipments. Lifting and moving equipment was serviced in line with manufacturer's guidelines, most recently in October 2014. Each resident had a personalised manual handling plan which was reviewed every four months or more frequently if a resident's condition changes. The inspector spoke with staff who demonstrated knowledge of each resident's personalised manual handling plan and this was evidenced in practice. Hand rails and grab rails were installed throughout the centre.

Infection control practices were guided by centre-specific policies which had been reviewed in November 2014. Training was provided to staff and infection prevention and control practices were discussed at staff meetings. There was a contract in place for the disposal of clinical waste and records were maintained of removal and transport. Hand washing and sanitising facilities were readily accessible to staff and visitors. Designated hand washing facilities were provided in the laundry and sluice rooms. Access to high risk areas, such as the sluice, was seen to be restricted at all times. Staff stated that they had access to sufficient personal protective equipment such as aprons and gloves. The inspector spoke with a member of housekeeping staff. There was evidence of a regular colour-coded cleaning routine that adequately prevented against cross contamination. There was a regular schedule for deep cleaning. There was evidence of good communication in relation to healthcare acquired infections (HCAI) and cleaning staff were aware of appropriate cleaning requirements for any HCAI. The inspector observed that alginate bags were used appropriately to segregate linen.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

Residents were protected by the designated centre's policies and procedures for medication management but improvements were required in relation to stock checks and the administration of medicines in a modified form, such as crushing.

The centre-specific policies on medication management were made available to the inspector which had all been reviewed in the previous three years. The policies were comprehensive and evidence based. The policies were made available to staff who demonstrated adequate knowledge of this document.

Medications for residents were supplied by a local community pharmacy. There was evidence of appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland. The inspector spoke with residents who were knowledgeable in relation to their medicines.

The inspector noted that medications were stored in a locked cupboard or medication trolley. The temperature of the medication refrigerator was monitored and recorded daily. Medications requiring refrigeration were stored appropriately. The overall management and storage of controlled drugs was safe and in accordance with current guidelines and legislation. However, the inspector noted that records did not reflect that stock balances of controlled drugs were checked that the handover of each shift in line with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

The practice of transcription was in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais. Staff with whom the inspector spoke demonstrated good knowledge in relation to medication management. The inspector observed the administration of medications by nursing staff and saw that the practice was in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais. However, the inspector noted that a medicine was administered in a modified form (crushed) and this was not individually prescribed by the medical practitioner on the prescription chart.

The inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

Records confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre.

The inspector saw that medication incidents were identified and reported in a timely manner. There was evidence that learning from medication incidents was implemented. A medication management audit was completed every two months. Learning from medication management audits was seen to be implemented.

Medications which are out of date or dispensed to a resident but are no longer needed

were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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

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

No actions were required from the previous inspection.

Findings:

There was evidence that timely access to health care services was facilitated for all residents. The person in charge confirmed that a number of GPs were attending to the needs of the residents and an "out of hours" GP service was available if required.

Records confirmed that residents were assisted to achieve and maintain the best possible health through regular blood profiling, multidisciplinary medication review, smoking cessation support and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital.

In line with their needs, residents had ongoing access to allied healthcare professionals including physiotherapy, dietician, speech and language therapy, occupational therapy and chiropody. The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including communication, recreation, mobility, personal care, nutrition, continence and sleeping. There was evidence of a range of assessment tools being used and ongoing monitoring of falls risk, weight and mobilisation. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives. The inspectors saw that care plans were person-centred and contained information that was specific and individually important for each resident.

Each resident had the right to refuse treatment. This was seen to be respected and documented appropriately in the patient record.

Wound management was seen to be in line with national best practice. Wound management charts were used to describe the cleansing routine, emollients, dressings used and frequency of dressings. Wounds were examined on a daily basis. The dimensions of the wound were documented and used to evaluate the wound on an ongoing basis. There was evidence of appropriate input being sought from specialist tissue viability services.

There was a strategy in place to prevent falls whilst also promoting residents' independence. The inspector observed that residents did not spend prolonged periods of time in bed and were encouraged to mobilise as much as possible. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every four months thereafter. A physiotherapist attends the centre on a regular basis and a regular low impact exercise session was facilitated for residents. The incidence of falls is monitored on an ongoing basis. Preventative measures, such as hip protectors, sensor mats and ultra low beds, were implemented.

Care plans were in place for residents who experience pain and were guided by evidence based practice. The care plans were comprehensive and outlined the non-verbal and verbal signs of pain, non-pharmacological interventions (such as relaxation or repositioning) and the pharmacological interventions prescribed appropriate to the residents.

Judgment:

Compliant

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

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

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

Findings:

The inspector noted that there was a centre-specific comprehensive complaints policy, last reviewed November 2014. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently.

The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. Complaints were seen to be investigated promptly.

Residents with whom the inspector spoke were able to identify the complaints officer, stated that any complaints they may have had were dealt with promptly and were

satisfied with the complaints procedure.

Judgment:

Compliant

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

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

No actions were required from the previous inspection.

Findings:

Residents received end of life care which met their individual physical, emotional, social, psychological and spiritual needs and respects their dignity and autonomy.

The centre-specific policy on end of life care was made available to the inspector and had been reviewed in May 2014. The inspector noted that the policy was comprehensive and evidence based. The inspector noted that policies informed practice among nursing and healthcare staff.

An end of life care plan assessment was available which guided staff in meeting each resident's physical, emotional, social, psychological and spiritual needs. The inspector reviewed a number of deceased residents' care plan and saw that the care plan assessments were appropriately used and residents' dignity and autonomy was respected.

Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit.

Access to specialist palliative care services was available on a 24 hour basis from Milford hospice home care team.

Discussions with residents in relation to end of life care were recorded which ascertained the resident's wishes on preferred place of death, spirituality and religion at end of life and funeral arrangements. The person in charge stated that residents were provided with the choice of a single room if they were not already in one as they reached their end of life. The centre-specific policy stated that, if possible, the option to go home for end of life care was facilitated. The inspector saw that this information was recorded in the resident's care plan and the care plans were reviewed and updated on a four monthly basis or more frequently if a resident's needs changed.

The inspector noted that any decisions not to attempt resuscitation were seen to be

based on clear clinical rationale and discussions and decisions were clearly recorded and reviewed as appropriate.

Family and friends were suitably informed and facilitated to be with the resident at end of life. Family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times.

Staff members and residents were all informed and support was given when appropriate. Residents were offered the opportunity to pay their respects to the deceased resident.

Family members were also given practical information with regard to bereavement. The end of life policy stated that personal possessions were returned in a sensitive manner. Staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

The inspector found the centre to be relaxed and person-centred. There was a good level of visitor activity noted by the inspector throughout the day and residents with whom the inspector spoke reported that there was no restriction on visitors. A quiet area was provided for residents to meet visitors in private.

Residents were consulted about how the centre was planned and run. A regular residents' meeting was facilitated and minutes from most recent meeting in December 2014 were made available to the inspector. The meeting was attended by seven residents and was chaired by the activities co-ordinator. Residents reported that they were given the opportunity to speak freely at these meetings and raise any concerns they may have. Feedback sought during this meeting informed practice and suggestions, e.g. new menu options, the removal of some items from the menu and ideas for trips out, were seen to be implemented. The results of the annual resident satisfaction survey (2014) were made available to the inspector which indicated a high level of satisfaction

with the quality and safety of care provided.

Residents' capacity to exercise personal autonomy and choice was maximised. Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals and their choice of activities. Residents were facilitated to personalise their bedrooms with photographs and furniture from home. Residents' routines were documented clearly in their care plans and staff were seen to respect these. For example, some residents enjoyed an early breakfast or a soft night light. Residents were observed to be offered a choice of activities and communal area. At mealtimes, residents were offered a clothes protector and were asked if they would appreciate assistance with their meal. The inspector observed that residents with dementia were given the freedom and space to stroll around the centre safely and to access their bedrooms and personal possessions throughout the day.

Residents are facilitated to exercise their civil, political and religious rights. Residents were conversant in current affairs and reported being afforded the opportunity to vote.

Mass was celebrated in the centre on regularly. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit.

The inspector observed televisions and radios in the communal areas. Residents also had access to televisions or radios in their bedrooms and newspapers were delivered every day. Access to the internet was available via WiFi and some residents were supported to use the internet to communicate with family abroad.

Residents' personal communications were respected and residents had access to a private telephone.

The inspector saw that residents received care that was dignified and respected their privacy at all times. Staff knocked and awaited permission before entering residents' bedrooms. Staff addressed residents by their preferred names. Screening curtains were used in shared rooms when personal care was delivered.

The person in charge confirmed that residents had access to an independent advocacy service.

Staff with whom the inspector spoke were aware of the different communication needs of the residents. Individual communication requirements were highlighted in care plans and reflected in practice.

The inspector observed that activities were provided for residents including gentle exercise, arts and crafts, live music and games. Residents can opt out of activities if they so wish.

Residents reported that they were supported to go out with family and friends for meals or to attend important family occasions. A resident with whom the inspector spoke was looking forward to a short holiday with a local community group.

Judgment:

Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

There was a planned roster in place. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated. The inspector observed that staff responded promptly to residents.

There was a registered nurse on duty at all times and a record is maintained of current registration details of nursing staff. Staff were observed to competently deliver care and support to residents that reflects contemporary evidence based practice.

A sample of staff files was reviewed and contained all of the required elements. The inspector saw that there was a selection of healthcare reading materials and reference books stored in the nurses' office. The inspector noted that copies of both the Regulations and the Authority's Standards were available. Staff were also able to articulate adequate knowledge and understanding of the Regulations and the Authority's Standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies; the programme reflected the needs of residents. Further education and training completed by staff included wound care, health and safety, infection prevention and control, food safety, medication management, nutrition and end of life care.

The inspector noted that regular monthly staff meetings took place. Topics discussed included complaints, infection prevention and control, nutrition, falls, equipment, training and documentation. A weekly bulletin was distributed to staff which communicated items such as falls prevention and upcoming training.

Staff were supervised appropriate to their role and a formal system of annual appraisal

had been implemented. The inspector observed and staff confirmed that the person in charge was approachable, supportive and retained a strong clinical role.

A centre-specific policy on recruitment, selection and vetting of staff, reviewed in April 2013, was made available to the inspector. The inspector noted that effective recruitment procedures were in place including the verification of references.

Judgment:

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:

Louisa Power
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 report¹

Centre name:	Padre Pio Nursing Home
Centre ID:	OSV-0000267
Date of inspection:	04/06/2015
Date of response:	07/08/2015

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Care plans in relation to supporting residents with behaviours that challenge required improvement to ensure that 'as required' psychotropic medicines are used appropriately.

Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is

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

challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

We will undertake a review of all care plans of Residents with behaviours that challenge to ensure that it is documented that PRN psychotropic medication is administered as appropriate and only after all other therapeutic interventions have been explored.

Proposed Timescale: 07/09/2015

Theme:

Safe care and support

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

The policy that dealt with the response to allegations of abuse did not contain an alternative reporting pathway if the allegation was made against the person in charge or a member of the management team.

Action Required:

Under Regulation 08(4) you are required to: Where the person in charge is the subject of an allegation of abuse investigate the matter, or nominate a person who is a suitable person to investigate the matter.

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

We have nominated an external Independent Nurse Consultant to investigate any matters dealing with allegations of abuse against the person in charge. Our policy has been amended to reflect this change.

Proposed Timescale: 07/08/2015

Theme:

Safe care and support

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

A staff member was unable to clearly articulate what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to; this staff member had not completed the relevant training since 2009.

Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

The staff member referred to has undertaken refresher training on Elder Abuse to ensure that she is clearly aware of the correct reporting procedures in response to any allegation, suspicion or disclosure of abuse. Elder Abuse training and Elder Abuse refresher training continues to be provided for all new and existing members of staff.

Proposed Timescale: 07/08/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Records did not reflect that stock balances of controlled drugs were checked that the handover of each shift in line with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

We have amended our practice to ensure that stock balances of controlled drugs at handover at each shift are in line with guidance issued by An Bord Altranais agus Cnáimhseachais.

Proposed Timescale: 07/08/2015

Theme:

Safe care and support

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

A medicine was administered in a modified form (crushed) and this was not individually prescribed by the medical practitioner on the prescription chart

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

This prescription was amended within 24-hours of inspection.

Proposed Timescale: 07/08/2015