

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Padre Pio House
Centre ID:	OSV-0000266
Centre address:	Churchtown, Mallow, Cork.
Telephone number:	022 23 789
Email address:	shane@padrepiohouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Inishan Nursing Homes and Company Limited
Provider Nominee:	Shane McCabe
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	52

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
29 August 2017 10:00	29 August 2017 16:00
30 August 2017 10:00	30 August 2017 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection at Padre Pio Nursing Home, Churchtown, Co. Cork. The purpose of the inspection was to monitor compliance with regulations and standards following an application by the service provider to renew registration. Documentation to support the renewal application had been submitted in keeping with requirements. Current registration is due to expire on the 19 February 2018. As part of the inspection process the inspector met with a number of residents, the person in charge, provider, relatives and visitors, persons participating in management and numerous other staff members. The inspector observed practices, the physical environment and reviewed governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records. The inspection also involved an assessment of health and safety provisions. The findings of the inspection are described under 10 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for

Residential Care Settings for Older People in Ireland. Previous inspections of the centre demonstrated that a high standard of care was provided in keeping with evidence-based practice. The last inspection of this centre took place on 6 September 2016. A copy of that report is available at www.hiqa.ie. The inspection at that time had focused on care in relation to residents with dementia or a cognitive impairment. The provider was responsive to regulatory compliance and demonstrated a willingness, commitment and capacity to implement any changes required. The inspector found that the centre operated in compliance with both the regulations and the conditions of its registration.

The service was delivered through Inishan Nursing Homes and Company Limited. Directors of this company act as person in charge and representative of the service providing entity. The company is responsible for the provision of service at the centre since it opened on its current location in 2001. The person in charge was supported by an assistant director of nursing; both were in attendance throughout the inspection process. The centre operated in keeping with its statement of purpose through a clearly defined management structure. Systems of delegation and accountability were in place. The centre was well laid out and provided facilities that were appropriately resourced in keeping with the assessed needs of residents. The premises and grounds were very well maintained. Residents had regular access to the services of a general practitioner (GP), and other healthcare professionals as required. Staff had received appropriate clinical and professional training. Management systems that supported accountability and supervision were in place. The centre promoted an approach that supported independence in keeping with the assessed abilities of residents and personal choice around how residents might wish to spend their day. The centre employed several activity coordinators with responsibility for providing an activity programme both during the week and at weekends. The safety of residents, staff and visitors at the centre was seen to be actively promoted and a centre-specific risk management policy was in place. The staff and management team demonstrated a commitment to the provision of a quality service providing person-centred care. The inspector spoke with residents and relatives during the inspection and also reviewed survey questionnaires. A high degree of satisfaction with the service was expressed through this feedback that included comments on staff being "very caring and helpful". The inspection findings were positive and compliant with the regulations. Actions from the previous inspection had been satisfactorily completed.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). A copy of the statement of purpose was readily available for reference.

It consisted of a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The statement of purpose was kept under review and was last updated in August 2017.

Judgment:

Compliant

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:

The centre was a well established nursing home operating under the private management of Inishan Nursing Homes Ltd. A company director represented the provider entity and was available throughout the inspection to provide information as necessary. Care was directed through the person in charge who was in attendance at the centre on a full-time basis. The assistant director of nursing was also available throughout the inspection. The inspector discussed all aspects of service provision with the management team, including resources, staffing and the quality review of clinical care. Governance was directed through a clearly defined management structure, as set out in the statement of purpose. The provider representative was an active member of management who routinely attended the centre meeting with staff, residents and visitors on a regular basis. Management systems to monitor the safety and consistency of service provision included a process of supervision through senior staff and regular clinical governance meetings. Management implemented a schedule of audits on areas of both clinical and non-clinical care. For example infection control and medication management, as well as resident and staff satisfaction surveys. The results of these audits were used to identify areas for focus in the quality improvement plan.

The centre was very well maintained. A comprehensive training programme, that reflected the assessed needs of residents, was in place. It was evident that resources were dedicated on a consistent basis for the maintenance of facilities and the professional development of staff. Management demonstrated a responsive approach to regulatory compliance and action had been taken as necessary to address areas for improvement identified on previous inspections. In keeping with statutory requirements an annual review of the quality and safety of care took place. This review included a summary review of audits and notifications as well as a proposed action plan and a timeframe for completion. The report reflected an assessment of the complaints process, and also feedback from residents and relatives based on questionnaires and surveys.

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:
There had been no change to this appointment since the previous inspection. The person in charge had extensive experience in clinical care and was qualified in keeping with the requirements of the post. The person in charge worked on a full-time basis and

was also accessible out-of-hours and at weekends. The person in charge was available throughout the course of the inspection, demonstrating a professional approach and an understanding of the statutory responsibilities associated with the role. The person in charge was supported by an assistant director of nursing who was also appropriately qualified and experienced for the role.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.***

Theme:

Governance, Leadership and Management

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

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

Findings:

Action to address issues identified on the previous inspection had been taken. Staff records that were reviewed were complete and in keeping with Schedule 2 of the regulations.

Throughout the course of the inspection good practice was evident in relation to maintaining records and documentation. Where information was requested by the inspector, the record was accessible and readily retrieved. Records reviewed were accurate and current. Resident records were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records. Other records to be maintained by a centre, as specified by Schedule 4, were in place. These included a log of complaints and records of notifications.

Policies, procedures and guidelines in relation to risk management were current and available as required by the regulations; these included fire procedures, emergency plans and records of fire-safety training and drills. Maintenance records for equipment including hoists, lifts and fire-fighting equipment were available. Current, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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):

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

Findings:

There was a policy and procedures in place for the prevention, detection and response to abuse that had been reviewed in October 2016 and referenced relevant legislation and guidelines. Records indicated that regular training on safeguarding and safety was provided. Staff members spoken with by the inspector had received relevant training and understood the recording and reporting systems in place. The inspector spoke with a number of residents and asked if they felt safe and well minded during their stay in the centre. These residents consistently remarked on the good care they received and the sense of wellbeing they felt. It was clear from these exchanges that the residents were also familiar with all members of senior management at the centre.

There was a policy and procedure in place on the management of residents' accounts and personal property. The inspector spoke with the provider who explained the related procedures. As identified on previous inspection, appropriate systems were in place to manage the finances and safeguard the belongings of residents. Management explained that residents were encouraged to be responsible for their own financial arrangements, either independently, or with the support of family and appointed representatives. The centre did not operate as pension agent for any resident and no funds were held on behalf of any resident in an account administrated by the centre. The inspector reviewed a sample of records where cash was held on behalf of a small number of residents. In these instances a record was maintained of individual transactions where entries were recorded and double signed. The figures checked reconciled with the balance of funds held in the sample reviewed.

Staff demonstrated a positive approach to the management of responsive behaviours and the psychological symptoms of dementia. A regular training programme was in place and the inspector spoke with staff who had received training appropriate to their role and were able to explain their understanding of strategies to support residents in coping with anxieties and confusion. Management and staff understood the definitions of, and differences between, enablers and restraints. The inspector reviewed the care plans of a number of residents where bed-rails were in use, for example, and noted that appropriate assessments and records of consent or consultation were in place as required. The inspector noted that assessments around the risk of such use, and

potential benefits in maintaining a safe environment, were regularly reviewed. A standardised audit tool was also in place to monitor and review circumstances of use.

Judgment:

Compliant

***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:

The centre had developed policies and procedures that were relevant to practice at the centre in relation to all areas of risk management and health and safety. There was a nominated member of staff with responsibility for health and safety, including routine checks of controls in relation to environmental risks and hazards. The risk management policy was kept under regular review and appropriately referenced the specific hazards identified as required by Regulation 26. There was a health and safety statement that was overdue review and management addressed this issue at the time of inspection. Procedures for responding to emergencies, such as loss of power or water, were set out in a related emergency plan that provided instructions and contact details as necessary. The centre maintained an emergency response plan and evacuation procedures with floor plans were displayed clearly at the centre. Personal evacuation plans were in place that assessed the mobility and assistance needs of each resident. The risk management policy referenced an active risk register that set out the controls and measures in place to manage a range of centre-specific environmental risks. Management had systems in place to record the circumstances of adverse incidents, such as falls, which were then reviewed to identify any trends or common factors that could be acted on as part of the quality improvement plan. A review of practice around manual handling had taken place since the last inspection. Learning from any incidents investigated was communicated to staff as part of the daily handover information, and also at staff meetings.

The premises and grounds were well maintained with suitable safeguards in place that included grab-rails and accessible call-bells in all rooms. Security measures included a visitors' attendance log and the use of closed circuit television (CCTV) in reception and corridor areas. Emergency exits were clearly marked and unobstructed. Access to areas of potential hazard, such as the laundry facility and sluice rooms, was restricted by keypad access. The inspector discussed cleaning protocols with staff who had received relevant training in the area of infection control and were able to describe how the work they undertook was in keeping with best practice. Cleaning products and hazardous substances were securely stored. The centre had a nominated member of staff with responsibility for monitoring compliance with national standards for infection prevention

and control. Regular audits took place in relation to the occurrence of respiratory and urinary tract infections. The inspector noted infection control practices were observed and that staff utilised personal protective equipment and sanitising hand-gel as appropriate. Catering staff spoken with confirmed that they had received relevant training in HACCP (Hazard Analysis & Critical Control Point).

Action had been completed since the last inspection to ensure that all staff had received current training in relation to fire-safety. A nominated member of staff held responsibility for the supervision of participation and learning on fire-drills. The inspector spoke with a number of staff who had participated in regular drills and who were able to explain how the alarm system worked. A fire-safety register was in place where daily, weekly and monthly checks were recorded to ensure ongoing precautions. Suitable fire equipment was available throughout the centre, and regular service and maintenance documentation was in place for this equipment. Records were available that showed the fire alarm was serviced in keeping with regulatory requirements. Emergency lighting was regularly checked and serviced annually, however quarterly certification was not in place.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed practice and procedures in relation to the management of medicines with a member of nursing staff. There was a comprehensive policy covering the required areas of managing medicines, including protocols on ordering, prescribing, storing and administration. The policy had been reviewed in December 2016. The policy set out procedure for the transcribing of prescriptions and a member of nursing staff demonstrated how documentation was maintained in keeping with this procedure, with entries co-signed by a suitably qualified member of staff. The inspector noted that storage facilities for all medicines were orderly and secure in keeping with requirements. Appropriate access and security protocols were in place for controlled drugs. Where medicines were stored in a fridge the temperature was monitored and recorded on a daily basis.

A member of nursing staff demonstrated how medicines were administered in keeping with the directions of the prescriber. A protocol for referring to the prescriber in instances where a resident might continuously refuse medicine was in place. A sample

of prescription records was reviewed by the inspector that contained all relevant biographical information, including a photograph of the resident. The prescribing of PRN medicines (a medicine taken only as the need arises) included information on the recommended maximum daily dosage. Where residents required their medicines to be crushed prior to administration, authorisation by the prescriber was documented. The inspector spoke with members of nursing staff who confirmed that their training on managing medicines was regularly updated and that appropriate support around training and audit was provided by the pharmacist. Staff had access to compliance aids to assist them in identifying medicines if necessary. A signature bank for all administering nursing staff was maintained. At the time of inspection no residents were self-administering their medication.

Judgment:

Compliant

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):

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

Findings:

This outcome was assessed as substantially compliant on the last inspection in September 2016. Similar components of care were reviewed in relation to the general profile of resident needs during this inspection and there was positive compliance across the areas assessed. Management confirmed that there was a preliminary assessment of the health and social care needs of residents as part of the pre-admission process, and that a further comprehensive assessment of overall needs, abilities and preferences took place following admission. These assessments were used to develop care plans that specifically addressed the needs identified for residents. The centre completed a social profile for each resident on admission that reflected work and family background, as well as life interests and hobbies. The centre was well resourced for recreation and supported community engagement. The centre provided suitable transport for small groups of residents on outings, and regular visits took place between residents from the centre and those of another nursing home in the area. There were nominated staff with responsibility for ensuring that a well developed programme of activities was in place. The inspector reviewed the activities programme with these staff and saw that the range of activities provided was diverse and included music, art and craft therapies and individualised engagement for residents with a cognitive impairment. A record of these

activities was maintained for each resident that indicated residents were actively engaged in a recreation appropriate to their preferences and assessed abilities. There were regular card games in the evenings and on the day of inspection there was live music taking place. The inspector spoke with residents about how they spent their day and residents were very positive in their feedback about the variety of activities, choice of food, and how they spent their day. Visitors were complimentary of the facilities provided and commented on good communication around the care of their relative. The centre was very well laid out with a choice of communal and private areas to meet visitors. As identified on previous inspection the environment was very well developed to support residents who might have a cognitive impairment with excellent use of environmental stimuli such as water features, natural light, murals, themed furnishings, flowers, music and decoration. The grounds were very well maintained and supported recreation for residents. There was a polytunnel for residents with a gardening interest that also provided cut flowers for activities. There was an emphasis on animal interests with a chicken run and paddock for two donkeys, and also a small aviary in the centre itself. A barbecue area was set up with seating for outside activities in fine weather.

The care plans examined as part of the sample on this inspection were clearly laid out with individualised assessments, and related plans of care, that reflected comprehensive and regular review. Resident assessments were undertaken in keeping with evidence-based practice. Validated tools were used to assess needs in relation to nutrition, cognition and skin integrity. Each resident had a care plan that had been developed based on their assessed needs. Signed consent forms were in place and communication notes indicated that residents and their family were consulted when developing plans of care. Senior nursing staff were able to describe effective access to relevant allied healthcare practitioners such as physiotherapy, occupational therapy, dietetics and speech and language therapy. There was also good evidence of input by these resources on the care plans reviewed. Specific care plans were in place as necessary for residents with particular needs around diabetes or the management of a wound, for example. The centre had access to the services of a tissue viability nurse if necessary. Consultancy services in psychiatry and gerontology were available on referral. Supplementary files were in place that contained correspondence relating to hospital transfer arrangements and general medical notes. Residents were regularly assessed in relation to issues of mobility, and related plans of care provided the necessary information on any specialist equipment required, and the number of staff needed for assistance. Arrangements were in place to ensure that residents were provided with regular access to the services of a dentist and optician. At the time of the inspection, there were no residents at the centre experiencing significant weight loss or receiving end-of life care, and no residents were presenting with a pressure sore. The inspector discussed the healthcare circumstances of several residents with various staff members and all were consistent in their understanding of the directions around care, as reflected in the care plans.

Judgment:
Compliant

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

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

No actions were required from the previous inspection.

Findings:

This aspect of care was reviewed as part of health and social care needs during the last dementia focused inspection and was found compliant as assessed at that time. There was a food and nutrition policy in place that provided detailed guidance to staff on aspects of care such as the management of fluids and hydration, percutaneous endoscopy nutrition systems and nutritional care planning, for example. Staff spoken with were able to explain their understanding of this guidance and describe effective practice in relation to managing dysphagia and the importance of nutrition to wellbeing in general, particularly in relation to specific health issues such as diabetes. The inspector spoke with both kitchen and care staff about communication and systems to ensure that residents were provided with nutrition and hydration appropriate to their needs. Staff described the use of a communication folder that recorded relevant information and was regularly updated by nursing staff for new admissions, or where the assessed needs of a resident may have changed. Staff spoken with were able to explain how to assist residents with particular issues around swallowing; they had also received training in relation to the thickening of fluids and modification of meal consistencies. A menu audit had taken place and a copy of the report was available for reference that had been reviewed by a dietician.

Residents spoken with by the inspector remarked positively on their experience of food at the centre, that it was 'like a hotel' and that they were able to choose what they wanted to eat from a menu that was changed regularly. On the days of inspection the inspector noted that menus of choice were displayed for reference and residents were seen to enjoy their meals which were well presented and looked appetising. The dining area was nicely decorated and set up for small groups and individuals. Tables were set with cutlery, napkins and condiments. The room was sunny and bright with natural light and residents were seen to be able to use curtains for shade and comfort if necessary. The inspector noted that a refreshments trolley went around offering residents snacks and drinks during both the morning and afternoon. On the second day of inspection there was a musical performance in the atrium and some residents were seen to enjoy a beverage at this time.

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):

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

Findings:

The inspector reviewed the staff rota and was satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. Supervision was directed through the person in charge with the support of an assistant director of nursing. Since the last inspection a member of nursing staff had been promoted to clinical nurse manager, with designated duties in relation to the provision of training and assessment of competencies. Regular staff meetings took place that were documented and available for reference. Daily handover meetings ensured that current information was made available to staff coming on duty. An appropriately qualified nurse was on duty at all times. There were two nurses on duty overnight. Copies of the standards and regulations were readily available and accessible by staff and management maintained a signed record of staff having familiarised themselves with policies and guidance as required.

The inspector reviewed the training matrix and identified that training was regularly delivered in mandatory areas such as fire-safety, safeguarding and manual handling. Management monitored staff training renewal dates. Additional training was accessible to staff that was in keeping with the needs profile of residents. Training in hand-hygiene, medication management and dysphagia had last been delivered in August 2017. Training had also been provided in wound management and infection control. Almost all staff had received training in the management of responsive behaviours or communication for residents with dementia.

The centre had relevant policies on recruitment, training and vetting. A member of staff explained the induction process for new staff that included mentoring and competency assessments. The inspector reviewed employee records and noted that documentation was in place as required by the regulations, including relevant Gárda vetting forms. At the time of inspection there were no volunteers at the centre.

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:

Mairead Harrington
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 House
Centre ID:	OSV-0000266
Date of inspection:	29/08/2017 and 30/08/2017
Date of response:	14/09/2017

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 08: 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:

Certification for emergency lighting was not in place on a quarterly basis.

1. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

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

Certificate for emergency lighting has been obtained and issued on 31/08/2017.

Proposed Timescale: 31/08/2017