

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Padre Pio Rest Home
Centre ID:	OSV-0000269
Centre address:	Cappoquin, Waterford.
Telephone number:	058 54 117
Email address:	padrepioresthome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Margaret Martin
Provider Nominee:	Margaret Martin
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	3

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: 12 May 2016 09:30 To: 12 May 2016 14:45

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 03: Information for residents	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	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major

Summary of findings from this inspection

A triggered unannounced inspection was undertaken in response to information received by the Health Information and Quality Authority (HIQA) with regards to the condition of the premises and discharge procedures of residents. Issues in relation to premises remain the same as on all previous inspections therefore this concern was substantiated. However, some refurbishments had taken place which are outlined under Outcome 12 in the report.

HIQA acknowledge that the provider has made continued attempts to address the premises but is dependent on the decisions of other agencies in order to do so. The provider is not in control of this matter and has provided evidence of continued attempts to address it so that the building works can proceed. This involves an extension to the premises and reduction in the number of shared bedrooms, additional communal space and upgrading of the current facility. The provider has demonstrated a commitment to undertaking the works as soon as planning permission is granted. The provider has been granted an extension by HIQA to June 2017 through the application to vary conditions of registration.

The inspector also reviewed the action plan from the previous inspection and added a further two outcomes to this inspection which included information for residents and statement of purpose and function.

While there were residents who had been discharged to other services the inspector observed that the process of discharge planning was in line with best practice and in accordance with the terms and conditions as outlined in the contract of care. The inspector found that this concern was not substantiated. The inspector also followed up on any actions arising from the previous inspection of 6 October 2015. The majority of actions had been completed with the exception of the premises. To this end planning proposals are being progressed but have not been completed.

Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

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 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 statement of purpose set out the services and facilities provided in the designated centre. However the statement of purpose was not kept under review by the provider and had been updated since 2014. It did not contain all the requirements of Schedule 1 of the Regulations. For example the information set out in the certificate of registration was not included.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

A Resident's Guide was available to each resident which described the services and facilities provided by the centre.

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations as they included adequate details of the services to be

provided and the fees to be charged. The contracts of care clearly outlined the circumstances under which a resident can be discharged or a contract terminated.

It also outlined the period of notice given to leave the centre. The inspector observed that where residents had been discharged to another service provider discharge decisions were based on assessment and in accordance with the residents care plan. It was also noted that residents were discharged in a planned manner and the discharge arrangements were discussed planned and agreed with the resident and their relatives.

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:
On the previous inspection, the provider did not have all of the documentation required by Schedule 2 for staff including two references, one from the most recent employer. There was no evidence of verification of the information provided.

On this inspection the inspector reviewed a sample of three staff files. All the required documents as specified in Schedule 2 of the Regulations were present.

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.

<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: On the previous inspection it was found that practice in decision making, clinical overview and consent for the use of bed rails as methods of restraint was not in accordance with national policy on the use of restraint. It was also found that there were not systems in place to consistently monitor the suitability and safety of bed rails used.</p> <p>In response to the required actions from the previous inspection the inspector observed that the policy on restraint had been reviewed in May 2015. The use of restraint in the centre had reduced since the last inspection. Alternatives to restraint had been purchased and made available. These included three low, low beds. There were six residents using bed rails on the day of inspection. Risk assessments had been completed for residents who required bed rails. These restraints were checked regularly when in use and records were viewed by the inspector. There was evidence that consent of the resident or a representative had been sought or that where a clinical decision had been made for the use of restraint.</p>
<p>Judgment: Compliant</p>

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

<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: On the previous inspection it was found that staff had not received suitable training in fire safety and manual handling. Only the component of fire and manual handling training was considered on this inspection. The inspector reviewed the training records and found that all staff had up to date fire safety training and manual handling.</p>
<p>Judgment: Compliant</p>

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

On all previous inspections it was found that the design and layout of the premises did not meet the needs of the residents including adequate private and communal space and suitable facilities for use by residents. It was also found that the premises was not kept in good state of repair. There was not adequate space for personal possessions and rooms were not of a suitable size and layout for resident needs. There was not adequate screening to protect residents privacy.

In response to the required actions from the previous inspection the provider had carried out some refurbishments. The inspector saw that the centre was being painted internally. In a twin room the en suite had been closed off as space was limited in this room and a wash basin had been fitted instead. An extra toilet had been installed for resident use.

The provider is not in control of this matter and has provided evidence of continued attempts to address the premises so that the extension can proceed. The provider has demonstrated a commitment to undertaking the works as soon as permission is granted.

As on all previous inspections the design and layout of the centre remains unsuitable for its stated purpose and the number of residents. The centre has four single bedrooms without en suites and another 12 single bedrooms with en suite toilet and wash-hand basin. There are four twin bedrooms with wash-hand basins. There was no adequate or suitable storage for essential equipment such as wheelchairs, commodes or hoists. Inappropriate storage of equipment presented hazards in relation to both infection control and the risk of accidental injury to staff or residents.

Hallways were narrow and did not facilitate the independent movement of residents with mobilisation aids. The sluicing and laundry areas were not appropriate to the size of the centre and did not comply with best practice infection control in terms of equipment and wall and floor finishes. The staff toilet was accessed via the entrance to the sluice room. Commodes were stored in bedrooms and in some instances this prevented a resident having a chair in the bedroom. The shared bedrooms did not allow for personal care to be delivered in privacy or the use of equipment without moving the resident beds. These issues have been identified throughout all previous inspections. To this end planning proposals are being progressed but have not been completed.

Judgment: Non Compliant - Major

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:

Ide Cronin
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 Rest Home
Centre ID:	OSV-0000269
Date of inspection:	12/05/2016
Date of response:	02/06/2016

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not contain the information set out in the certificate of registration.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

Statement of purpose will be updated and will include the information set out in the certificate of registration.

Proposed Timescale: 30/06/2016

Theme:

Governance, Leadership and Management

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

The statement of purpose was not kept under review by the provider and had been updated since 2014.

2. Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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

As above statement of purpose will be updated to include all relevant information and will review yearly going forward.

Proposed Timescale: 30/06/2016

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:

To ensure that the design and layout of the premises meets the needs of the residents including adequate private and communal space and suitable facilities for use by residents.

3. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Negotiations continue with Waterford City & County Council and Transport Infrastructure Ireland regarding progress on our planning permission. In the meantime, we are in the process of upgrading the present building;

-Redecorating is already in progress
-plans are in place to remove the toilet from the sluice room and upgrade the sluice room
-kitchen being extended and upgraded
-toilet and changing room for kitchen staff is being built
-portacabin being installed to include staff room facilities, laundry room and storage room for wheelchairs, commodes and hoists
-new reception area and offices
-present office space to be transformed into a storage room
-double doors to be installed on the narrow corridor in centre of house making rooms from this corridor more assessable to wheelchairs and bring more light onto the corridor
-screening to be lengthened in all shared bedrooms to ensure privacy and dignity to residents.

Proposed Timescale: 30/06/2017

Theme:

Effective care and support

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

Ensure that the premises are kept in good state of repair.

4. Action Required:

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

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

The premises are under refurbishment. Screening is to be altered to ensure privacy and dignity to residents in sharing rooms. Further alterations to the current building, see action plan above.

Proposed Timescale: 30/06/2017