



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Padre Pio Nursing Home
Name of provider:	Galfay Limited
Address of centre:	50-51A Cappaghmore, Clondalkin, Dublin 22
Type of inspection:	Unannounced
Date of inspection:	12 April 2022
Centre ID:	OSV-0000082
Fieldwork ID:	MON-0036690

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Padre Pio Nursing Home is a two-storey building comprising of three houses which have been joined together and extended. There are five single bedrooms & 13 twin bedrooms, to accommodate 31 Residents in total. Twenty two beds are located on the 1st floor, which is served by a Platform lift and two chair lifts. Nine beds are located on the ground floor. It is located in a quiet residential area close to the village of Clondalkin. It is also in easy access of Lucan, Palmerstown, Ballyfermot and Liffey Valley Shopping Centre.

Long term care is provided for persons, male and female, over 18 years old, but predominately in the older age group. Care can be provided to residents who have acute or chronic illnesses, dementia, impairment in memory, judgment, language skills and deterioration in social skills. Respite care is also provided to those persons of a similar age bracket who require care & support for whatever amount of time is required, depending on bed availability at the time. Residents of all religions are welcome.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 April 2022	08:30hrs to 16:25hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

The centre was well managed by a management team who were focused on improving resident's well being. There were effective management structures in place that ensured care was provided in a safe and sustainable way. However action was required with regards to records, notifications, infection control and premises.

Galfay Limited is the registered provider for Padre Pio Nursing Home. The centre had its own internal governance structures, with clearly defined roles and responsibilities. The person in charge, is supported to carry out their role by two clinical nurse managers (CNM's). Staff were supervised in their roles by the person in charge and CNM's providing oversight of care and supporting staff in their work.

Management and staff meetings were held on regular occasions in the centre to ensure that there was adequate monitoring and oversight of the care being delivered in the centre. The oversight of clinical and non-clinical data was discussed. Quality improvements were seen to be discussed in records reviewed, such as the development of monthly clinical audits on medication, care plans and restraint. There was clear evidence of learning and improvements being made in response to these audit reports. Significant work had been completed to update policies in the centre to ensure that they were centre specific and aligned with the services provided.

The registered provider was aware of their regulatory requirement to notify the Chief Inspector of notifiable incidents that occurred in the centre. However not all occasions where a restrictive practice had been implemented had been notified to the chief inspector as per schedule 4 of the regulations.

There was a maintenance programme which included painting the centre for 2022 and the servicing of equipment, however not all items were included in the equipment schedule, for example the oxygen concentrator was not serviced since 2018.

Resident and staff records were not securely stored. Resident records were found to be in an unlocked filing cabinet. Staff records were stored in the visitors' room in an unlocked filing cabinet. This was rectified on the day of inspection.

An annual review had been completed for 2020, it included consultation with residents and a quality improvement plan from 2021 is currently being prepared. Resident surveys had been distributed to residents and families on three occasions in 2021, all with positive feedback.

Capacity and capability

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Regulation 21: Records

Records set out in schedule 2 and 3 were not secured in safe and accessible manner. Resident and staff files were in unlocked filing cabinets on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were inadequate to ensure that the service provided was safe, appropriate, consistent and effectively monitored, for example

Whilst there was a maintenance programme of equipment, no all equipment was included for example the oxygen concentrator was not serviced since 2018. The oversight systems in place did not enable and ensure information was confidentially maintained in the designated centre.

No signage was on the treatment door to alert staff to the storage of oxygen in the room.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all occasions of restraint were notified to the Chief Inspector as set out in Schedule 4 of the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulations 2013. A door lock restricting residents' access and exit was not included in the quarterly notification returns.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies were available as set out in Schedule 5 and were reviewed at intervals not exceeding three years or as necessary in accordance with best practice. Relevant policies for the management of the COVID-19 pandemic had been developed. These included infection control, visiting and cleaning protocols.

Judgment: Compliant

Quality and safety

Residents had access to good quality health care and were able to choose how they spent their day and could receive visitors in the centre. Action was required in respect to infection prevention and control practices and premises.

The inspector reviewed a sample of residents' care records to ensure that their health, social and personal needs were being met. A comprehensive assessment was seen to be carried out for all residents prior to admission. All care plans reviewed were seen to be prepared within 48 hours of admission and that care plans were consistently reviewed every four months.

Efforts were made to identify and alleviate the underlying causes of responsive behaviours (behavioural and psychological symptoms of dementia). Care plans in relation to responsive behaviours showed techniques that would help to distract and reassure the resident at the time. Records showed that restraints were only used following a comprehensive risk assessment.

Residents had good access to general practitioners (GP). Two GPs visited the centre weekly or as required. There were arrangements in place for residents to access geriatrician and psychiatry of old age services through a referral system. Residents had access to allied health care services. These services included, amongst others, physiotherapy, speech and language therapy, dietetic, chiropody and occupational therapy. Residents who were eligible were seen to have access to the National Screening Programmes.

Residents had access to TV, radios, newspapers and religious services. Resident meetings had occurred four times during 2021 and in one meeting had been held in February 2022. Minutes showed good attendance from residents, issues discussed included Covid-19 updates, menus and activities including planning an excursion out of the centre.

On the day of inspection inspectors observed that residents could receive their visitors in the privacy of their bedrooms or a visitor's room in line with the Health Protection and Surveillance Centre (HPSC) guidelines on visits to nursing homes.

The premises were decorated to include dementia inclusive design and appropriately decorated to aid orientation and create a stimulating and interesting environment for the residents. Improvements were required in premises, paint work was chipped in communal areas and bedrooms, however this was identified on the maintenance schedule for 2022, painting was planned to be carried out this year. There was inappropriate storage of equipment in areas which could pose a trip hazard for residents or impact residents if the area was required during an emergency evacuation. For example wheelchairs were blocking access to the cleaner's room in the corridor, these were removed on the day of inspection. Staff reported that chairs

were to be collected later in the week.

Many multi-occupancy rooms did not afford each resident a minimum of 7.4 square metres of floor space to include bed chair and personal storage. The measured space behind one resident's privacy curtain was 3.1 square metres which only included the bed. Action was required to ensure that the layout of multi-occupancy bedrooms were designed to ensure that residents' right to privacy was maintained, when accessing their clothes and other belongings stored outside their personal space.

Available communal dining space was inadequate for the number and dependency of residents living in the centre, residents who required support with their meals dined in the sitting room or in a seating area outside the day room. Communal accommodation was not always available to residents as the dining room was shared with staff who did not have a separate staff facility. This is further discussed under Regulation 17: Premises.

A comprehensive risk register had been developed which included both clinical and non-clinical risks. Accidents and incidents were reviewed in a timely manner and appropriately responded to. In line with current guidance, a COVID-19 contingency and preparedness plan had been developed, with input from the senior management team within the centre and from relevant external departments such as public health and infection prevention and control. However action was required to follow up on issues identified in a health and safety report from an inspection carried out in June 2021, in areas related to fire safety. There was no signage to alert staff that oxygen was contained in a treatment room. One large oxygen cylinder was secured in a trolley and there were four small oxygen cylinders on the floor.

The provider had put in place enhanced measures to limit and control the spread of infection, which included twice daily temperature checks for residents, staff monitoring for symptoms and infection prevention and control training for staff. Records viewed confirmed daily and terminal cleaning schedules were in place. Infection control and hand hygiene audits were seen to be carried out at regular intervals with corrective action plans and learning identified. However the inspector found that further action was required with some infection prevention and control practices in the centre. All hand soaps were contained in bottles on hand wash sinks, which may lead to cross contamination. Soft furnishings in communal areas did not lend to effective cleaning between each use, this is further discussed under Regulation 27: Infection Control.

Regulation 11: Visits

The provider has made suitable arrangements for residents to receive visitors. The centre's visiting policy had been updated to include the latest guidance from the Health Prevention Surveillance Centre. Each resident had a visiting care plan which

identified the nominated person.

Judgment: Compliant

Regulation 17: Premises

The registered provider failed to provide appropriate premises to ensure residents' needs were met in accordance with the centre's statement of purpose.

- The size and layout of the multi-occupancy rooms did not meet regulatory requirements and there was no clear plan to address this.
- In the 11 multi-occupancy rooms viewed by the inspector, residents did not have access to their belongings and seating in their personal space. For example one bed had the privacy curtain surrounding the bed, giving that resident 3.1 square metres of floor space. The personal space available for the second resident in that double bedroom measured 3.7 square metres. Another double room gave both residents 3.76 square metres of floor space. Residents did not have access to seating or their personal belongings within their floor space.
- Available communal and dining space was inadequate for the number and dependency of residents living in the centre. For example residents who required assistance with their meals were not accommodated in the dining room, they sat in the dayroom or seating area outside the dayroom. There was no record of this preference in their care plan on the day of inspection. Communal accommodation was not always available to residents, as the dining room was shared with staff.

Judgment: Not compliant

Regulation 27: Infection control

The following issues important to good infection prevention and control practices required improvement:

- Soap dispenser were available at every hand sink however were not wall mounted and not suitable for effective cleaning in between use increasing the risk of cross contamination.
- Soft furnishings in communal areas were on a cleaning schedule however

they were difficult to clean effectively between resident use. For example one chair was not available to residents and was turned to face the wall. Other seating had arms torn and could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were carried out prior to the admission of residents to the centre, Care plans reviewed were found to be prepared within 48 hours of admission and reviews were carried out four monthly or as required. There was evidence of consultation with residents and families.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to general practitioners (GP), geriatrician and psychiatry of old age specialists and allied health care services. Residents who were eligible were seen to have access to the National Screening Programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A positive approach to managing responsive behaviours was taken by the registered provider, and as a result when residents required support they were treated with kindness and respect by staff. On reviewing case records there was evidence of the least restrictive intervention being used. For example one ABC record (Antecedent-Behaviour- Consequence chart) provided details of staff interventions to provide comfort to a resident. Medication was only offered after alternatives were trialled.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities co-ordinated by staff on the day of inspection. Residents had access to radio, television and newspapers.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Padre Pio Nursing Home OSV-0000082

Inspection ID: MON-0036690

Date of inspection: 12/04/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: This was a one-off incident due to Human error. All staff have been reminded of the need for greater vigilance in keeping the record storage press locked when not in use. Senior management will monitor compliance in this area.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Maintenance programme for equipment has been reviewed and all Items for servicing are now included. Service Plans are up to date. The PIC will monitor the system as part of the monthly PIC audit to identify any gaps, and follow up with the service provider to ensure equipment is serviced as recommended by the Manufacturer.</p> <p>We will continue to be proactive in auditing our Building on an annual basis to identify areas where the Health & Safety of Residents and staff can be improved. Any actions required will be attended to in order of priority starting with areas of higher Risk, followed by lower risk items (as noted on the day of inspection)</p> <p>Sinage to Inform controls required for the safe use of Oxygen is in place in line with our Oxygen Policy. It is attached to the stand that holds the oxygen cylinder and is placed in a prominent location wherever the administration of oxygen takes place. We have added another sign at the entrance to the Nurses office where the oxygen is stored.</p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Following a review of the requirements for the Quarterly notifications to HIQA we will include the front door locks in use on our 3 front doors.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We are in the process of conducting a review of the Multi occupancy rooms in the Nursing Home.</p> <p>The review aims to –</p> <ol style="list-style-type: none"> 1. Assess compliance with the Health Act 2007 (Care & welfare of Residents in Designated Centre’s for Older People) (Amendment) 2016 2. Risk Assess and Mitigate any Potential impacts on residents residing in a shared room. 3. Ascertain Residents (And/Or their representatives) views, satisfaction, Will and preferences in respect of their existing bedroom and if desired any future bedroom accommodation 4. Review the contractual obligations between existing residents and the Nursing Home. <p>We expect to complete the review at the end of August 2022, and the findings will be shared with the Authority.</p> <p>To date we have looked at the layout of all the shared bedrooms, in particular the placement of furniture and Privacy curtains to ensure that both occupants of the room have access to their belongings and the shared en-suite (where available) ,</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Wall mounted soap dispensers have been procured and will replace the current hand pump dispensers.</p>	

Soft furnishings that cannot be cleaned between resident use will be removed from use. Chairs are on a continuous cleaning schedule and this will continue.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall 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.	Not Compliant	Orange	31/08/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	08/06/2022

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	08/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/07/2022