



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

Issued by the Chief Inspector

Name of designated centre:	Padre Pio Rest Home
Name of provider:	Cappoglen Limited
Address of centre:	Kilderrihean, Cappoquin, Waterford
Type of inspection:	Unannounced
Date of inspection:	09 November 2022
Centre ID:	OSV-0005581
Fieldwork ID:	MON-0036257

About the designated centre

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

Padre Pio Rest home is registered to provide care for up to 24 residents. It is situated in a rural scenic location on the outskirts of Cappoquin town. It is a single story building which has undergone a number of extensions and substantial renovations over the years. The centre provides a mixture of single and twin bedrooms. There are 16 single bedrooms, 12 of these have en-suite facilities and there are four twin bedrooms with wash-hand basins. There are additional bathrooms, shower rooms and toilets conveniently located for residents use. Communal accommodation includes a large sitting room including a sun room, a dining room and an oratory. There is plenty of outdoor space with tables, chairs and walkways around the centre for residents enjoyment and use. Padre Pio Rest Home is entirely smoke free zone since 2014. Staff, residents and visitors are not permitted to smoke in the premises of Padre Pio Rest Home. The centre is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services. The centre employs its own activity co-ordinators to provide social activities for the residents. A multidisciplinary team is available to meet resident's additional healthcare needs including weekly physiotherapy services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
Wednesday 9 November 2022	09:00hrs to 17:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

The atmosphere in the centre was calm and relaxed, and a sense of well-being was evident. The general feedback from residents was that they were happy living within the designated centre. Residents' comments regarding staff were very positive, reporting to the inspector that the staff were "very kind" and that "they couldn't do enough for you". From the inspector's observations, staff appeared to be familiar with the residents' needs and preferences, and were respectful in their interactions. All residents who spoke to inspector reported they felt safe and secure in the centre. On entering the building, the inspector was guided through the centre's infection prevention and control procedures, by the centre's registered provider representative (RPR). These processes included recording of temperatures, a declaration of being symptom free, completing hand hygiene and the wearing of face masks. Following an introductory meeting, the inspector was accompanied on a walk-around the centre. The inspector greeted all the residents on the day of inspection and spoke in detail with four residents and 1 visitor. The inspectors spent time observing residents' daily lives and care practices in order to gain insight into the experience of those living there.

The centre was homely and clean. Alcohol hand gels were available throughout the centre to promote good hand hygiene practices. The design and layout met the individual and communal needs of the residents'. The centre comprised of a single storey building with 16 single bedrooms and 4 twin rooms. Residents bedrooms were clean, tidy and had ample personal storage space. Lockable storage space was available for all residents. Many bedrooms were personal to the resident's containing family photograph and personal belongings. Pressure relieving specialist mattresses, cushions and fall prevention equipment were seen in some of the residents' bedrooms. Residents had access to two bathrooms and a shower room. Communal spaces were spacious and comfortable.

The lounge space had armchairs, bookshelves, and a large television. Communal spaces were spacious and comfortable. The dining room had a homely kitchen atmosphere with nicely decorated table. The main dining room had the daily menu displayed at the entrance door and contained a piano. On the day of inspection, residents utilised the dining room to read the newspaper, and partake in an exercise class activity as the lounge space was been used to facilitate manual handling training for staff. The centre had a large oratory which was used as a temporary office space and storage area on the day of inspection.

The centre was a tobacco smoke free centre since 2014. The inspector observed that the corridors were decorated with pictures and the entrance hall had mature potted indoor plants. Call bells were fitted in most bedrooms and bathrooms.

Residents had access to outdoor garden areas which were easily accessible. The garden areas were attractive with raised flower beds and garden benches. Residents

were seen walking around the garden area on the day of inspection.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was excellent. Residents told the inspector that they had breakfast in bed up to 10:30 if they wished. Home cooked scones were served for morning tea. The inspector observed the dining experience at dinner time. The dinner time meal was appetising and well present and the residents were not rushed. Staff were observed to be respectful when offering clothes protectors and discreetly assisted the residents during the meal times.

Personal care was being delivered in many of the residents' bedrooms and observation showed that this was provided in a kind and respectful manner. The inspector observed many examples of kind, discreet, and person-centred interventions throughout the day. The inspector observed that staff knocked on resident's bedroom doors before entering. Residents very complimentary of the staff and services they received. Inspectors observed residents calling staff by their first names and having good exchanges of conversations.

The inspector observed a centre where the rights and choices of the residents were promoted. The majority of residents spoken to said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to books, televisions and visits from friends and family. The activities programme for the month of November was displayed in the centre. On the day of inspection residents were observed reading the local newspaper, partaking in the rosary and enjoying an exercise class. The inspector observed residents having good humoured banter with each other during the day. Residents had access to weekly mass in the centre and mass was live streamed daily on the television in the living room.

The centre provided a laundry service for residents. All residents who the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The inspector observed that visiting was facilitated. The inspector spoke with one family member who was visiting. The visitor and the residents told the inspector that there was a booking system in place for visits. The visitor spoken to was very complimentary of the staff and the care that their family member received. The visitor knew the person in charge and was grateful to the staff for keeping their family member safe during the pandemic.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Overall this was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan following the previous inspection in May 2021. Improvements were found in relation Regulation 28; fire precautions. The centre had completed works to reduce the size of its largest fire compartment and had undertaken regular fire drills which had significantly reduced the time of evacuation procedures. On this inspection, actions were required by the registered provider to address areas of Regulation 5: individual assessment and care planning, Regulation 11: visits, Regulation 17: premises, Regulation 21: records and Regulation 27; infection prevention and control.

The registered provider had applied to renew the registration of Padre Pio Rest Home. The application was timely made, appropriate fee's were paid and prescribed documentation was submitted to support the application to renew registration.

Cappoglen Limited is the registered provider of Padre Pio Rest Home. There is one company director, who is the registered provider representative(RPR). The RPR is engaged in the day-to day oversight of the service from both an operational and clinical aspect and works full time in the centre. A notification of absence of person in charge was submitted to the Chief Inspector of Social Services within the required time frames. Appropriate arrangements were made for the running of the centre during the person in charges absence. The appointed person in charge who is the RPR, is a registered nurse and is supported team of registered nurses and health care assistants, an activity co-ordinator, catering, housekeeping and administration.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The Inspector noted that staffing levels was in accordance with the centre's statement of purpose but equally the centres beds were at reduced occupancy. Staff turnover was low. Several staff had worked in the centre for many years and were proud to work there. Staff were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. The inspector observed that manual handling training was taking place in the centre on the day of inspection. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

Overall electronic and paper based records were well maintained. Requested records were made available to the inspector throughout the day of inspection and records were appropriately maintained, safe and accessible. Improvements were required in staff records and this is discussed further under Regulation 21: records.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; falls, infection prevention and control, nursing documentation, and pressure areas. Audits were objective and identified improvements. Records of quality improvement meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Quality improvement management meeting agenda items included; corrective measures from audits, KPI's, care planning, fire safety and policy updates. The annual review for 2021 was submitted following the inspection. It set out the improvements completed in 2021; for example, the subdivision of the largest 12 bedroom compartment for fire safety, upgrade works to the laundry and the purchasing of new equipment such as alcohol gel dispensers and bins. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, adverse events, complaints and audits.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies. Policies and procedures as set out in schedule 5 were in place and up to date.

The complaints procedure was displayed at the entrance area and in corridor areas of the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A record of complaints received in 2022 were viewed. There was evident that the complaints were effectively managed and the outcomes of the complaint and complainants satisfaction was recorded. Residents confirmed that they would be happy to discuss a compliant or concern with any member of staff.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the requested fees were received.

Judgment: Compliant

Regulation 14: Persons in charge

The centre had a person in charge who had the appropriate management and qualification.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control, safe guarding vulnerable adults, managing behaviours that are challenging, and fire safety. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Records were stored in a safe and accessible manner.

A sample of staff files were viewed and were mostly compliant; improvements were required to ensure all staff references were in place and two of the four staff records inspected had gaps in staff employment history.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, infection control and quality of care. These audits informed ongoing quality and safety improvements in the centre.

There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care which outlined details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the

<p>Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.</p>
<p>Judgment: Compliant</p>
<p>Regulation 32: Notification of absence</p>
<p>Notification of the absence of the person in charge was notified to the Chief Inspector within the required time frame.</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.</p>
<p>Judgment: Compliant</p>
<p>Regulation 4: Written policies and procedures</p>
<p>Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre</p>
<p>Appropriate procedures and arrangements were in place for the management of the designated centre during the absence of the person in charge.</p>
<p>Judgment: Compliant</p>

Quality and safety

The rights of the residents was at the forefront of care in this centre. Staff and management were seen to encourage and promote each residents human rights through a person-centred approach to care. The inspector found that the residents well-being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Improvements were required in relation to the residents' individual assessment and care plans, visits, premises, and infection prevention and control.

While visiting was still being booked, there was no restriction to visits in the centre. Visits were seen to take place in the visitor's room and resident bedrooms. There were ongoing safety procedures in place for example; temperature checks, questionnaires and hand washing procedures.

The centre was not an agent for any residents pension. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided in the centre for residents.

The centre was clean and tidy. The overall premises were designed and laid out to meet the needs of the current residents. Alcohol hand gel was available in all communal and bedroom corridors. Most bedrooms were personalised and residents had ample space for their belongings. Overall the premises supported the privacy and comfort of residents. Grab rails were available in all corridor areas, toilets, bathrooms and shower room. However, some improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. The centre had a curtain cleaning schedule. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres staff meetings. IPC audits which included COVID 19 were evident and actions required were discussed at the centres quality improvement meeting. There was an up to date IPC policies which included COVID 19 and multi-drug resistant organism (MDRO) infections. The provider had continued to keep the occupancy of the centres four twin rooms to single occupancy since the previous inspection. Improvements were required in relation to infection prevention and control, this will be discussed further in the report.

The centre had a risk management policy that contained actions and measures to

control specified risks set out in regulation 26. The centre's risk register detailed centre-specific risks and the control measures in place to mitigate the risks identified. The risk register also identified the risks and controls in place related to the COVID-19 pandemic.

Improvements were found in fire safety. Since the previous inspection in May 2021 the registered provider had completed a schedule of works to sub divide the centres largest compartment. The centres largest compartment size had reduced from capacity of 12 residents to a capacity to accommodate six residents. The centre had staff who had completed fire marshal training. There was evidence of regular fire safety checks to ensure ongoing safety of all residents and staff and ongoing compliance with the regulations. Fire training was completed annually by staff. There was evidence that fire drills took place bi-monthly. There was evidence of night time simulated drills taking place in the centre largest compartment. Fire drills records were detailed containing the number of residents evacuated , equipment used, how long the evacuation took and learning identified to inform future drills. There was a robust system of weekly checking , of means of escape, fire safety equipment, and fire doors. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents for day and night evacuations. Staff spoken to were familiar with the centres evacuation procedure. Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the day of inspection and all were in working order and no defects were identified on the day of inspection. The centre was a tobacco smoke free centre since 2014.

There was a good standard of care planning in the centre. Care plans were person centred and there was evidence of validated risk assessments which included various clinical risks including risks of malnutrition, pressure sores and falls. However; not all care plans and validated risk assessments had interventions in place to address identified changes to residents care. For example, falls prevention care plans and falls risk assessments in a number of resident's electronic nursing notes had not been reviewed or updated to guide staff to care for residents following a fall. This was discussed with staff in the centre during the inspection. From the sample of nursing notes viewed it was also not evident that four monthly reviews of care plans with residents had taken place.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, occupational therapist, dietician and chiropodist. Residents had access to dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging . Residents had access to psychiatry of later life. There were no residents with behaviour that was challenging and no bed rails in use in the centre on the day of inspection.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

There was a rights based approach to care in this centre. Residents' rights and choices for the most part were respected, and residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate. The advocacy service details and activities planner were displayed in the centre. Residents has access to daily national newspapers, weekly local newspapers, books, televisions, WIFI, and radio's. Mass took place in the centre weekly. There was a varied and fun activities programme. One resident was attending day care facilities in the local village. Residents' were complimentary about the centres activity programme.

Regulation 11: Visits

Visiting was not in line with the most up to date guidance for residential centres.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and personal possessions. Residents' clothes were laundered on site and adequate arrangements were in place for the return of clothes to residents following laundering.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Call bells required review as some bedrooms did not have call bells available for residents use.
- The centres storage room and oratory required review as they were both cluttered with items, for example the storage room contains bed tables, wheelchairs, nutritional supplements, a fridge for storing medication, and coats. This posed a safety risk to staff working and residents living in the centre.
- The sluice room required suitable racking facilities to safely store clean urinals.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy and associated risk register that identified the procedure for identifying and managing risk in the centre. The policy identified the measures and actions in place to control risk, including the risks specified in the regulations.

Judgment: Compliant

Regulation 27: Infection control

Actions were required to ensure the environment was as safe as possible for residents and staff. Some equipment and the environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by:

- Large amounts of Incontinence wear were stored in some residents ensuite toilets which posed a high risk of contamination and risk of transmission of infection.
- A review of the centres house keeping trolley was required as it contained cleaning products, bed linen and staff personal items . This posed a risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic free swing closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were required to ensure that all of the residents' needs were assessed in order that their care needs could be met.

- Some care plans required more detail to guide staff to clearly meet the needs of residents.
- It was not always documented if the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures

for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Padre Pio Rest Home OSV-0005581

Inspection ID: MON-0036257

Date of inspection: 09/11/2022

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
Outline how you are going to come into compliance with Regulation 21: Records: Staff files were reviewed, improvements were made to ensure all staff references were in place and staff records have been inspected and gaps in staff employment history clarified.	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: Visiting will be in line with most up to date guidelines.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Call bells have been reviewed for all the bedrooms. Storage facilities have been reviewed to avoid any safety risk to staff and residents . Urinal rack has returned to the sluice room.	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Incontinence wear is now stored in a manner which will avoid contamination or risk of transmission of infection.</p> <p>We have reviewed the centres house keeping trolley and cleaning products. Bed linen be segregated with a new trolley. Staff have been instructed to refresh their IPC training with particular reference to cross contamination of personal items.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care plans are being improved to ensure all of resident's care needs will be assessed to meet their needs.</p> <p>Involvement of residents and/or representatives will be documented in reviews in line with recommendations</p>	

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	09/12/2022
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	31/01/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	31/01/2023

	designated centre and are available for inspection by the Chief Inspector.			
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	09/12/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	09/12/2022