

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Padre Pio House
<b>Centre ID:</b>	266
<b>Centre address:</b>	Churchtown
	Mallow
	Co Cork
<b>Telephone number:</b>	022-23789
<b>Fax number:</b>	022-23 790
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Shane McCabe and Mary McCabe
<b>Person in charge:</b>	Mary McCabe
<b>Date of inspection:</b>	19 October 2009 and 20 October 2009
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 10:00hrs <b>Completed:</b> 16:30hrs <b>Day-2 Start:</b> 10:00hrs <b>Completion:</b> 14:00hrs
<b>Lead inspector:</b>	Breeda Desmond
<b>Support inspector(s):</b>	Ann O' Connor
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Scheduled</b>  <input type="checkbox"/> <b>Announced</b> <input checked="" type="checkbox"/> <b>Unannounced</b>

## About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

## About the centre

### Description of services and premises

Padre Pio House is a purpose-built designated centre which provides care for 40 older adults. It comprises 28 single rooms, and 6 twin rooms, all with en suite facilities. It has four sitting rooms and two other seating areas with a water feature, an aviary and a rockery with flowers. There is a homely atmosphere with care delivered in a respectful manner. The décor is warm and comfortable.

There is a central atrium in the foyer with seating around a large table where residents read the daily newspapers. The atrium is a bright area as it has an elevated glass ceiling. The centre has an enclosed garden with raised beds to enable residents to grow their own vegetables and flowers. The garden may be accessed through several exits and there are seating areas and pathways for the residents to walk.

### Location

Padre Pio House is located in the village of Churchtown, outside Mallow, Co. Cork. It is close to local amenities.

<b>Date centre was first established:</b>	1997
<b>Number of residents on the date of inspection</b>	39

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	4	12	18	5

### Management structure

Shane and Mary McCabe are the Registered Providers. Mary McCabe is also the Person in Charge (title of Director of Nursing). Mary is supported in her role by Ellen O' Flynn Schulte, Matron, and they alternate annual leave. There is a total complement of 13 nurses, 27 care attendants, four household staff and six kitchen staff.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty on day of inspection</b>	2	3	4	2	2	1	

## Summary of findings from this inspection

This was the first inspection of this centre undertaken by the Health Information and Quality Authority. It was an unannounced inspection carried out over two days. The inspection team was made welcome and facilitated by staff and management throughout the inspection. Both registered providers were open to discussions regarding holistic improvements to service delivery.

Overall, a high standard of person-centred care was provided in a homely environment. There was evidence that the care team promoted positive outcomes for residents through person-centred care. Care was delivered in a respectful manner mindful of residents' privacy and dignity. Ongoing staff training was encouraged and accommodated by the providers. Staff were professional in their delivery of care and displayed awareness of resident preferences and interests. The residents were friendly, chatty, and willing to engage with the inspectors.

Inspectors found the premises, fittings and equipment of good standard and well maintained. The décor throughout the home was warm and comfortable. All residents' rooms contained their personal items.

This report identifies minor issues to be addressed including documentation, and some improvements including completion of policies and staff files. A significant improvement identified was the procedure regarding accident recording, reporting, and follow up.

### Residents' and relatives' comments

All residents that inspectors interviewed, spoke very highly of the staff, the care they received, and the homely atmosphere, and said they were well looked after. They said they had choice in everything including what time they got up in the morning, what time they went to bed, meals, choice of staying in their rooms if they so wished, going out into the garden or around the grounds. There were several sitting rooms with televisions and one resident said she could watch specific programmes to her liking. Many residents said they loved to read and said there was books and magazines as well as several copies of the daily newspaper. Another resident said 'there is great freedom in the place'. She also stated, 'I feel so safe here, I can't say enough about the place, it is genuinely homely'. Relatives said "staff were very kind and caring" and if they had to make a complaint they "knew the procedure and who to discuss issues with".

## Overall findings

### 1. Governance: how well the centre is organised

**Outcome:** The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

#### Evidence of good practice

The registered providers, Shane and Mary McCabe demonstrated their knowledge of the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. They exhibited a clear commitment to improvement of all aspects of the centre including delivery of quality care and continual holistic improvement in the premises.

The providers had a proactive approach to policy development. The policies were being designed to comply with the regulations and the national standards. Nursing staff were involved in the analysis of new policies developed. There was a large whiteboard in the office with names of staff and policies allocated to each staff for analysis. When staff were satisfied these policies were centre-specific and workable, policies were signed off, and implementation of these was undertaken. New policies and clinical documentation (including journals of dementia care 2009 and the Royal Marsden clinical nursing procedures) are accessed easily in a new designated cabinet. Staff were given a specific timeframe to read these policies and then sign a declaration stating that they had read these. There was a website designed by the provider outlining the facilities, mission and ethos.

All relevant certifications including fire and insurance were visible on the main hallway for public viewing.

Residents' contracts of care were available. The bound register recording residents' details was accurate and up-to-date. There was a residents' council to enable advocacy for residents with meetings held once a month and minutes from these meetings were viewed by inspectors. The communication book for staff was evident and had extensive entries.

There were job descriptions for all specialities. The provider was developing a centre-specific computer matrix to allow the tracking of staff training and development and this was seen by inspectors. He divided the file into mandatory

training and other so they could identify training needs. Both provider and person in charge were proactive in staff training and development.

**Some improvements required**

A record of all staff signatures, which is necessary to verify nursing reports and medication records, was not available.

## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

Respect for privacy and dignity was observed with staff knocking on bedroom doors and waiting for a reply before entering. Staff spoke to residents in a kind and gentle manner and residents appeared relaxed and happy. Several residents moved freely about the centre, while those who required help with walking were assisted in a respectful manner.

There was choice in all aspects of care. Residents stated they could get up and go to bed any time they wanted, there was a choice in meals, they could stay in their rooms if they wished or walk around the centre. Meal time was observed and this was unhurried. Residents had ample opportunity to enjoy the occasion and converse. Interventions observed by inspectors were carried out with residents and not for residents. Independence was promoted, facilitated and encouraged. There were flexible visiting times.

Different religions were catered for and mass was held every Thursday. There is an oratory for quiet reflection.

There was a recreational calendar which included art, exercise, music, crafts, songs and gardening and it also displayed the recreation activity for the day. Artwork was displayed on the walls throughout. One resident was doing crochet. She also loved sewing and had personalised all her clothes with sewing so they were easily identified in the laundry.

Staff and residents were aware of the complaint's procedure. Residents identified an openness of communication and any issue brought to the attention of the providers was dealt with immediately. There was a clear understanding by staff interviewed of elder abuse recognition and procedures to follow in the event of suspected abuse.

The local general practitioner (GP) visits twice a week. He also has surgery in the village twice a week so is easily accessible. Southdoc is used to provide access to GP services outside of normal hours.

## **Some improvements required**

One twin room had inadequate division between beds to maintain privacy and dignity.

### **3. Healthcare needs**

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### **Evidence of good practice**

Care plans were resident-specific and residents were assessed on admission. Individual resident needs were identified and care plans structured to reflect those needs. Ongoing assessment was evident from the documentation and discussion with the nursing staff.

The pharmacy undertook medication audits regularly in conjunction with the attending GP. There was photographic identification of all residents in the medication dispenser to reduce risk of error. Medication management was of a high standard with the application of An Bord Altranais 2007 guidelines evident.

All dietary requirements were catered for by kitchen staff. Staff were aware of residents' needs, likes and dislikes. Hazard Analysis Critical Control Point (HACCP) compliance was observed and HACCP policies were discussed with kitchen staff who demonstrated their knowledge regarding this.

A wound nurse specialist was accessible through the county hospital and this was invaluable.

#### **Some improvements required**

There were very few alcohol gel disinfectant dispensers throughout the centre, and one by the entrance to the kitchen was corroded. A risk assessment would identify infection control needs within the centre.

There was no signage to remind staff to use the alcohol gel or to wash hands. Signage should be available and appropriate to health and safety.

#### **Significant improvements required**

There was lack of evidence to support effective documentation of accidents, the reporting processes, follow up and learning pertaining to accidents.

#### **4. Premises and equipment: appropriateness and adequacy**

**Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.**

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

#### **Evidence of good practice**

The centre was fit for purpose and it contained many features which contributed to the personalised atmosphere there. The entrance had a perfusion of colour with many basket and pots full of beautiful flowers. It gave the entrance a very welcoming aura. In 2009, the provider completed an enclosed garden for the residents. They have paths throughout the garden with seating areas. Included in the garden are raised beds to enable residents to set and tender their own vegetables and flowers. Inside, there is also a casual seating area with an aviary, fish pond and a small rockery, and many residents thought this was a lovely feature. The centre was well maintained with evidence of continual refurbishment.

The central atrium in the foyer has a seating area with a large fish tank which had a glass top which acts as a table. The residents enjoyed sitting here reading as it has an elevated glass ceiling which casts an abundance of light into the area. The dining room is bright and very well laid out. There were fresh flowers, tablecloths and napkins at each table.

All beds had adjustable 'high-low' capabilities. There was an abundance of pressure relieving mattresses and ongoing assessments of residents identifies the necessity for such equipment when indicated. Chairs were of different heights and sizes. There were two hoists.

A special machine for marking clothes was acquired for the laundry last year and since then both residents and provider stated that clothes rarely go missing.

#### **Some improvements required**

Storage space was under utilised. There was a mattress and other items stored in the bathroom. There was inappropriate storage throughout even though there was an abundance of storage facilities.

There was no signage for fire evacuation even though all other aspects of fire safety management were evident. Lack of these pose a health and safety risk.

Hand wash dispensers were refilled on a daily basis. This exercise is not in keeping with evidence-based best practice.

There was no documentation of cleaning regimes even though there were cleaning staff on duty all day and the centre was clean.

Some wheelchairs had no footrests. Footrests and armrests in some reclining chairs were torn.

Delivery dockets maintained in the kitchen were kept quite near the cooker, which could pose a fire risk.

The sluice room had no hand washing facilities even though it had a separate washbasin. There was no signage to indicate its function.

There were many containers of creams and talc on top of cisterns in bathrooms and this may lead to practices which would not be conducive to individualised care.

## **5. Communication: information provided to residents, relatives and staff**

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### **Evidence of good practice**

Management and staff were developing policies and procedures to enhance quality deliver of care. Both residents and staff highlighted that their feedback was actively sought for overall improvement. Staff said they had recently received a questionnaire from the registered providers enquiring where improvements could be made for the better enablement of staff.

Residents' records were maintained in accordance with legislation. Residents' nursing and medical records were stored in individual folders, and kept secure in the nurses' station.

Inspectors observed staff communicating with residents in a very respectful manner during inspection. Staff were aware of the name that residents' preferred to be addressed. Staff were aware of communication needs of residents with cognitive impairment and inspectors observed staff taking time with these residents to put them at ease.

The registered provider outlined ongoing discussions with the household staff regarding documentation of their work. This included documentation of both daily and weekly duties.

### **Some improvements required**

Staff and management informed inspectors of the informal staff meeting held regularly, but these were not documented.

## **6. Staff: the recruitment, supervision and competence of staff**

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### **Evidence of good practice**

Staff were aware of the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2009 and the *National Standards for Older People in Ireland*.

Inspectors found there was sufficient staff to meet residents' needs. Both staff and residents confirmed this. Staff stated that if they were under pressure with work, they asked for extra help and received it. There was evidence of good skill mix on a daily basis both from the duty roster seen and staff present during inspection. Inspectors observed that staff were professional, competent, welcoming and willing to engage with the inspection team and uniforms were clean and neat.

Documentation of mandatory training including manual handling and lifting and fire training was evident. There was ongoing training and development for all staff including an advanced workshop on care of residents with dementia with associated challenging behaviour, wound management and dysphagia. Inspectors discussed training with staff including elder abuse prevention and protection and staff were aware of their role in elder protection and demonstrated good knowledge of training topics.

Fire training is facilitated biannually and this includes an evacuation of the centre. Many care attendants were trained to Further Education Training Awards Council (FETAC) Level 5. The catering team had Hazard Analysis Critical Control Point (HACCP) training and there was evidence of HACCP compliance in the kitchen.

### **Some improvements required**

Personnel files were incomplete. Items missing included Garda vetting reports, references, birth certificates and passport identification.

***Report compiled by***

Breeda Desmond

Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

21 October 2009

## Action Plan

### Provider's response to inspection report

<b>Centre:</b>	Padre Pio House, Churchtown, Mallow, Co. Cork.
<b>Centre ID</b>	266
<b>Date of inspection:</b>	19 October 2009 and 20 October 2009
<b>Date of response:</b>	11 December 2009

#### Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

**1. The provider is failing to comply with a regulatory requirement in the following respect:**

Written and operational policies are incomplete.

**Action required:**

Compile complete written policies for the centre as per legislation.

**Reference:**

Health Act, 2007  
Regulations 27: Operating Policies and Procedures,  
Standard 13: Healthcare

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>We continue to develop our policies and procedures. Complete policies as per the regulations will be in place by February 2010</p>	February 2010

<b>2 The provider is failing to comply with a regulatory requirement in the following respect:</b>	
Staff files were incomplete.	
<b>Action required:</b>	
Staff files must be completed as per legislation.	
<b>Reference:</b>	
<p>Health Act, 2007  Regulation 18: Recruitment  Standard 22: Recruitment</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>We continue to receive copies of birth certificates and passports from staff. All copies will be on file by the end of December</p> <p>We have been advised that the remaining Garda vetting certifications will be returned to us by January 2010.</p>	<p>December 2009</p> <p>January 2010</p>

<b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
Twin bedroom did not have adequate partitioning between the beds.	
<b>Action required:</b>	
Ensure the privacy and dignity of residents is respected.	

<b>Reference:</b> Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
Provider's response:  The present partition is being extended.	December 2009

<b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b>  The risk management policy did not cover arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events.	
<b>Action required:</b>  Put in place a risk management policy as per the legislation.	
<b>Reference:</b> Health Act, 2007 Regulations 31: Risk Management Procedures Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  A Risk Management Policy is currently being developed.	February 2010

<b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Suitable provision was not made for storage in the designated centre.	
<b>Action required:</b>  Provide suitable provision for storage.	
<b>Reference:</b> Health Act, 2007 Regulations 19: Premises Standard 25: Physical environment	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>As highlighted in the report we have adequate storage facilities but some items/equipment was stored in inappropriate places. We have reviewed our storage facilities and we are now making better use of these areas and those items highlighted in the report have been moved.</p>	Complete

<p><b>6. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There were no notices displayed in the centre outlining procedures to be followed in the event of fire in the centre.</p>	
<p><b>Action required:</b></p> <p>Display the procedures to be followed in the event of fire.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulations 32: Fire Precautions and Records Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Fire procedures are in place. These along with appropriate plans will be placed in prominent positions throughout the Nursing Home.</p>	January 2010

<p><b>7. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Some wheelchairs had no foot rests.</p>	
<p><b>Action required:</b></p> <p>A risk assessment must be undertaken and results documented regarding use of wheelchairs without foot rests.</p>	

<b>Reference:</b> Health Act, 2007 Regulations 31: Risk Management Procedures Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Existing footplates present a risk of causing injury to many of our residents. We are trying to source wheelchairs with an alternative footplate design. In the interim a risk assessment will be carried out before deciding not to use footplates.	Immediate

**Any comments the provider may wish to make:**

**Provider's response:**

We would like to thank the two inspectors for their courteous, professional and common sense approach to the inspection.

**Provider's name: Mary and Shane McCabe**

**Date: 10 December 2009**