



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Patrick's Care Centre
Name of provider:	Cowper Care Centre DAC
Address of centre:	Dublin Street, Baldoyle, Dublin 13
Type of inspection:	Unannounced
Date of inspection:	01 May 2024
Centre ID:	OSV-0000179
Fieldwork ID:	MON-0041151

About the designated centre

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

St Patrick's care centre is based in Baldoyle, Dublin 13 and provides accommodation for 78 residents. The centre provides care and support for both male and female residents, primarily for those aged over 65. The centre contains a dementia specific area which can accommodate 15 residents. The majority of the accommodation provided is in single ensuite bedrooms with one bedroom offered on a shared basis. There are a number of communal rooms available for residents to socialise and meet their relatives. Residents also have access to secure garden areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	76
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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 1 May 2024	08:25hrs to 16:30hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in St Patrick's Care Centre. There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful and respectful towards residents. The inspector met many of the residents during the inspection and spoke with 10 residents in more detail. Residents were highly complimentary of the staff in the centre and the care they received, with one resident describing staff as "dazzling". Staff were observed to be familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. Residents said they had no complaints. If they did have a concern they would feel comfortable and confident to raise this.

Following an opening meeting, the person in charge accompanied the inspector on a tour of the centre. St Patrick's Care Centre is located in Baldoyle, near the beech front. The centre is registered to accommodate 78 residents and provides long-term residential care, respite residential care and convalescence care services to adults over 18 years of age. There were 76 residents in the centre on the morning of the inspection, with two vacancies.

Residents were accommodated over two floors, where there were 76 single occupancy bedrooms and one twin occupancy bedroom, all of which were en-suite. Residents accommodation was divided into six wings with wing B on the ground floor as a dementia specific wing. There was lift access and a stairs between the ground and first floor. There had been no reported breakdown of the lift since the last inspection. Residents bedrooms were homely, comfortable, personalised with photographs, pictures, art and items of significance belonging to the residents. Each bedroom had a bedside locker, locked storage, a wardrobe, seating, call bell and television facilities.

The centre's design and layout supported residents' free movement and comfort, with wide corridors, sufficient handrails, and armchair seating within communal areas. Communal space consisted of a ground floor open plan sitting area which was bright and had a television. Each side of this sitting area had doors which open out onto a large secure garden area. Doors on one side of the room were always locked and residents needed staff to open the door with a swipe card to exit. On the other side of the room the doors were on a timed lock which opened from 9am until 9pm so residents could freely access the garden area. The garden was well-maintained with pathways clear from debris.

On the ground floor, there was a large oratory which was used for quiet reflection and Mass twice a week. There was a large dining room which opened out onto a courtyard. There was also a hair salon available for residents located on the ground floor, with a hairdresser who visited once every two weeks. Residents and visitors could also book the social room which was located near the reception. This was set

up like a café with a television, books and DVD's to use. It also had a private entrance if required.

Access to the dementia wing on the ground floor was by keypad, through two doors. The corridors were painted with murals to replicate shops fronts. There were two smaller sitting/quiet rooms for residents to use which were also painted with a mural. One sitting room was painted to look like it had a fireplace and books on shelves. There was a large sitting/dining room which the inspector observed residents in the dementia wing to spend the majority of their time. One side of this sitting room opened out onto a small courtyard where residents did some gardening. The other side of the sitting room opened out onto a secure garden area.

On the first floor, communal space consisted of a sitting area and three smaller sitting/quiet rooms. Residents could freely move from the first floor to the ground floor via a lift.

The inspector observed mealtimes in the dining rooms as a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. Overall, residents were complimentary of the quality and quantity food on offer. There were refreshments available for residents throughout the day. Some residents were facilitated to eat in their bedrooms, aligned with their preferences.

There was a programme of activities scheduled for residents throughout the week. On the morning of the inspection, residents were playing bowling, making jigsaws, doing some arts and crafts and engaging with table top sensory games. Other residents chose to go to the oratory for Mass. In the afternoon, many residents joined an exercise class and engaged with vigour while singing. Residents told the inspector that this was one activity they particularly enjoyed. Other residents went out into the garden for a walk.

Overall, the feedback from visitors who spoke with the inspector was that they were happy with the care provided to residents. However, a visitor expressed dissatisfaction with the communication and one aspect of care provided. Visitors spoken with said they felt confident that they could raise any concerns they had and this would be responded to.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. A clear management structure was in place and the registered provider had systems to support the provision of a good standard of evidence-based care. However, further oversight of notification of incidents, training and staff development and end of life were required. This will be discussed later in the report.

This inspection was unannounced to assess compliance with regulations and was carried out over one day. The inspector found that the actions identified from the previous inspections' compliance plan had been addressed. During the day, the inspector spoke with many residents and some visitors to gain an insight into their lives in the centre. The inspector also observed interactions between staff and residents and reviewed documentation.

St Patrick's Care Centre is one of three centres operated by Cowper Care Centre DAC, the registered provider. The person in charge facilitated this inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. Other staff members included an assistant care manager, service manager for non-clinical, nurses, healthcare assistants, catering and domestic staff, maintenance and administration staff.

This inspection found that there was a clearly defined management structure in place, with effective management systems ensuring oversight of the service. The inspector saw that systems were in place to manage risks associated with the quality of care and the safety of the residents. The senior management team was kept informed about the performance of the service with a comprehensive auditing programme which was reviewed at regular intervals and had identified areas where improvements in practice were required, with improvement action plans in place. Notwithstanding the management systems in place, some further action was required to ensure all management systems were effective. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations including senior management meetings, operations meetings, clinical management meetings, staff meetings and housekeeping meetings.

An annual review of the quality and safety of care delivered to residents had taken place for 2023 in consultation with residents and their families. Residents and families had been consulted in the preparation of the annual review through a residents' satisfaction survey.

Staff had access to appropriate training and development to support them in their respective roles and a training schedule was in place. While there were arrangements in place for staff to receive relevant training, some staff members were out-of-date with some of their mandatory training schedule.

Some improvements were required concerning submitting notifications regarding restraint, which will be discussed under Regulation 31. Furthermore, a notifiable incident had occurred, however, the Chief Inspector had not received the appropriate notification.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and had the relevant experience and qualifications to undertake this role. They were knowledgeable of their remit and responsibilities. The inspector found that the person in charge knew the residents and was familiar with their needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. However, four staff members were out-of-date with fire safety training. Further fire safety training was scheduled within the month of May. Three staff were out-of-date with with the safeguarding of vulnerable adults training. Some of the staffs safeguarding training was out-of-date over six months.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed a sample of three staff files. The required Schedule 2 documentation were available for the inspector to review.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, action was required in the following areas:

- The systems for recognising statutory notifications that need to be notified to the Chief Inspector of Social Services had not ensured that all required notifications had been made.
- The oversight systems to ensure that all staff had an up-to-date mandatory training as required.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all incidents required to be notified to the Chief Inspector were notified. For example, environment restraints within the centre, such as keypad and swipe door locks were not being notified as required.

During the inspection, the inspector identified that a notifiable incident had occurred; however, the Office of the Chief Inspector had not received the appropriate notification. The person in charge submitted the required notification retrospectively.

Judgment: Not compliant

Quality and safety

Residents were provided with safe care and services by a management and staff team who were focused on improving residents overall well being while living in the centre. The inspector observed kind and compassionate staff treating the residents with dignity and respect and to know their needs very well. There were also opportunities for residents to express their views about the quality of the service provided. However, some action was required in relation to end of life.

From observation and review of documentation, there were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Staff spoken with were aware of what to do should they witness or suspect an incident of abuse. They all expressed that the safety of the resident was their priority and they would report all incidents to the person in charge. The majority of staff had completed training in safeguarding vulnerable adults, this is further discussed under Regulation 16: Staff training and development.

There were systems in place to promote residents autonomy over access to their personal property and possessions. There was adequate storage space and a lockable drawer space provided for residents to store their clothes and personal possessions. Residents clothes were laundered regularly within the centre and returned to them without issue. Residents clothing were clearly labelled and washed in a net bag to keep the residents clothes together and ensure they were not lost.

Measures were in place to ensure that residents approaching the end of life would receive appropriate care and comfort to address the physical, emotional, social, psychological and spiritual needs of the resident. Residents family and friends were

informed of the residents condition and permitted to be with the resident when they were at the end of their life. Some improvements were required where a resident indicated their preference for a private room if they were sharing a bedroom.

Regulation 10: Communication difficulties

Residents were observed to be able to communicate freely. Although no residents in the centre on the day of inspection had communication difficulties, there was a clear policy in place to ensure if residents have special requirements for communication that this is provide and documented in the residents care plan.

Judgment: Compliant

Regulation 12: Personal possessions

Residents retained control over their personal property, possessions and finances. All resident bedrooms seen on inspection contained sufficient storage space for residents to store their clothes and other possessions. The registered provider did not act as a pension agent to residents at the time of inspection.

Judgment: Compliant

Regulation 13: End of life

Residents who were approaching the end of their life had appropriate care and comfort based on their needs. There was a policy in place to ensure residents end of life wishes were documented and individualised in their care plan. However, it did not guide staff practice for residents who shared a bedroom and had a preference for privacy when at the end of their life. The majority of residents had their own bedroom with one twin bedroom in the centre. The inspector was informed that where possible the resident would be moved to a single room, however, this would not be possible if the centre was at maximum occupancy.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared and made available a guide in respect of the centre which contained information on the services and facilities, terms and conditions relating to residence in the centre, the complaints procedure, arrangements for visits and information in relation to independent advocacy arrangements.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. Staff were knowledgeable about what constitutes abuse, the different types of abuse and how to report suspected abuse in the centre. Residents reported that they felt safe in the centre.

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 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Patrick's Care Centre OSV-0000179

Inspection ID: MON-0041151

Date of inspection: 01/05/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Completion date: 14th of June 2024</p> <ul style="list-style-type: none"> - The Person in Charge will ensure that all mandatory training is scheduled on training matrix and will be monitored on monthly basis. Additionally, staff will be notified in advance to complete relevant training(s). Decision has been made to take staff off the roster if training(s) have not been completed after attempts been made by management to provide resources and platforms for completion. - All staff who were having outstanding training records have since attended training or submitted their online training certificates. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Completion date: 14th of June 2024</p> <ul style="list-style-type: none"> - The Person in Charge and Compliance, Quality and Safety Manager will provide incident reporting and management training. - All recorded incidents and supporting documentation will be reviewed locally and brought to management attention where screening will be done to ensure compliance with statutory notifications. 	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Completion date: 14th of June</p> <ul style="list-style-type: none"> - The Person in Charge will provide oversight over reported incidents and allegations made within the nursing home. - The Person in Charge will ensure all statutory notifications are correctly identified and reported timely to the Chief Inspector following thorough screening process. - The Person in Charge will ensure all staff are knowledgeable on identifying, reporting and management of incidents (including alleged safeguarding events) and complaints. - To ensure compliance with statutory notifications, the keypad and swipe door now have access code displayed on the door as required. The Person in Charge will ensure that restricted door access is notified through quarterly notifications to the Chief Inspector and same will be recorded on local restraint register. 	
Regulation 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p> <p>Completion date: 14th of June</p> <ul style="list-style-type: none"> - The local End of Life policy has been reviewed to include resident on active end of life in shared room, where Cowper Care may facilitate transfer of the dying resident to a single room if available. Cowper Care will also facilitate additional emotional, social, and spiritual care and support as required. - Cowper Care will also ensure that admission screening assessment contains information on their preferences when it comes to end of life stages. Expressed preference will now be included in their care plans and nursing notes. 	

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 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Substantially Compliant	Yellow	12/06/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	12/06/2024

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	12/06/2024
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.	Not Compliant	Orange	12/06/2024