



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

Issued by the Chief Inspector

Name of designated centre:	Cara Care Centre
Name of provider:	Orbitview Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	27 September 2023
Centre ID:	OSV-0000735
Fieldwork ID:	MON-0041009

About the designated centre

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

Cara Care Centre is a five storey, purpose built nursing home. It is located in Northwood Park in Santry, close to shops and amenities. The registered provider is Orbitview Limited, and the person in charge is supported by the management team and staff such as nurses and healthcare assistants. The centre can accommodate 102 male and female residents, in 62 single en suite bedrooms and 20 double en suite bedrooms. There are facilities in place for social, recreational and religious activities, and there is a pleasant zen garden available for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	75
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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 27 September 2023	08:30hrs to 18:10hrs	Karen McMahon	Lead
Wednesday 27 September 2023	08:30hrs to 18:10hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

From the inspectors' observations and from what the residents told them, it was clear that the residents living in the centre received a good standard of quality and personalised care. The overall feedback from the residents was that the centre was a nice place to live with good food and friendly staff.

The inspectors were met by the person in charge and the receptionist on arrival to the centre. After a brief introductory meeting, with the person in charge and the assistant director of nursing, the inspectors were escorted on a tour of the premises. The centre was spread out over five floors, as well as a basement level where the laundry services and car parking facilities were located.

Overall the premises was observed to be clean and well maintained. Inspectors observed that findings from the last inspection had been actioned, with many improvements made to the overall maintenance and up keep of the centre.

Residents' bedrooms were observed to be bright, spacious and comfortable spaces. Many residents had personalised their rooms with photographs and personal possessions. Residents had a choice about the style of furniture they had in their room. There was an option for vintage style furniture or a more modern style of furniture. This choice was offered on a pre-admission basis, where possible, to ensure the room was ready with the chosen style of furniture on the resident's admission. Memory boxes were located outside the doors, displaying special memorabilia that had a personal meaning to those residents living in the room. All bedrooms had en-suite facilities which contained a toilet, hand washbasin and shower. There were twenty double occupancy bedrooms in the centre, many of which were not occupied on the day of inspection or only had one resident residing in them.

Each floor had a dining room and a selection of communal rooms for residents' use. The communal rooms had comfortable seating in them including large armchairs and couches. There were televisions and a selection of reading materials available on all floors of the centre. A projector for use with a interactive table was also observed on the ceiling of one communal area. A small number of residents and visitors were observed to use these spaces during the day of inspection.

The dining rooms were bright comfortable spaces with neatly laid tables and suitable seating. There was a catering assistant working in each dining room to serve food, snacks and refreshments throughout the day. The inspectors observed that dinnertime in the centre's dining rooms were a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. The dining rooms allowed all residents to dine at the same time. A daily written menu was available for residents detailing a choice of two meal options at dinnertime and a choice of hot and cold meals in the evening. The meals were home cooked on site. There was an

appropriate level of supervision and help for residents who required it. Residents also had a choice about where they chose to eat their meals. Residents expressed satisfaction with the quality and taste of food that they received.

A safe enclosed garden was accessible through the ground floor. There were Japanese inspired garden features as well as colorful flower beds. The garden was well maintained and had pathways to allow wheelchair users to mobilise. A smoking shed for residents use was located in the enclosed garden and had call bell facilities and fire safety equipment within easy reach. There was also a radio for residents to listen to while using the smoking shed.

While the inspectors observed that many residents were up and dressed on the morning of the inspection, with their personal care completed in accordance to their preference, the inspectors were informed by some visitors that they were concerned about residents' personal care and said that there was an over reliance on bed baths as opposed to a bath or a shower. Inspectors found, on the day of inspection, that a hydrotherapy room, containing a hydrotherapy bath was no longer in use. The room now served as a store room. There were no other bathing facilities available to residents within the centre. As a result residents had no choice to have a bath if they so wished.

There was an activities schedule in place, which listed planned activities for the week. However, on the day of inspection, limited activities were happening, and many residents were sitting in the day rooms watching TV, or in their bedrooms. Some residents and visitors raised concerns to the inspectors on the day of inspection regarding lack of activities. One resident informed the inspector that they would 'like more musical activities', while another said they would 'like to go on outings if only to a local coffee shop'. Some visitors felt that their loved ones' social care needs were not met and spoke about 'the need for better interaction with the residents'. Visitors also informed the inspectors that 'if there is a shortage of staff the activity scheduled for that day does not happen'.

Residents spoke highly about the staff and their caring nature but expressed concerns regarding their work load which they felt had resulted in a high staff turnover including the loss of experienced carers and meant that there was no quality time to just have a chat with the staff. Staff were seen to assist residents with care and respect and appeared to know the residents very well.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall the inspection found that the registered provider ensured that there a good standard of care and support to the residents living in the centre. Many issues found

on the last inspection had been addressed by the provider. However, the hydrotherapy room was being used as a store room, resulting in a depletion of the resources available for residents listed in the statement of purpose.

This was a one day unannounced inspection to monitor the compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

There was a clear governance and management structure in place. The person in charge had commenced their role in May 2023 and was responsible for the day-to-day running of the centre. The person in charge was a registered nurse, who worked full-time in the centre and had the required experience in the area of nursing older people. The person in charge, fostered a culture that promoted the individual and collective rights of the residents. They were supported in their role by two assistant directors of nursing and clinical nurse managers. The registered provider was Orbitview Ltd., who had a regional management team that provided further support to the person in charge and staff in the centre. Other staff members included nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

While residents and visitors expressed concerns about insufficient staffing levels Inspectors found that there was sufficient staff, on the day of inspection. Worked and planned rosters were made available to inspectors to examine and an appropriate level of staff were observed around the centre throughout the inspection.

There was a copy of the annual review made available to the inspector. The report was detailed and identified areas for quality improvement in 2023. There was evidence of significant input from residents and their families into the report.

Records reviewed on the day, contained the prescribed information set out in the regulations and were stored on-site for the required seven years. There was a detailed policy in place for the storage and safe destruction of records.

Inspectors found that the use of a hydrotherapy room had been removed from the residents resources in the centre, this is further discussed under Regulation: 23 Governance and Management.

The centre had a directory of residents, which ensured that comprehensive records were maintained of a resident's occupancy in the centre. It was in hard copy format and was appropriately maintained, safe and accessible. Records reviewed were stored securely and made available for the inspection. The policy on the retention of records was in line with regulatory requirements.

Inspectors reviewed three contracts for the provision of services between the resident and the registered provider. Inspectors found that they were in line with the regulations and clearly specified the terms and conditions of the residents' stay in the centre, including terms relating to the bedroom provided and the number of occupants of that bedroom and any charges incurred.

The complaints policy had recently been revised and amended to reflect recent changes in the regulation. The complaints procedure was on display at the lifts on each floor and outlined the effective procedure for dealing with complaints including time lines. It offered practical assistance to a complainant as necessary, including referring the matter to an external complaints process, such as the Ombudsman and access to independent advocacy services with contact details displayed in the centre.

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. They had the appropriate experience and qualifications and demonstrated a commitment to regulatory compliance.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate number and skill mix of staff relating to the assessed needs of the residents and the size and layout of the designated centre. There was a number of registered nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff had access to appropriate training and had adequate supervision.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspectors on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to recognised that the change in use of a hydrotherapy room to a store room had resulted in a removal of a resource from residents, as listed in their statement of purpose. Residents no longer had the choice to avail of a bath to meet their hygiene needs. This was a repeat finding from the previous inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed three contracts for the provision of services and found that they were in line with the regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process.

Judgment: Compliant

Quality and safety

Overall, the residents were safe and appeared happy living in the centre. However, inspectors noted that there were significant actions required regarding the provision of activities and the available choices to meet residents' hygiene needs.

The dietary needs of residents were based on a nutritional assessment in accordance with their individual care plan. The food served was nutritious and residents received a choice at meal times. There was access to fresh drinking water and a selection of refreshments at all times. An adequate number of staff were available to assist residents with their meals and refreshments.

Residents had safe access to medications, which were administered appropriately and in accordance with guidelines as set out by the Nursing and Midwifery Board of Ireland. The provider had also ensured the safe storage of medications and there were appropriate policies in place around the management of medications.

The provider maintained a restraint register. The inspector found that the provider was working towards a restraint free environment, there was a low use of bed rails and other restraint mechanisms in the centre. Staff had relevant training in Management of responsive behaviours, (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans detailed the circumstances where residents felt discomfort and methods of de-escalation that were effective for the resident.

Residents with communication needs had access to specialist services including speech and language therapy, audiology and ophthalmology. Care plans clearly demonstrated appropriate individualised means of communication for these residents. Staff were seen to be familiar with the needs of residents and were patient in their interactions with them. Individual aids such as amplifiers were used to meet residents' communication needs.

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. All staff spoken with were clear about their role in protecting residents from abuse. Training records indicated that all staff have completed safeguarding training. The nursing home was pension-agent for nine residents. While there was a good system in place for the monitoring and safeguarding of these monies, there was currently an ongoing review into the policy and procedures around pension agent arrangements, been undertaken by the registered provider.

Each resident received end of life care based on their assessed needs, which maintained and enhanced their quality of life. Care plans were observed to provide

great detail on end of life care. In the event of sudden deterioration residents wishes were clearly communicated and family input was evident.

Appropriate arrangements were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety. Staff confirmed they complete and send 'The National Transfer document' with the resident, a copy of which was viewed in the residents' file.

The provision of personal choice and activities in the centre needed review. Inspectors reviewed records of participation in activities over a one month period and noted that on many days some residents had limited documented activity. Inspectors were also not assured that the layout of the multi-occupancy bedrooms provided adequate floor space, within the privacy curtains, for residents to undertake activities in private. This is further discussed under Regulation 9; Residents' Rights.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 13: End of life

The inspector was assured that each resident received end of life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and well maintained and appropriate to the number and needs of residents living in the centre. It was in line with regulatory requirements, as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

All relevant information was communicated through appropriate transfer documents on transfer to hospital or elsewhere. Changes to care, on return to centre, were reflected in the care plans.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were individualised and reflective of the health and social care needs, of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had appropriate skills and training to deal with responsive behaviours. Care plans adequately recorded resident's needs. Use of restraint was very low and used only in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

There was an overall lack of meaningful activities available for residents in the centre, which meant that, for the most part, residents were not participating in activities of interest to them. For example:

- Many residents were seen to be sitting in their rooms or sitting in front of the T.V in communal areas, throughout the day of inspection.
- Records available did not demonstrate a high level activities within the centre and gaps were identified in the daily record of activities for residents. For example, one resident had no daily activities recorded since the 15/09/2023.

Inspectors were not assured that residents could exercise choice in relation to their preferred hygiene routines. A hydrotherapy room that had an assisted bath in it was no longer in use. This meant residents could no longer choose to have a bath if they so wished.

Judgment: Not 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cara Care Centre OSV-0000735

Inspection ID: MON-0041009

Date of inspection: 27/09/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Immediately following the inspection, hydrotherapy rooms were cleared and the PIC has highlighted to all staff the correct location to store equipment. The PIC and local management team now monitor the hydrotherapy room regularly to ensure it is kept free of equipment.</p> <p>The activity programme was reviewed by the PIC and improved to include additional indoor and outdoor activities that reflect the preferences expressed by residents. A new activity lead commenced employment in November 2023 and the PIC conducts weekly reviews of activities in addition to the monthly governance team meeting.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The activity program was reviewed by the PIC and improved to include additional indoor and outdoor activities that reflect the preferences expressed by residents. A new activity lead commenced employment in November 2023 and the PIC conducts weekly reviews of activities in addition to the monthly governance team meeting.</p> <p>Activity staff will capture daily attendance in EPICCare. This is supervised by the ADON and PIC on a weekly basis. This commenced from 1 October 2023.</p> <p>Immediately following the inspection, hydrotherapy rooms were cleared and the PIC has highlighted to all staff the correct location to store equipment. The PIC and local management team now monitor the hydrotherapy room regularly to ensure it is kept free of equipment.</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 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/11/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	30/11/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/11/2023
Regulation 9(3)(b)	A registered provider shall, in	Substantially Compliant	Yellow	30/11/2023

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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