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:	20 April 2026
Centre ID:	OSV-0000179
Fieldwork ID:	MON-0050090

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 en-suite 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:	77

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
Monday 20 April 2026	09:15hrs to 16:15hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

Residents living in St Patrick's Care Centre said that it was a 'great place' and that staff were friendly and willing to help. This was an unannounced inspection to inform the renewal of the centre's registration. Inspectors also followed up on the compliance plan from the previous inspection, statutory notifications submitted, and unsolicited information received by the Chief Inspector since the last inspection in October 2025.

The centre was spread over two floors with access between floors via stairs and a lift. The lift had been out of order for a number of weeks from early February, and assurances regarding residents' movement between floors had been received. The lift had been repaired and was fully functional on the day of the inspection.

On arrival, the inspector walked around the centre and then had an introductory meeting with the person in charge, the Assistant Care Manager and the Clinical Nurse Manager. Over the course of the day, the inspector spoke with a total of 10 residents and four visitors, and got the opportunity to observe staff practices and residents' routines. In the morning, staff were assisting residents as per their preferences. Some residents had got up early, while others enjoyed a lie-in. The atmosphere throughout the centre was calm, and call-bells were heard to be responded to in a timely manner.

On entering, there was a reception area that was accessed by a buzzer, and had a visitor sign-in book. A cafe with tea and coffee making facilities, and a large, well-presented oratory were located beside the reception.

The main dining room, kitchen, laundry and offices were on the ground floor. The dining room was large and bright, and had access to a small, nicely decorated courtyard. The laundry had good separation of clean and dirty areas, and there was a system for labelling residents' clothes. Three large boxes in the laundry contained clothes that did not have a label and were not claimed, or clothes that had been donated by families of deceased residents. The staff on duty did not know how the clothes were organised, and could not tell the inspector how long the clothes were there, or how long they were retained for.

One of the offices was seen to be used as a store room and this was brought to the attention of the person in charge, as it meant that the centre was not operating in accordance with the floor plans and statement of purpose for which it was registered. The person in charge subsequently identified an alternative area for storage, and maintenance were working to return the room to it's designated purpose by the end of the week. The comms, pump and boiler rooms on this floor were seen to have debris and paper on the floor, and inappropriate storage of a trolley with paint pots and supplies in the boiler room. This was brought to the

attention of the person in charge who committed to reviewing the cleaning of, and storage in, these rooms to mitigate against fire risks.

The ground floor also had three residential wings, one of which was a self-contained dementia-specific unit. The other two wings had residents' bedrooms, a hairdressers' salon, a visitors' room, store rooms, sluice rooms, a clinical room. The wings shared a large sitting room where residents were seen watching TV, listening to music and taking part in exercises during the day. This room also had access to two secure gardens, one of which had a smoking area. The inspector had difficulty locating the call-bell for the smoking area and discussed this with the Assistant Care Manager who said a portable call-bell was hung inside the door to the garden. The door to one of the gardens was accessed by a fob mechanism and this was brought to the attention of the CNM, as it restricted residents from using the garden independently. The CNM acknowledged this, and requested maintenance to disable the locking function, which was done on the day. Both of the gardens were well-maintained, with colourful seating and flowers, and freshly-mowed grass. A number of residents were seen enjoying the good weather in the afternoon, although one resident commented that they felt residents could be given more encouragement to use the space.

The dementia-specific unit was secured with a keypad and had accommodation for 15 residents. There was a large sitting/dining area, and two smaller sitting rooms, as well as bathrooms, store rooms and a sluice. The atmosphere in the unit was calm, with music playing and staff engaging residents in activities appropriate to their abilities and interests. There was access to a secure courtyard from the sitting/dining area, but the door was opened by a fob which was held by staff. Staff spoken with said this was to ensure adequate supervision of residents, although they acknowledged that there were residents who could safely use the space independently. This was discussed with the management team at the feedback meeting, who said they would review the access arrangements to ensure that they were person-centred and rights-based.

The first floor was separated into three residential wings with visitors' rooms, sluices and store rooms. There was also a large sitting room that was shared by the three wings. The sitting room was bright, with large windows giving a view to the gardens below. A number of residents were taking part in an arts and crafts session here in the morning, and there was lively interaction between residents and staff.

The inspector saw lunch being served, and the food appeared hot and of generous portions. Most residents had their lunch in the large dining room downstairs, and the atmosphere was relaxed and casual. There was ample staff to assist residents, and residents said that they liked choosing where they sat so they could chat with their friends.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

There was a stable management structure in St Patrick's Care Centre, and the inspector saw that it was well-governed and well-resourced, although there were gaps in the oversight of the laundry system, storage, access to outdoor areas, and signage for the smoking area call-bell.

Cowper Care DAC is the registered provider of St Patrick's Care Centre and they are involved in the running of two other centres in the Leinster region. The main headquarters is on the same campus as the centre. There was a person in charge who worked full-time in the centre, and they were supported by the Assistant Care Manager and Clinical Nurse Manager. Staff nurses, healthcare assistants, activities coordinators, household, catering and maintenance staff made up the remainder of the staff team in the centre. The person in charge had been in the position for a number of years, and displayed a good knowledge of the residents and the management of the centre.

The inspector reviewed a sample of audits that showed a high compliance in the areas of training, nutrition, medication management, rights, and infection prevention and control, which reflected what was seen on the day. There was an annual review for 2025 and this had been completed in consultation with residents and their families. The annual review had identified falls management as an area for improvement, and the Falls Link Nurse conducted monthly falls audits and trending to identify measures to reduce falls and promote optimal post-fall care. These were seen to be discussed at management and staff meetings, with action plans in place to ensure issues were addressed. There was a good system of meetings in place, and the inspector saw that issues raised were communicated throughout the centre and responded to through action plans, with a responsible person identified. For example, feedback was received from families requesting more outings. This was raised at a management meeting, then referred to a staff meeting when it was discussed with the activities co-ordinator. An action plan was in place to secure a budget, contact transport options and identify destinations, with a timeline of Q2 for completion. This was the responsibility of the activities co-ordinator, who spoke with the inspector about the progress of the plan. The compliance plan from the previous inspection had been completed.

The inspector saw that staffing on the day was in line with the rosters. The centre had recently recruited a number of staff, and currently had two vacancies which were being advertised. Residents spoken with said that they were aware of new staff, and felt that they had fitted in well. They told the inspector that there was always staff available to assist them, with only one resident saying that they had to wait an extended time for assistance on one occasion. The inspector saw that call-bells were answered promptly, and there was good supervision of residents in all areas. There was a system in place to provide suitable cover for each department. There was a pool of relief staff in addition to a small number of regular agency staff used to cover absences. There was evidence that continuity of care was promoted in

the centre, including in the dementia-specific unit, through allocation of staff on a monthly basis. Staff reported that this system allowed staff and residents to become familiar with each other.

There was a comprehensive suite of training available to staff, with full compliance in mandatory training and in areas such as medication management, managing behaviour, and infection prevention and control. Staff said that they were given ample notice when they needed to update training, and they were accommodated to attend. There was an induction and orientation programme for new staff. The inspector spoke with staff who were at different stages of these programmes and they confirmed that they were being mentored and supported as set out in the booklets. There was also an induction checklist for agency staff, and those spoken with said that they were familiar with the centre and received a full handover at the start of each shift. All staff spoken with said that they felt supported by management. Staff had access to policies and procedures through an internal IT system, and there was evidence that staff appraisals were being completed to support staff to develop in their roles.

The inspector reviewed records of incidents that had occurred in the centre since the date of the last inspection, and all specified incidents had been notified to the Office of the Chief Inspector.

Throughout the day, the inspector observed that residents' records were kept secured at all times. The inspector reviewed four staff files, including that of the person in charge. All the files contained the information as required by the regulations.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the designated centre within the correct time frame, and with the required information. However, the floor plans did not match what was seen on inspection. There was an office that was seen to have changed use to a store room. It is acknowledged that this was amended to align with the floor plans submitted as part of the registration renewal.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to ensure that residents' needs were met in a prompt manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role and were adequately supervised. Staff had access to policies and procedures.

Judgment: Compliant

Regulation 23: Governance and management

The management systems did not always ensure that the centre was effectively monitored. This was evidenced by:

- The system to return unlabelled clothes to the owner, and to manage clothes donated by families, was not robust.
- The cleanliness of, and storage within, ancillary rooms such the comms, pump and boiler rooms did not promote good fire prevention practices.
- The access to outdoor spaces was not in line with relevant risk assessments.
- The signage to alert residents and visitors to the location of the call-ball for the smoking area was insufficient.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All specified incidents had been notified to the Office of the Chief Inspector in line with the required time frames as set out in the regulations.

Judgment: Compliant

Regulation 21: Records

Records maintained in the centre were in line with the regulations, and kept in such a manner as to be safe and accessible.

Judgment: Compliant

Quality and safety

Residents living in St Patrick's Care Centre were seen to receive a high quality of care from staff who were familiar with, and attentive to, their needs. Residents told the inspector that it was 'a great place' and that it was 'the best place in Ireland'.

Lunch was served in two sittings, as most residents chose to eat in the dining room. Residents told the inspector that this worked well, and they were served quickly. They were very complimentary of the food, praising the choice and quality of the meals. On review of the menus, the inspector saw that there was a large variety of soup, meats, vegetables and desserts on offer, although there was only one meat option on a Sunday and the same dessert each week. This had been raised in a residents' meeting and was discussed with the person in charge, who was addressing it with the kitchen staff. Other menu requests raised at residents' meetings, such as homemade brown bread, were implemented promptly, and residents said that staff were very attentive to dietary preferences. Staff were heard to be knowledgeable of residents' likes, such as sugar in their tea. Residents were seen to receive assistance from staff in a calm and respectful manner, with staff sitting beside them and chatting to them. Meals delivered to residents in their bedrooms were kept warm by use of a hot box. Residents dining in their bedrooms told the inspector that they always had their meal hot, and with condiments and drinks as wanted. Two residents were seen receiving assistance with their meals in their bedrooms promptly, and in an attentive manner. The kitchen staff kept a list residents' dietary needs, such as diabetic diet or high calorie diets. Care staff then referred to a daily list which also included modified diets and the residents' meal choice, which ensured that residents received the correct meal.

There was a high level of cleanliness in all communal areas and bedrooms, and this was commented on by both residents and visitors. One resident said 'the place is spotless' and another said the centre was 'always kept so clean and comfortable'. Staff had received training in infection prevention and control. Records showed that there was regular testing for, and management of, *Legionella* bacteria since the last inspection. The provider had committed to installing the recommended hand wash

sinks by June 30th. The person in charge said that funding had been secured, locations had been decided on, and they were on track to meet their deadline.

There was a clinical room on the ground floor where medication and medication trolleys were stored. This room was secured by a fob system and was kept locked throughout the day. There were records of room and medication fridge temperature checks twice daily, and temperatures were within recommended ranges. The centre no longer held a supply of stock medication, and all medication was obtained from the pharmacy as needed. The shift times for nurses on the dementia-specific had been adjusted to ensure that residents received their medication within the recommended time frame. The inspector reviewed a sample of medication records on this unit and saw that medication was being delivered in line with best practice.

Staff had received training in safeguarding residents and they displayed a good understanding of dealing with concerns. Residents told the inspector that they felt safe in the centre, with one resident saying 'you could talk to any of the staff if you were worried'. Visitors spoken with said that if they had concerns, they were dealt with straight away, which made them confident that staff looked after their loved ones. There were no open safeguarding investigations or complaints on the day of the inspection.

The inspector saw a schedule of activities that offered a good variety to residents, and residents said that there was plenty to do in the centre. The activities staff were seen to be familiar with residents' abilities and interests, and encouraged participation through friendly chat about past jobs and family members. Some residents said that they chose not to attend activities, and staff respected their decision. A new singer attended the centre the previous day, and residents said that they really enjoyed the change, which was something that had been raised at meetings. Residents said that they were looking forward to outings starting again in the good weather because they had enjoyed walks on the seafront and a trip to the zoo last year. There was easy access to TV, radio and newspapers in the centre, and residents were facilitated to go out with their family. A Catholic priest attended the centre on a weekly basis to say Mass, and a Church of Ireland minister visited once a month. A hairdresser attended the centre twice a week and there was a well-equipped hairdressing salon on the ground floor. Residents said that they felt staff listened to and cared about them, and commented that they were 'kind and gentle' and 'seemed to know what they are doing'. They liked that they could choose how to spend their day, with some residents staying up to watch late-night TV, while others woke early, and were assisted to do so by night staff.

Regulation 18: Food and nutrition

There were adequate quantities of freshly prepared food and drinks, and the dietary needs of residents were accommodated. There was an adequate number of staff to assist residents at meal times.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that infection prevention and control procedures consistent with the standards published by the Authority were in place and implemented by staff. Staff had received suitable training in infection prevention and control.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

All medicinal products were stored securely and administered as prescribed, and in line with best practice.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents had adequate facilities and opportunities to engage in activities, communicate freely and exercise their rights. Residents were consulted about and participated in the organisation of 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	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 21: Records	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0050090

Date of inspection: 20/04/2026

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**
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant

Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:
Immediately following the inspection, the Person in Charge (PIC) reviewed all rooms within the designated centre against the approved floor plans submitted as part of the registration renewal process. The room identified during inspection as being used inconsistently with the submitted floor plans was returned to its designated use, and the floor plans were verified for accuracy.
An environmental walkaround audit was completed by the PIC and Provider Nominee to ensure that all rooms within the centre corresponded with their registered purpose. No further discrepancies were identified.
A register of rooms and their approved designated functions have now been implemented and communicated to the management team and maintenance personnel.
The following measures have been introduced to prevent similar event in the future:
• Any proposed environmental or room-function change will require documented approval by the Provider and review by the PIC prior to implementation.
• A compliance check has been incorporated into annual audits to verify that the physical environment remains consistent with the approved floor plans and registration conditions.
• Floor plans submitted to the Chief Inspector will be reviewed annually, and additionally following any environmental changes, to ensure accuracy and regulatory compliance.
• Relevant members of the management team have been informed of the regulatory requirement to notify the Chief Inspector in advance of any proposed material change to the premises or room function.
• Findings from environmental audits will be discussed at governance and management meetings, with actions tracked to completion.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. Handling of Laundry

The Person in Charge (PIC) has reviewed the existing laundry management system to ensure residents' clothing is appropriately labelled and returned to the correct owner. The following measures have been implemented:

• All residents and/or their representatives are provided with written guidance regarding clothing labelling requirements on admission and during care plan reviews.
• Key workers are responsible for completing weekly checks of residents' clothing to ensure items remain appropriately labelled.
• A log of unidentified clothing has been introduced and will be reviewed weekly by the housekeeping supervisor to support timely return of items to residents.
• Laundry mesh bags continue to be used for small personal items to minimise loss during laundering.
• Monthly audits of the laundry system will be completed by the PIC to monitor effectiveness and identify recurring issues or trends.

2. Management of Donated Clothing

A formal process for the management of donated clothing has now been implemented.

• Donated clothing received following a resident's discharge or death will be documented and reviewed by the PIC or delegated senior staff member.
• Clothing identified as suitable for re-use will only be offered to residents following consultation with the resident and/or representative and in accordance with infection prevention and control procedures.
• Clothing not required will be removed from the centre within seven days through donation to an appropriate clothing bank or appropriate disposal.
• Storage areas for donated clothing have been reviewed to ensure they remain clean, organised, and do not create unnecessary clutter or fire risks.
• Compliance with this process will be monitored as part of quarterly environmental audits.

3. Ancillary Rooms – Environmental Cleanliness and Fire Safety

The PIC and the Facilities Manager completed an immediate review of all ancillary rooms, including the comms room, boiler room, and pump room.
The following corrective measures have been implemented:

• All unnecessary combustible materials and inappropriate storage items were removed from ancillary rooms.
• A structured cleaning and environmental inspection schedule have been implemented for all ancillary areas.
• Ancillary rooms are now included within the monthly environmental and fire safety audit completed by the PIC and Facilities Manager.
• A documented sign-off checklist has been introduced to verify cleanliness, safe storage practices, and unrestricted access to essential equipment.

• Any deficits identified during audits will be escalated to the Provider Representative and tracked to completion through the centre's quality improvement system.

4. Access to Outdoor Spaces

Residents' access to outdoor garden areas has been reviewed in line with individual risk assessments and residents' rights to autonomy and freedom of movement.

• Garden access doors are now routinely accessible between 9am and 9pm unless individual assessed risks require alternative control measures.
• Individual resident risk assessments relating to independent outdoor access have been reviewed and updated.
• Staff have been reminded of the importance of supporting residents' access to outdoor spaces in accordance with assessed needs and preferences.
• Compliance will be monitored through environmental walkarounds and residents' feedback meetings.
• Signage is displayed to promote residents and visitors' awareness of the location of call bell for smoking areas and communicated to all residents.

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	14/05/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	15/05/2026