### Health Information and Quality Authority Regulation Directorate

#### Compliance Monitoring Inspection report
**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Patrick’s Care Centre</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000179</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Dublin Street, Baldoyle, Dublin 13.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 905 2266</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sshields@cowpercare.ie">sshields@cowpercare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Cowper Care Centre Designated Activity Company</td>
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<tr>
<td>Lead inspector:</td>
<td>Sarah Carter</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>74</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of
which was to monitor ongoing regulatory compliance. This monitoring inspection was
un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 04 July 2018 08:55 To: 04 July 2018 17:00

The table below sets out the outcomes that were inspected against on this
inspection.

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<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
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<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
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<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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Summary of findings from this inspection
As part of the thematic inspection process, providers were invited to attend
information seminars given by the Authority. In addition, evidence-based guidance
was developed to guide the providers on best practice in dementia care and the
inspection process.

Prior to the inspection, the person in charge completed the self-assessment and
scored the service against the requirements of the Health Act 2007 (Care and
Welfare of Residents in Designated Centres for Older People) Regulations 2013 and
the National Standards for Residential Care Settings for Older People in Ireland. The
previous table outlines the self-assessment and the inspector’s rating for each
outcome. The provider had identified a small numbers of areas they were working on
to drive improvements in their self-assessment documentation, but overall inspectors
found good levels of compliance.
The centre provided a service for people requiring long term care and support as well as care for residents with dementia. On the day of inspection 74 people were resident in the centre. Just under a third of residents had a formal diagnosis of dementia, and another 11 residents have symptoms of dementia but no formal diagnosis. There was a dementia specific unit on the ground floor of the centre that could accommodate 15 residents in their own single en-suite bedrooms. This unit has direct access to its own safe and secure garden area.

Inspectors met with residents, relatives, and staff members during the inspection. The journeys of a number of residents with dementia were tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

Residents were positive about the service they were receiving and reported that the staff were very kind. They reported they were supported to be comfortable and make their own decisions about how they spent their time day to day. Visitors were welcome in the centre, and there were facilities for meeting privately if the resident preferred, or a range of communal areas throughout the building and in the garden area.

Staff were seen to be skilled at meeting residents’ needs, and responding to any changes to their health and social care needs by making contact with relevant healthcare professionals. Staff training supported staff to maintain the necessary skills to support the residents, including those with dementia. Staffing levels ensured staff had time to spend time with residents other than carrying out daily care routines.

The centre had been last inspected in April 2017 and had full compliance against 12 outcomes, as a result there were no actions for follow up on this inspection.
**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents’ wellbeing was being maintained, there was access to appropriate medical and health care, and evidence based nursing care was being provided.

Residents who spoke with inspectors said they felt their needs were being met in the centre. Some reported that their health had improved since moving to the centre. Inspectors reviewed a wide sample of residents care records throughout the inspection.

Residents care plans were clearly recorded, setting out their identified needs and included their preferences and wishes. There was evidence that the resident and / or their relatives had been included in the development of the care plans. There was also detail about resident’s life histories, which supported the provision of person centred care to residents with dementia and other conditions. Staff were seen to engage with residents positively throughout the day speaking about family or experiences that were relevant to those individuals. Care plans stated that residents’ choices should be respected, and inspectors observed this being followed in practice. Residents were offered choices on joining in activities and during their meals.

Overall care plans in relation to managing different aspects of dementia care, including responsive behaviours, were clear and person centered. They gave details on techniques and approaches to use with residents if they became distressed. The use of these techniques were captured in full in separate documents that recorded specific behaviours (ABC charts) however this detail was not always included or referenced in the daily care records. Regular audits were taking place on the treatment of residents with responsive behaviours, the outcomes of which were seen to impact positively on the resident, by making alterations to resident's care plans and identifying more techniques to use with the residents when they were distressed.

A range of evidence based nursing tools were used to support nurses in monitoring and evaluating residents changing needs. Where needs were identified appropriate support was put in place. For example records indicated that referrals to specialists or for hospital treatment were being made in a timely fashion, and any subsequent recommendations were included in care plans. Information was shared appropriately.
between the centre and the hospital a resident may be attending, and there was
evidence that accurate information was sought and recorded on the residents discharge
from hospital back to the centre.

The assessment and review of residents needs was on-going in the centre. Prior to
admission an assessment was carried out to ensure the residents’ needs could be met
by the services in the centre. On admission a detailed assessment was carried out by
the nursing staff, and then care plans were put in place setting out how those needs
were to be met. Residents care needs were reviewed regularly, and within the four
monthly requirement specified by regulations. They were updated more frequently if
their condition changed.

Residents were supported to maintain good nutrition and standardised assessments
were used to monitor risk in relation to nutritional intake and weight loss. Care plans
were reviewed of residents’ with dementia who had experienced weight loss and an
appropriate care plan was in place, which included a dietician review and
recommendations. Residents’ who required specific modified diets and assistance were
observed to have them provided and were dining in the company of other residents’
who did not require modified diets in the communal dining area. Daily records indicated
the nutritional intake of residents who required additional monitoring. The inspectors
completed periods of observation during lunchtime dining, and these will be discussed in
further in outcome three.

There was a menu in place that offered choice at each mealtime. The meals were seen
to be nicely presented and residents confirmed the food was of a good standard. Overall
residents reported they were satisfied with the food on offer, and any residents that had
raised their concerns, had had a response actioned by the appropriate member of staff.
Where residents required a modified diet, they were appropriately assessed and the
correct meals were made available for them. Where residents required support with
eating and drinking it was done discreetly by staff that knew the residents well, and
provided effective encouragement. The lunchtime dining experience was observed by
Inspectors in the main dining room and in the dementia unit, and staff were noted to
provide discreet care and assistance when required. Staff were overheard engaging in
positive connected care with the residents, warmly chatting about non-task specific
topics of conversation.

The provider had judged their centre as substantially compliant in this outcome; and
had identified actions in relation to training staff, amending the life story project that
was in use and recruiting a second activity staff member. These actions were on-going,
and efforts were underway to recruit a second member of activity staff in addition to
other additional staff members - this will be discussed further in Outcome 5.

**Judgment:**
Compliant

**Outcome 02: Safeguarding and Safety**

**Theme:**
## Safe care and support

### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

### Findings:
There were appropriate measures in place to ensure residents’ were safeguarded and protected from suffering harm. There were clear systems in place to monitor the use of any restrictive practices, and the use of which followed national guidelines. The centre judged itself as compliant in this outcome in their self assessment.

Residents who spoke with inspectors said they felt safe in the centre. Staff were seen to be communicating well, and respecting residents’ choices as they were going through their daily routines. Staff were knowledgeable about safeguarding, and knowledgeable on the different types of abuse to be vigilant for. They also knew the reporting process if an allegation of abuse was made to them. There was a clear policy in place, and the information provided by staff matched the processes described. Inspectors reviewed an investigation carried out by the person in charge; and the expected process had been completed and the resident's care plan was updated as a result.

There was a policy reflecting the national guidance document ‘towards a restraint free environment’. It was seen to be used in the centre to guide restraint usage and review. Overall restrictive practices and restraint use was low in the centre. A register of restrictions was kept, and included items such as bedrails. A full assessment was carried out prior to their use, and when they were in use a check was completed to ensure they were safe. Decisions to use restrictions were made in consultation with the resident or representative, nursing staff and general practitioner (GP). Decisions were also reflected in the resident's care plan and subject to review. Alternative equipment to the restrictive practice, for example: sensory alarms and floor mats; were reported as available and tried prior to the use of bedrails, and the use of this alternative equipment was recorded on the assessment form. However the rationale around not using the alternatives was not clearly recorded, and it was also not clear in all assessments reviewed if alternatives had been considered each time the assessment for the use of the restrictive practice was repeated.

As part of living with dementia some residents displayed responsive behaviours. Inspectors observed that staff were working well with residents to support them to follow their chosen routines, and to manage any anxiety or stress. Care plans provided clear and person centred guidance for staff to manage these behaviours, and they were seen to be following these plans in practice. The staff recorded any responsive behaviours in additional behavioural charts. As discussed in outcome 1; some examples were seen where the care plan, the daily records and the behavioural log were not fully integrated. However there was a regular audits taking place on responsive behaviours, and evidence was seen where actions identified had resulted in changes and improvements to residents care plans.

The centre was not a pension agent for any residents which meant the inspectors did not review the processes of handling residents pensions.
Judgment:
Compliant

Outcome 03: Residents’ Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents’ privacy and dignity was respected and there were opportunities for meaningful social engagement for residents if they chose to take part in the activity programme. The centre judged itself as compliant in this outcome in their self-assessment.

Residents were seen to be receiving visitors throughout the inspection. Some chose to meet privately and others enjoyed meeting in the different communal areas in the centre. Some residents also had their visitors joining them in the main dining room during their lunch.

There were residents meetings held regularly and topics relevant to the residents were discussed, for example meals, activities, and community events. There was information about advocacy services throughout the centre and meetings were held if residents chose to attend them. An advocate was available to residents and this was advertised on the noticeboards and in the resident’s information booklet.

Staff were seen to be supporting residents in a range of activities and daily living tasks during the inspection and communication levels were seen to reflect resident’s individual needs. Staff were seen spending time with residents talking about current events, or topics of interest. For some residents who were not able to engage in conversation, staff were taking time to sit with them, hold their hand or speak with them.

Inspectors also carried out formal observations for periods of time using a standardised assessment tool called the QUIS. These periods of observation totalled just under two hours. Inspectors observed a mealtime in both the main dining area and in the dementia unit, as well as a period of time before and after lunchtime in the dementia unit.

During these periods of observation, Inspectors found that overall there was good engagement and contact with the residents and that care was being delivered in line with their care plans. During the lunchtime meal, there was sufficient staff to assist and serve residents, and staff were observed interacting appropriately and socially with the residents. Residents’ who could not communicate verbally had staff to assist them, who used eye contact and touch to communicate with them, as well as talking to them in
pleasant and appropriate ways. For a short period of time after the lunchtime meal in
the dementia specific unit, it was noted that there was fewer staff available and the
activity provision was impacted by the staffs’ requirement to supervise the room. This
improved as the staff members returned from their lunch breaks. This was discussed
with the person in charge and management team on the day of inspection, and they
agreed to review the duties of staff to ensure the communal areas were adequately
supervised while maintaining activity provision for residents.

The activity programme throughout the centre was led by one activity instructor, and
activities were followed up and / or completed by unit staff, both nurses and health care
assistants, when the activity instructor moved on to another unit. A record of attendance
at activities was maintained, and this was viewed on inspection. The person in charge
and management team reported they were reviewing this process, with a view to
ensuring the impact and values of the activity to the residents were captured. An
additional position in the activity team had been approved and attempts were underway
to recruit a suitable person.

There were a range of activities and events scheduled to take place in the centre, and
there were activities seven days a week. There were a number of group events such as
singers, games, exercises classes and parties celebrating birthdays and other events.
The centre had facilitated a summer barbeque in their gardens the week previous to the
inspection, which was attended by many residents and their families and friends, who
reported that it was very enjoyable.

All bedrooms in the centre were single and en-suite and staff were observed knocking
on doors before entering rooms to maintain resident’s privacy. Some residents elected
to keep their bedroom doors open, and those spoke to, said they preferred that.
Religious services were organised in the centre, and residents confirmed they valued
this arrangement. There was also access to current affairs through daily newspapers,
and access to TV and radio. At the time of the inspection residents were enjoying the
football and tennis events being televised.

The centre was well located, close to a main road, a shopping centre and schools.
During a recent election, residents had the choice or voting in the centre, or taking the
short trip to the nearby polling station.

**Judgment:**
Compliant

**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents and family members spoken with reported they would feel comfortable making a complaint and were confident that they would be taken seriously and their issue addressed promptly. There was a procedure for making complaints which was posted in residents' bedrooms and identified the persons responsible for managing complaints.

The service retained a log of all complaints raised. This digital record contained information on the matter, the actions taken to resolve it, and the outcome and learning achieved from the complaint. Notes were kept of how the outcome was relayed to the person who made the complaint, and their satisfaction with same. Complaints and concerns that were delivered verbally, and feedback items raised via the resident forum meetings, were also included in the records and addressed with the same level of detail as formally submitted written complaints.

The management team compiled regular reports of complaints to track recurrences and trends in topics and used the information to drive quality improvements in the centre.

**Judgment:**
Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
On the day of inspection there was an appropriate number and skill mix of staff available to meet the needs of residents. Residents and family members spoke positively about the care delivered by staff and their friendly and patient attitude in delivering it.

The centre had increased their overall staff number in the first quarter of this year, and a small number of additional positions (including that of an additional activity staff member) were also sanctioned and efforts to recruit were underway.

Inspectors observed staff delivering care and providing assistance to residents in a discreet and dignified manner. Assistance provided in bedrooms or bathrooms was done with the door closed to provide privacy and staff were observed knocking before entering residents' private spaces. Staff were observed speaking with residents in a friendly and respectful manner, and displayed a good knowledge of the residents, their needs, preferences, backgrounds and personalities. Dementia friendly techniques of verbal and non-verbal communication were used where appropriate.

Inspectors reviewed the training records of staff and found staff were up to date in their mandatory training such as fire safety, manual handling and safeguarding of vulnerable adults. The majority of staff had training in caring for residents with dementia and other
cognitive impairments. Additional training available included nutritional care, pain management, and infection control and food safety.

Inspectors reviewed a sample of recruitment files for staff. All files were found to have the required documents as listed in Schedule 2 of the regulations including Garda vetting and references, and all nurses were registered with the Nursing and Midwifery Board of Ireland.

**Judgment:**
Compliant

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Overall the premises of the centre were suitable for the number and needs of the residents who lived there. Care was being provided across two storeys with an elevator available to travel between floors. Corridors were equipped with handrails and safe flooring, and were free of any major steps or trip hazards. Residents were observed throughout the day mobilising safely; either independently or by using mobility equipment. The centre was in a good sate of maintenance and it was appropriately lit, well ventilated and its decor was homely. Furnishings were observed to be clean and well maintained in communal areas and in the sample of bedrooms seen. Corridor and landings were wide and spacious.

All bedrooms were single occupancy and en-suite and there were enough additional toilet and bathing facilities off the corridors for the number of residents living in the centre. Bathrooms were appropriately equipped for residents with reduced mobility and spacious enough for those who used standard assistive equipment. Bedrooms were of a good size to allow for them to be personalised with photographs and decorations to the residents’ preferences. There was adequate space for residents to store clothing and belongings, as well as lockable storage options for valuables. All bedrooms, bathrooms and communal areas were equipped with accessible call bell facilities. Colours and decor throughout the centre was homely and had sufficient contrast in colour to accommodate the needs of resident’s with dementia. Bedroom and bathroom doors were different colours from each other and there was appropriate pictorial signage to direct residents towards the correct rooms. Communal bathrooms were available on each corridor and were large and spacious. There was discreet symbolic signs on bedroom doors, indicating if the resident who lived there was at risk of falls. Numerous whiteboards and noticeboards were available in key locations that displayed the date and the details of the day’s activity programme.

The centre had multiple communal areas and a choice smaller living rooms in which
residents could relax and/or socialize. The smaller living rooms on each corridor were comfortable and homely and residents could sit alone there to nap, read the paper or receive visitors. There was a large, safe and secure garden space which residents could easily access from the main communal area on the ground floor and residents were observed using it as part of their stroll or to sit outside in the fresh air and sunshine. There was suitable and comfortable outdoor seating available, in addition to parasols for shade.

In the dementia specific unit the corridors were straightforward and easy to supervise to allow residents to navigate safely and to encourage independence. Clear and simple pictorial signage was used to identify each person's bedroom and the bathrooms, and to navigate the corridors. Dementia friendly design features were again in use including; good use of contrasted colours on handrails, toilet seats and on bedrooms and bathroom doors. There were two smaller comfortable living rooms available, with pleasant murals and fireplace features, as well as a larger communal dining and activity space. This unit also had direct access to its own secure courtyard and garden. While bedrooms were all en-suite there was a communal bathroom available close by to the large communal space to facilitate residents.

**Judgment:**
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Sarah Carter
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority