



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:	24 May 2022
Centre ID:	OSV-0000179
Fieldwork ID:	MON-0036996

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
Tuesday 24 May 2022	09:00hrs to 18:00hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, residents were happy living in the centre. There was a calm and relaxed atmosphere in the centre throughout the day of the inspection. Staff were observed to treat residents with kindness. Inspectors observed that staff knew the residents well and residents were seen to be content and relaxed in the company of staff.

When the inspector arrived at the centre they were guided through the infection prevention and control measures necessary on entering the designated centre, such as hand hygiene and the wearing of face masks.

The inspector spoke with six residents and spent time observing residents' routines and care practices in the centre in order to gain insight into the experience of those living there. Feedback from residents was reflected in comments such as "staff are lovely". However some feedback was in relation to the one lift that serviced the building that had been broken from the 13 May 2022. This lift was repaired on the morning of inspection. One resident stated that they 'missed going downstairs and getting outside.' Another resident stated that they "missed their friends". The lift being out of service meant that some residents were restricted to the first floor with no access to the outdoors for 11 days.

The inspector observed the mealtime experience in the dining area which was bright and clean, and the food was seen to be well presented. The daily menu was displayed on a board within the dining room to assist residents with their meal choices. The mealtime was seen to be a relaxed and social occasion with residents talking amongst themselves and staff providing help to residents' in a sensitive and discreet manner. Residents reported that food was very good and they were satisfied with the choices available to them. If they did not like what was on the menu, an alternative meal of choice was made available. There was a snack option available to residents, and fresh water was available.

Overall, the centre was homely with bright decor. However the inspector observed that some walls required attention in relation to chipped paint. Management had a programme of paint work in progress. There had been work carried out in the enclosed courtyard from the previous inspection. The area had been cleared of moss and now was no longer a smoking area due to the risk of the close proximity of a gas outlet. All assisted bathroom now had toilet roll holders fitted, however all ensuite toilets inspected did not have holders. The inspector saw that a number of bedrooms were personalised with residents' family photographs, ornaments and other personal memorabilia.

The activities schedule was displayed on notice boards on each floor. These included arts and crafts, reminiscence sessions and music therapy. One resident commented they looked forward to the 'sing songs'. Many residents were observed reading

newspapers in communal areas.

Residents told the inspector that they were delighted that they can receive visitors again and inspectors observed many visitors meeting with residents throughout the day, having complied with all infection control procedures on their arrival.

Capacity and capability

There were effective management systems in this centre, ensuring good quality clinical care was being delivered to the residents. However, actions were required in the statement of purpose, premises health care and fire precautions.

The registered provider for the designated centre is Cowper Care Centre DAC. The centre has a clearly defined management structure with identified lines of authority and accountability consisting of the Chief Executive Office (CEO), the group head of care and the person in charge. The person in charge was responsible for the day to day operations of the centre, and was supported in their role by an assistant care manager. Other staff members included a clinical nurse manager (CNM), nurses, team leaders, health care assistants, an activity staff member, catering and domestic staff, maintenance and administration staff

The inspector reviewed the actions from the previous inspection and found that actions were taken in relation to medication, staff resources, auditing and notification of incidents. Further action was required regarding relating to fire safety precautions and premises.

The centre was managed by a management team who were focused on improving resident's well being and quality of life. The person in charge and clinical nurse managers, met every month to discuss clinical and operational issues, such as COVID-19 guidance, staff training, audit results, activities and incidents and accidents within the centre. Audits were seen to be carried out in care plans, medication, infection control and premises. There is a quality improvement plan in place for 2022 in relation to dementia specific training.

There was a written statement of purpose which had been reviewed in January 2021 that was made available to the inspector for review. However this document required further amendments to ensure it accurately described the service that was provided in the designated centre as per Schedule 1, this is further discussed in regulation 3 statement of purpose.

An annual review report for 2022 was available to the inspector and included direct consultation with residents. There was evidence of consultation with residents and their representatives through surveys and residents' meetings. Surveys carried out on resident quality of life and palliative care showed high levels of satisfaction.

The centre's day and night staffing rosters were reviewed. From this review and

observations throughout the day, the inspector saw that there were sufficient staff were on duty to meet the assessed needs of the residents. There were no nursing or health care staff vacancies at the time of the inspection.

Regulation 15: Staffing

On the day of the inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents within the design and layout of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was assured that the designated centre had sufficient resources to ensure an effective delivery of care to residents. There was a clearly defined management structure with clear lines of authority and accountability. Management systems were in place to monitor the service provided ensuring it was safe, appropriate consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of three residents' contracts for the provision of services was reviewed. These contracts outlined the terms and conditions and responsibilities of the provider and resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose did not contain all the information set out in Schedule 1. The conditions listed were not in accordance with their current registration, seven conditions were listed instead of the conditions that are in place for the designated centre, for their current registration period.

Access to services such as the GMS scheme and the national screening programme were not included in the statement of purpose.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures were available as set out in Schedule 5, these were reviewed and updated at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

The inspector found that residents experienced a good quality of life as a result of the services provided in the designated centre. In general, the rights and independence of residents were promoted and residents were consulted about the service. Residents were able to make choices about their meals and how they spent their day. However actions were required in the areas of fire evacuation, health care and premises.

The registered provider had a risk management policy in place which identified the hazards and assessment of risks. Measures and actions were in place to the control the risks identified.

Residents had appropriate access to general practitioner(GP) care. There was a GP linked to the centre, and access to a doctor during out of hours. However access to all health care professionals was not always facilitated in a timely manner. This is further discussed under Regulation:6 Health care.

The inspector was accompanied by the person in charge and assistant care manager when viewing the twin room . The room was not configured to allow residents to access their belongings in private. Action was required to ensure it came into compliance with Regulation 17. This was identified in the previous inspection.

While there were systems in place for the on-going monitoring of residents to identify signs or symptoms of COVID-19, there were gaps seen in monitoring records for staff. The centre was involved in antimicrobial usage audit programme and figures showed a reduction in usage from 35% in December 2021 to 14% in January 2022. There were noted improvements in relation to infection control prevention measures put in place from the previous inspection.

Following the last inspection, the inspector reviewed records of fire evacuation drills

and found further improvements were required. This is further discussed under Regulation 28:Fire.

Improvements in medication prescriptions were found from the previous inspection. Medication audits were seen to be carried out monthly with action plans to address findings and identify learning outcomes. The centre was involved in a psychotropic medication programme which demonstrated a reduction in use. The centre is currently planning to change over to an electronic prescription system.

Regulation 11: Visits

Visiting arrangements were in compliance with the latest guidance from the Health Protection Surveillance Centre. Residents had the option to receive visitors in a day room or their bedrooms or alternatively to make use of the garden space provided.

Judgment: Compliant

Regulation 17: Premises

The inspector viewed the one twin room and found that it did not provide an area of 7.4 m² of floor space for each resident which included a bed, a chair and personal storage space. This room was not configured to ensure that residents could access their belongings in private.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector was assured the provider had procedures in place consistent with the standards for the prevention and control of health care-associated infections published by HIQA.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector was not assured the registered provider had made the necessary arrangements for evacuation where necessary in the event of a fire, of all persons in the designated centre. Following on from the last inspection, the inspector reviewed records of fire evacuation drills and found further improvements were required relating to evacuation drills. For example;

- The drills did not prepare staff for horizontal compartment evacuation. One evacuation fire drill was carried out at night time, which included a full evacuation. Additional staffing were involved, which did not reflect the staffing ratio rostered for night duty.
- Another fire drill did not all include the time it took to carry out the evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed a sample of six prescriptions and found that they were administered in accordance with the directions of the prescriber.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was carried out on residents prior to admission to the centre. Care plans were prepared within 48 hours of admission and reviewed at intervals not exceeding four months or as where necessary. There was evidence of consultation with residents and or their family.

Judgment: Compliant

Regulation 6: Health care

Access to health care was not provided to every resident having regard to the care plan prepared under Regulation: 5. For example;

- A resident who was on a modified diet had not being reviewed by speech and language therapy since 2018. There was no record in their care plan of when an occupational therapist had carried out a seating assessment, although it

was recognised that there was a risk of aspiration.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant

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

Inspection ID: MON-0036996

Date of inspection: 24/05/2022

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of purpose has been reviewed and updated to include residents’ access to GMS Scheme and national screening programmes.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The total space in the shared room is within the required size set out in the regulations. Both residents currently have independent private spaces. The layout of the room is been currently re-configured to afford both residents access to their personal belongings within their own floor space.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Drills: The Fire drill did not prepare staff for horizontal compartment evacuation. One evacuation fire drill was carried out at night time, which included a full evacuation. Additional staffing were involved, which did not reflect the staffing ratio rostered for	

night duty.

A simulated night time fire drill/evacuation was conducted on the 23/11/2021. This was done based on night time staffing levels. It was not a full evacuation but rather a horizontal evacuation drill. There were three members of the in-house management team (ACM,CNM, and Team Leader) present to observe the drill and provided feedback to staff, but did not actively participate in the evacuation process. Seven rostered staff actively participated in the drill. Although, the management team have signed on to the participants' section of the evacuation drill report, they did not indicate their role as "observers" which made it appear like they have participated in the evacuation drill. This was now addressed and discussed to all relevant staff to ensure proper documentation of future fire drills.

An additional fire drill/evacuation was carried out on the 08/06/2022; management emphasised about the importance of evacuating residents from one compartment to the next as per regulation.

Another fire drill did not all include the time it took to carry out the evacuation.

A fire drill demonstration was conducted on the 22/07/2022, whereby management demonstrated and explained to twelve staff on duty the crucial steps of a fire evacuation process. Residents were not involved. As this was a demonstration for training and education purposes, duration was not documented. This record has indicated on the report "Demonstration to staff".

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care: PIC will ensure all residents have access to health care where needed and this will be included in their care plans.

PIC/ACM will ensure the link nurses for nutrition are fully aware of their responsibility to audit resident's records and schedule relevant reviews in a timely manner when required. This will be done in a monthly basis and feedback to all relevant staff will be done through Clinical Meetings which is also held monthly. The resident in question was referred for Speech and Language Therapy review on 25/05/2022 and a respond was received on 14/06/2022 declining review as the resident has no current swallowing issues nor presented changes with swallowing. However, a routine review will be sought privately.

PIC will continue to have oversight and will check resident's records to ensure compliance to Regulation 6: Health Care.

PIC/ACM will instruct all nurses to ensure current assessment records are kept in the care plan folder for easy access and to direct staff on care delivery. The PIC/ACM/CNM

will also continue to direct staff to ensure all residents on recliner chairs are assessed by relevant HSCP prior to using them for resident's safety.

The PIC/ACM will ensure training will continue to be given to all HCA's and Nurses on the use of Restraints, this is ongoing and scheduled yearly to ensure all residents on recliners are using them appropriately and will not pose a risk to residents.

The resident in question was referred for private seating assessment on 7/06/2022 and awaiting review appointment.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	04/07/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	06/07/2022
Regulation 03(1)	The registered provider shall prepare in writing	Substantially Compliant	Yellow	04/07/2022

	a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/07/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	31/07/2022