

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Patrick's Care Centre
Centre ID:	OSV-0000179
Centre address:	Dublin Street, Baldoyle, Dublin 13.
Telephone number:	01 905 2266
Email address:	stpatricks@cowpercare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cowper Care Centre Limited
Provider Nominee:	Seamus Shields
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	5

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 Quality 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 June 2015 10:30 To: 08 June 2015 16:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The purpose of this inspection was to assess the application made by the provider to vary condition seven of the current registration certificate, that is to increase the total capacity of residents' from 43 to 68. As part of the inspection the inspector reviewed the new bedrooms, dining room, and works in completion at entrance/reception area, coffee shop/recreation room, and grounds. The improvements are part of a phased programme. The provider intends to part of the re-furbished ground floor area and utilise 10 bedrooms, and a large day and dining space as a dementia specific unit.

As part of the inspection notifications, and unsolicited information received by the Authority were also inspected against. Further to this the inspector was satisfied that the provider and person in charge had a high standard of governance and sufficient safeguards in place to monitor quality and safety of care at the designated centre.

All the bedrooms and were found to be comfortable, well furnished and adequate to meet the needs of the proposed residents. They were all en-suite and suitably decorated to ensure a homely safe environment for residents to live in. The communal space had been developed and increased on each floor and was an

appropriate size and furnished to meet residents' needs. The statement of purpose reflected the service to be provided to 68 residents however, changes were required to ensure compliance with regulation 4(3).

Residents spoken with expressed satisfaction with all aspects of care provided. Those spoken with on inspection praised the staff and welcomed the improvements to the premises. Additional nursing and care staff were in the process of being recruited by the provider. Arrangements for admissions and a schedule to support same was clearly outlined in the application to vary made to the Authority and were acceptable subject to recruitment of suitable and sufficient staff.

The centre was found to be in full compliance with 7 of the 11 outcomes inspected against. There were no major non-compliances and the provider indicated he was in the process of addressing the matters relating to the premises, staffing, provision of signage relating to fire procedures and agreed to re-submit a revised statement of purpose.

The action plans at the end of this report reflect the non-compliances found and the improvements required.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose was submitted as part of the application to vary condition, and accurately described the services provided. The information provided on the statement of purpose was in line with Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, a notification in relation to the appointment of a new person participating in management had been made and was in process. Information about the new manager was not reflected in the management structure provided in the document and a re-submission was requested.

The provider and person in charge agreed to review this and resubmit a revised statement of purpose.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge was supported in his role by the provider nominee, and assistant care manager and clinical nurse manager. The person in charge confirmed that the clinical nurse manager would be supported by the assistant care manager and the clinical director of the group in his absence.

Training and education had taken place in relation to nutrition and care planning, and dementia care training has been provided for all for staff. Detailed records of each employee's training were maintained and additional training planned for.

The provider and person in charge confirmed that additional staff were to be recruited, and this process was ongoing. A proposed staffing complement inclusive of whole time equivalents of direct care and indirect care staff was clearly stated on the statement of purpose.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge had not changed since the time of the last inspection and he worked full-time in this role. He met the legislative requirements and he provided a good standard clinical leadership to the staff team in all aspects of care delivery. He was suitably qualified as a registered nurse, and experienced with the authority accountability and responsibility for the provision of the service. In addition, in preparation for opening the dementia specific beds at the service. He had completed additional dementia care training and now worked as a trainer for staff working in the designated centre.

There was a clearly defined management structure in place to support the person in charge. The person in charge maintained the risk registers and implemented systematic audit of quality and safety at the service.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall the records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Staff easily retrieved all relevant information requested by the inspector at the time of the inspection. All staff had received training and guidance on maintaining high standards of clinical documentation. A system of audit of clinical documentation was in place. Clinical records were well maintained and records reviewed were found to be person centred and accurate.

The designated centre was adequately insured against accidents or injury to residents, staff and visitors.

The inspector found that the risk register had been completed and had up to date risk assessments and detailed measures to mitigate any identified risks.

The designated centre had all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013.

The inspector reviewed the admissions policy relating to the opening of the new dementia specific service, and found that the policy was based on best evidence based practice. The importance of a careful transition to living in a new environment and behavioural supports were included to inform and guide staff.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff interviewed were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or were uncomfortable with how a resident was being treated.

Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner, which focused on each person retaining choice and autonomy in their daily lives.

A restraint free environment was promoted with relevant evidence based policies and procedures in place. A risk register relating to the use of any restrictive practices was maintained and reviewed by the inspector. Bed-rails were used for a small number of residents. The use of these had been considered only after alternatives trialled; the use of bed rails was found to be appropriately risk assessed and kept under formal review. Residents were fully involved in any decision to use bed rails.

Efforts were made to identify and alleviate the underlying causes of any behaviours that challenge, and this area was well managed. Resident and family involvement was well documented and meetings minuted. Overall, this approach focused upon identifying the behaviour as a form of communication, finding ways in which to identify the cause of any behaviours.

A record all visitors to the centre was maintained and administrative staff were on duty assist in the monitoring of visitors in and out of the centre.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Aspects of this outcome were reviewed at the time of this inspection as part of the review of the newly re-furnished premises. A detailed risk management policy was in place. Satisfactory arrangements were in place for staff training relating to fire procedures was confirmed following a review of mandatory training records.

Fire fighting equipment was in place and available in all parts of the designated centre. The fire alarm was maintained as part of a maintenance programme. A review of the premises was completed and the inspector noted that relevant signs relating to fire procedures had not yet been displayed in the new resident areas to date. The provider agreed to action this matter and put in place appropriate signage.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. There was a medication policy which guided practice and administration practices were observed to be of a satisfactory standard. Nursing staff were familiar with the arrangements around accepting delivery and appropriate storage requirements. Medication was stored in locked cupboards in a central clinical storage room accessed only by staff. Medications which required strict control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. The inspector confirmed that the stock balance was checked and signed by two nurses at the change of each shift.

The inspector viewed completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that

three-monthly reviews were carried out. The pharmacist was also involved in medication safety and was available if required in the centre. The inspector observed medication administration and found that medication was administered in line with the policy and best practice.

Medication audits were completed by the person in charge or his deputy, and the pharmacist to identify areas for improvement and there was documentary evidence to support this. The last pharmacy audit took place six weeks prior to this inspection. Systems were in place to monitor for any medication errors, or near misses and any findings were discussed at nurses meetings or escalated accordingly. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The Authority was in receipt of information relating to the healthcare provision and timely transfer of a resident to acute services. The provider and person in charge had not been in receipt of any dissatisfaction with service. The inspector reviewed current provision, and records since the time of the last inspection. Findings were that residents' healthcare needs were met through timely access to medical treatment and access to allied health care services/acute care was fully facilitated by the provider.

A sample of residents with health care needs and associated social care plans were reviewed by the inspector. Documentation of care inclusive of care plans, and pre-admission assessments was found to be maintained to a good standard. Comprehensive assessments of residents admitted since the last inspection were reviewed. The care of residents with assessed and changing needs was fully documented, with appropriate care plans in place to inform and guide staff. Systematic methods of reviewing records and improvements were clearly evidenced. Persons participating in management are fully involved in reviewing documentation in a structured and meaningful way. Residents were involved with the assessment, care planning and review process. Residents also

exercised their right to refuse treatment. The inspector observed a good standard of communication and respect for residents' choice and autonomy in their daily lives.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the 24 en-suite bedrooms and found that they were spacious and adequate to meet the needs of the proposed residents. All residents' accommodation was fully fitted with appropriate furnishings, curtains, and assistive equipment in readiness for occupation.

One room was a twin shared room and adequate screening was in place to facilitate privacy and dignity of residents. One room on the ground floor was identified as requiring additional screening as it overlooked a garden courtyard area. A temporary entrance was in use at the time of the inspection and the front reception area was close to completion according to the provider.

All rooms had a level access shower en-suite facility, and had appropriate heating in place. The lighting and storage was adequate and each room had an emergency call bell in place both in the bedroom and en-suite to call staff if required. Day room spaces and the re-furnished dining room were adequate. Visitors rooms, and court yard gardens had been planned for and put in place.

Two outdoor spaces were readily accessible from the 10 bedded dementia unit. A discussion was held with the person in charge in relation to the purpose and function of the 10 bedded unit and the proposed residents. Provision of meals will be from the main kitchen facility and a mobile heated unit has been purchased to facilitate transport of food the short distance to the dementia unit. Pictorial signage was planned for and as outlined in Outcome 7 signage to inform residents, staff and visitors of the actions to take in case of fire.

Each floor also had a cleaner's room, sluice rooms, and assisted bathroom and toilets.

Works were continuing whilst the inspection was ongoing for an activities room, front entrance, chapel, mortuary, and a coffee shop/recreation area.

The following issues required addressing:

- completion of external ground works
- provision of blinds or screening in room 145 as windows of this room overlook courtyard and temporary fire exit escape
- completion of entrance hall, coffee shop/recreation area

Overall the inspector was satisfied that the development of the premises would meet the assessed range of needs described in the statement of purpose for proposed residents to a good standard.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the complaints policy was fully implemented at the time of the inspection. There was a written complaint's procedure on display. Residents, relatives and staff were aware of the complaint's policy and procedure. The person in charge was the complaint's officer and dealt with all complaints and expressions of dissatisfaction.

The inspector reviewed the records and there had been no written complaint since the time of the last inspection. An independent appeals process was clearly outlined in the complaint's policy and residents and relatives were aware of their right to complain.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an

appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The management team were in the process of recruiting additional staff to adequately provide for the increase in resident by 25. The person charge and provider had discussed a provisional admissions schedule. The inspector requested a detailed updated admissions schedule, and staffing complement be submitted and agreed with the inspector prior to commencing admissions.

The works completed involved refurbishment of existing bedrooms, enlargement of dining facilities and creation of a 10 bedded dementia specific area. This will increase the capacity of the centre to 68 beds.

The staffing outlined in the statement of purpose submitted to support this increase has not yet been recruited or were in place; this will be a requirement to ensure safe levels of care are maintained. The provider and person in charge have considered this requirement in detail and are actively recruiting both registered nurses and care assistants to staff the additional new beds. Two files of recently recruited nursing staff were reviewed and contained all the required documents outlined in Schedule 2 and all staff had Garda vetting on file.

The proposed staffing complement as outlined in the revised statement of purpose was adequate to meet the needs of 68 residents, inclusive of catering, household and ancillary staff provision. The person in charge confirmed to the inspector that decisions about staffing are reviewed and monitored closely and he can approve additional staffing on an as required basis.

Judgment:
Substantially 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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Patrick's Care Centre
Centre ID:	OSV-0000179
Date of inspection:	08/06/2015
Date of response:	27/07/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Information about the new manager was not reflected in the management structure provided in the document.

Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

Statement of Purpose incorporating our Organisation Chart has been updated and submitted to the Inspector as agreed.

Proposed Timescale: 27/07/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Appropriate signage relating to procedures to follow were not in place in the refurbished part of the designated centre.

Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

Please state the actions you have taken or are planning to take:

Appropriate signage relating to procedures to follow in the event of fire or building evacuation are now in place in the newly refurbished, but as yet unopened, area.

Proposed Timescale: 27/07/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The following issues required addressing:

- completion of external ground works
- provision of blinds or screening in room 145 as windows of this room overlook courtyard and temporary fire exit escape
- completion of entrance hall, coffee shop/recreation area

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

The external grounds around the refurbished wing are in the process of being restored

and will be safely and securely screened until that is complete. This element will be complete by 21/08/15.

Temporary blinds are to be provided in this room until all visually intrusive site works are complete including the removal of the temporary fire escape stairs. The supply of the blinds will be complete by 21/08/15 and will remain in place until escape stairs are removed by 18/12/15.

The entrance hall, coffee shop/recreation area and new reception are completed. We expect to bring them into service by 21/08/15.

Proposed completion dates are shown above.

Proposed Timescale:

Outcome 18: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A detailed updated admissions schedule, and staffing complement be submitted and agreed with the inspector prior to commencing admissions.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

An admissions schedule with associated staffing details will be submitted to the inspector as agreed.

Proposed Timescale: 31/07/2015