

**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):	Sheila McKeivitt
Type of inspection	Unannounced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	16

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 receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 February 2016 11:00 To: 10 February 2016 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This inspection was unannounced following receipt of unsolicited information that highlighted concerns in relation to staffing and food service negatively impacting on the care and welfare of residents. The person in charge confirmed that there had been no complaints made in relation to staffing and food service at the centre.

The last inspection took place on 8 June 2015 further to an application to vary conditions of registration up to 68 residents. Of the four actions following this inspection, two were fully addressed by the provider, and two were partially addressed. Ground works external to the premises had not yet been completed on the day of the inspection; the provider confirmed that these would be completed on 12 February 2016 and agreed to submit written confirmation of this.

This inspection took place within normal working hours. On arrival inspectors found the centre was clean, warm, and well maintained. The assessed dependencies of each resident and staffing in place was reviewed with the person in charge. The centre provides care general care and dementia care, short term respite care is also provided. A separate dementia care unit had opened approximately two weeks prior to this inspection and four residents were accommodated in the new area.

There were 16 vacancies with 52 residents in the centre. The nursing and care staff

levels and direct care skill mix included the person in charge, the assistant director of nursing, the clinical nurse manager, one staff nurse and seven care assistants. Staff, residents and relatives/visitors fully engaged with inspectors during the course of the inspection. The staffing complement was not fully in line with the statement of purpose and recruitment was ongoing.

Overall, inspectors found that residents expressed satisfaction with the care available at the time of the inspection. However, some improvements were required; two moderate non-compliance was found with Regulation 15 staffing arrangements and workforce planning, and Regulation 18, food and nutrition. A total of six outcomes were inspected against. Two outcomes were substantially compliant, residents' rights, dignity and consultation and safe and suitable premises.

The action plan at the end of this report identifies areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Four actions are the responsibility of the registered provider to address, and four actions are the responsibility of the person in charge.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A satisfactory updated statement of purpose had been received following the last inspection which clearly outlined the management structure in place.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors observed that the relevant signage relating to fire safety procedures was not in place in the new dementia care unit on the day of the inspection. This was fully addressed on the date of the inspection by the provider.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Some improvements had taken place further to the action plans from the last inspection. However, the provider had only partially addressed some aspects of this non-compliance to date.

The inspectors saw that the provider had put in place temporary net curtains on the window of room 145. The inspectors review of privacy and dignity whilst building works were completed is referenced in Outcome 16 of this report. The new coffee shop/recreation area had not been fully completed or opened for use by relatives and residents.

The ground works in front of the premises were still ongoing with a scheduled date of completion of 12 February 2016. The inspectors were satisfied that suitable notices and information was in place for relatives and residents in relation to the ongoing works. However, a written undertaking was requested with regards to the schedule of all ongoing works yet to be completed on site, to be submitted within five working days.

Judgment:

Substantially Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The lines of enquiry for this outcome were informed by unsolicited information received. The person in charge confirmed to inspectors that no complaints had been received

relating to food service since the date of the last inspection.

The inspectors found that residents were provided with food and drink at times and in quantities adequate for their needs. The inspectors observed that assistance was offered (where required) to residents in a discreet and sensitive manner. Food was found to be properly prepared and cooked. However, improvements were required to the current arrangements for food service to residents in the dementia unit and for those wishing to dine in their rooms. While evidence of good practice was observed, there were some areas for improvement noted by inspectors. For example, care staff observed sitting with residents were not facing the resident while providing assistance with lunch.

During the inspection the inspectors spoke with residents in detail about the food service. The inspectors also spoke with staff and reviewed documentation in relation to nutrition, and observed practices for provision of all meals. They also observed the dining experiences for residents during lunchtime both in the dining rooms and observed food service to residents' own bedrooms. Meal time in the dementia care unit was also observed and staff did not always offer or communicate choice consistently in an appropriate manner in the dementia care unit.

Policies and procedures were in place to guide staff in monitoring and documenting nutritional intake and were found to be fully implemented in practice. The processes were in place to ensure residents did not experience poor nutrition and hydration, and weight loss or gain was monitored and responded to in line with the policy on nutrition and best practice. This aspect of care was closely monitored by the person in charge.

Menus and choices available were confirmed by inspectors speaking with residents, and through observation of catering practices and menus. Inspectors observed staff generally communicating choice well. A colourful pictorial aid was in place for daily menus and choices included hot and cold foods, and vegetarian options. Each resident's likes and dislikes were known to staff, and choice was offered. The catering team, nursing and care staff confirmed that they had sufficient information further to each resident's individualised assessments in place to provide suitable meals and choice. Some improvements relating to the newly opened dementia unit were required relating to the provision of suitable transport for hot food to ensure it was served at the correct temperature, and the overall mealtime experience. The person in charge confirmed that this piece of equipment had been purchased and was on the premises but had not been put to use yet.

The kitchen staff had access to up-to-date individual special diet sheets in place to facilitate communication about nutritional status and associated dietary needs. Residents identified as requiring additional intervention had been reviewed by a dietician and/or speech and language therapist. However, this information was not found to be fully up to date on the day of the inspection to include all residents in the dementia care unit.

The dining experience in the main dining area was conducive to conversation with small tables to facilitate interaction and it was noted that many residents lingered over their meal whilst chatting to each other. Menus were displayed on each table in pictorial and word formats and showed a variety of choices for main courses and desserts. Those residents on modified diets were offered the same choices as people receiving normal

diets. A three week rolling menu was in place to offer a variety of meals to residents, although in conversation with the chef it was found that the menu can change on a daily basis where themed meals/residents choices/seasonal foods are considered.

Most residents took their meals in one of two dining rooms located on the ground floor of the centre. Food was served from the main kitchen adjacent to the main dining room by the catering staff and was found to be well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. However, the inspectors observed staff engaged in medication management working in the dining room, and there was a high level of noise evident from the kitchen hatch areas where plates were being cleaned during meal service.

Drinks such as water, milk, tea and coffee or juices were also available. Dining tables in the main dining room, and trays were appropriately set with cutlery condiments and napkins. The inspector met with the chef on duty and home baking by the catering team was included in the daily menu with desserts, brown bread, fruit cakes and scones provided. A check list of food temperatures using appropriate food probes was maintained to ensure food was at safe temperatures on leaving the main kitchen. However, trolleys for the dementia care unit and to cater for five residents eating in their rooms were not found to be heated to maintain food temperatures. Residents confirmed also that breakfast porridge was not always hot enough to consume when served to them and therefore not eaten.

Snacks were available throughout the day. However, facilities to store and provide snacks in the dementia unit had not been put in place. Improvements were required in this area and discussed with the person in charge, who confirmed that a new fridge was put in place on the day of the inspection for the storage of yogurts, drinks and snacks from the main kitchen in the kitchenette of the unit.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors reviewed room 145 and observed that the provider had put in place a net

curtain to screen the potential occupant from observation from the courtyard. The courtyard was not yet accessible to residents. Four rooms were now occupied in the dementia care unit, and construction works were in progress on the external grounds. The inspectors noted that residents occupied bedrooms directly overlooked by construction workers. Whilst a curtain was in place which could be used, this left the bedrooms dark. Suitable screening to ensure privacy during daylight hours was not put in place in two bedrooms, and this required review.

Judgment:
Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors spoke with residents to establish if staff were responsive to their assessed care needs, including answering call bells and assistance with food and drinks. The responses were very positive in relation to meeting their needs and requests. Residents confirmed that staff were kind and their choices of meals and what to do during the day were fully respected.

The inspector further reviewed the staffing roster after the inspection and found that the number of registered nurses was six whole time equivalents. The person in charge told inspectors that recruitment and staff turnover was a challenge and that interviews took place regularly for staff. The person in charge closely monitored the changing dependencies of each resident in line with a validated tool.

The proposed staffing complement submitted by the provider on 27 July 2016, was not found to be fully adhered to for 52 residents in relation to the number of qualified nurses on duty. This information submitted projected that at night an additional staff nurse would be on duty to ensure two registered nurses were available with three health care assistants to supervise. The staffing during the day had changed and one clinical nurse manager who acted as deputy in the absence of the person in charge had left recently. She was replaced by another clinical nurse manager, but this still left one

clinical nurse manager not in post from the current complement as outlined in the statement of purpose. Due to the staff vacancies at the centre, the supervision duties by the clinical nurse manager were observed by inspectors to be limited as she was engaged with general nursing duties and medication. For example, the supervision of meals by residents in their own rooms required improvement.

An individualised admissions process being implemented prior to any admission. Inspectors found that one care assistant was working in the dementia unit with a visiting staff member supporting her from another centre. She was knowledgeable about the residents. Planning for staffing of the dementia unit was not fully evidenced or in place. However, further proposed residents for this new unit had been identified. The person in charge was requested to review staffing prior to accepting more admissions to ensure suitable and sufficient care could be in place to meet assessed needs.

Judgment:

Non Compliant - Moderate

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:	10/02/2016
Date of response:	15/03/2016

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 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 coffee-shop/recreation area and external ground works had not been completed within the time frame given by the provider.

1. 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

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

designated centre.

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

Works relating to the front of the nursing home, car park and entrance have been completed. Construction of much more extensive outdoor garden with paved walkways and sitting areas is nearly complete. The coffee dock (recreational room) is also nearly complete and just waiting for additional furniture to be delivered.

Proposed Timescale: 31/03/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Improvements were required relating to the current arrangements for food service to residents in the dementia care unit and for those wishing to dine in their rooms.

2. Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

The Dementia care unit is now fully functional. The fridge and heated food trolley are in place. Menu for meals is available and choices are offered as per policy.

Proposed Timescale: 15/03/2016

Theme:

Person-centred care and support

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

Suitable transport was not in place for hot foods to ensure serving at the correct temperatures for meals taken in bedrooms and in the dementia care unit.

3. Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

Hot food trolley is now in place and in use to ensure that the meals taken in the dementia unit and served in the resident rooms in the unit are served at the correct temperature. A fridge to store drinks and food is was also installed and in use.

Proposed Timescale: 15/03/2016

Theme:

Person-centred care and support

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

The assessed dietary needs of each resident was not kept up to date to inform and guide food service and catering staff.

4. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

The catering and kitchen staff are now fully aware of the resident's dietary requirements/needs. The nutrition link nurse shall monitor and update the resident's dietary needs list on a regular basis and inform all relevant staff of any changes/updates in the resident's dietary needs.

Proposed Timescale: 15/03/2016

Theme:

Person-centred care and support

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

Systems were not in place to ensure residents in their own bedrooms requiring assistance with their meals received the appropriate level of assistance.

5. Action Required:

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

A review of the staff work guide was carried out and a system has been put in place to ensure that residents receive appropriate level of assistance with their meals when they dine in their bedrooms. Specific staff is now assigned to observe, monitor and coordinate assistance of residents in their bedroom as required and/or requested.

Proposed Timescale: 15/03/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

A number of ground and first floor bedrooms adjacent to building works were overlooked and did not always ensure privacy in residents rooms.

6. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Fire retardant net type (voile) curtains were ordered and shall be installed in all of the rooms that may be overlooked from building site.

Proposed Timescale: 31/03/2016

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

Staffing levels for 52 residents were not in line with the proposed staffing complement submitted by the provider on 27 July 2015.

7. 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:

The residents complement shall remain at 50 until sufficient complement of staff are recruited. Admission of new residents were put on hold until we reach the required staffing level.

Proposed Timescale: 15/03/2016

Theme:

Workforce

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

The complement and skill mix of registered nurses and clinical nurse managers need to be fully implemented by the provider.

8. 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:

A recruitment campaign to employ nurses and appoint Clinical Nurse Managers is ongoing.

Proposed Timescale: 30/06/2016