Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Doolagh's Park Care and Rehabilitation Centre
Name of provider:	Costern Unlimited Company
Address of centre:	Malahide Road, Dublin 17
Type of inspection:	Unannounced
Date of inspection:	14 January 2025
Centre ID:	OSV-0004042
Fieldwork ID:	MON-0040036

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St Doolagh's Park Care and Rehabilitation Centre is a purpose-built facility located in a rural setting, within close proximity to Malahide. The centre is registered to provide residential care to 72 male and female residents over the age of 18 years. The centre provides specialist care for adults with acquired brain injury (ABI) once they are discharged from hospital and medically stable. It provides long-term care and a secondary slow stream rehabilitation programme. Residents are accommodated in single en-suite bedrooms, on two floors. This modern building has its own inner courtyard and secure landscaped gardens designed to meet the needs of residents. The centre is close to hotels, restaurants, pubs, local parklands and shopping centres. There is an established bus service to and from the Malahide road.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 January 2025	08:30hrs to 15:30hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

The inspector spoke with nine residents living in the centre, residents who were willing and able to converse. The overall feedback from the residents living in the centre was positive. They said it was a good place to live, where they were facilitated to live a healthy and fulfilling life.

The inspector observed that the staff knew the residents very well and were aware of their individual needs. The dining rooms were spacious and clean, residents enjoyed the dining experience as many were talking amongst themselves and with staff while having lunch. There were enough staff to assist residents during mealtimes and support them in a dignified manner.

Residents told the inspector that the food was 'good quality' and that they had access to choices at mealtimes; this was evidenced by the menus. Residents had access to the kitchenette on each floor which facilitated them to independently access and prepare their breakfast, drinks and snacks.

Residents told the inspector that they were well looked after and that staff were very kind to them and they said there appeared to be enough staff on duty. However, two residents mentioned that sometimes when providing care or supervising residents, staff spoke with each other in their native language. One resident stated that this 'bothered them a lot especially when these staff laughed', as they often felt like they were laughing at them, although they said they could not be sure. This information was fed back to the senior management team at the end of the inspection.

One resident spoken with said that there was plenty of activities to choose from and that in particular they enjoyed the music session, gym and going out. An activity co-ordinator was available on each floor to organise and encourage resident participation in events. An activities schedule was on display, and the inspector observed that residents could choose to partake in a wide variety of activities to meet their needs. The inspector saw a group of residents participating in a music sessions in the morning and a number of residents were outside using the smoking areas and walking in the front garden during the course of the inspection. Some residents told the inspector they had been out to the local coffee shop which they had really enjoyed.

The inspector observed that the flooring on the corridors on the ground floor was splattered with paint in some areas and and did not appear clean especially at the internal and external doorways leading from the corridors. Staff were not consistent in describing the process for cleaning. Some areas of the inside and outside of the building were observed in need of repair as outlined further under Regulation 17: Premises.

Residents had the choice to have their personal clothes laundered in the centre. The

feedback from residents on this service was positive, 'clothes are returned and come back smelling so fresh'. Residents had ample space for their personal clothing.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

While there were effective management systems in this centre, ensuring good quality and appropriate clinical care was being delivered to the residents, the inspector found that an increased level of oversight was required to ensure the provider was compliant with all the regulations.

St. Doolagh's Park Care and Rehabilitation Centre is operated by Costern Unlimited Company. There was a well-defined management structure in place, which consisted of the registered provider representative, a clinical operations manager and the person in charge. The clinical operations manager was providing oversight on an interim basis to all the centres that were registered under the same provider (12 in total), until a second senior manager was recruited, in line with previous arrangements. The person in charge was responsible for the day-to-day operations of the centre, and was supported in their role by an assistant director of nursing. Other staff members included clinical nurse managers, nurses, healthcare assistants, catering and domestic staff, activity staff, a maintenance person and an office administrator. The registered provider had also resourced the centre with a multi-disciplinary health care team, which included a physiotherapist, an occupational therapist (OT), a psychologist and assistant psychologist and two therapy technicians, to meet the specific needs of the residents living in the centre.

There were clear structures around how the centre operated and the registered provider's oversight of operations. A fortnightly management meeting was attended by the senior management team to oversee and discuss the day-to-day operations of the centre. Records of management meetings showed that audit results, facilities issues, complaints, staffing levels, and residents' care and welfare were discussed at these meetings. Regular audit and quality assurance systems informed the provider of the residents' clinical care and operational issues within the centre. However, the oversight of certain areas, such as, the premises and medication management, required enhanced monitoring.

The inspector was informed that the annual review of the quality of the service for 2024 was being prepared in consultation with residents.

Staff training records confirmed that all staff were up-to-date in mandatory training, such as safeguarding residents from abuse, safe manual handling procedures and fire safety. The records also showed that staff had completed supplementary training appropriate to their roles, such as infection prevention and control, acquired

brain injuries, medication management and human rights approach, to support them in delivering person-centred and safe care to residents. Staff were supervised on the day of inspection.

The inspector reviewed a sample of contracts for the provision of services and found that some improvements were required to ensure they were in line with the regulations, as outlined under Regulation 24: Contract for provision of services.

Other documents were available for review including the directory of residents, staff rosters and all records of complaints. Schedule 5 policies were available for review and they had been updated in the past three years, however, some were not reflecting current practices.

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely. There was an on-going schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. There was good supervision of staff on the day of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place required greater oversight to ensure that the service provided was appropriate, consistent and effectively monitored. Evidence of where further oversight was required included;

- The cleaning practices required review to ensure they were effective and aligned with local policy and best evidence guidelines.
- Areas of the inside and outside of the building were not consistently kept in a good state of repair, as further described under Regulation 17: Premises. The inspector acknowledges that the provider addressed the findings identified on the last inspection report, however the provider's own management and oversight systems had failed to identify and thus appropriately respond to ongoing maintenance of aspects relating to premises.
- The oversight of some areas of practice required strengthening. For example, the environmental audits were carried out bi-annually and the audit tool used for medication management did not cover all areas of medication management practice. As a result, the medication audit did not identify the findings of this inspection in respect of medication practices, and associated actions for improvement.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed and the following issues were identified;

- Two of the sample of contracts reviewed were between a previous provider, prior to 2007, and the resident. There was no revised contracts between the new provider and the resident in question.
- Two of the sample reviewed did not have the resident's room number identified on their contract of care.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure and policy had been updated. The procedure on display at the front door reflected the complaints policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing policies and procedures on the matters set out in Schedule 5. However, some of these policies did not reflect current practices, such as, the medication management policy.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy.

There was good general practitioner (GP) service supporting the residents living in the centre. There was a record showing when all residents were reviewed by their GP. Where the GP referred residents to other services there was a clear and transparent referral and follow-up service. Residents had prompt access to all multi-disciplinary team members, which had a positive impact on the quality of care received by residents.

The inspector reviewed a sample of care plans and found that residents' assessed needs were being met by the implementation of person-centred care plans. The information in residents' care plans reflected residents’ preferences and individual routines. This assured the inspector that each resident's care supports were tailored to meet their needs and reflected a move towards a person-centred approach to care planning.

A number of areas of medication management were found to be in breach of safe practice. This included the storage of medications, the administration of medications and the safe disposal of medications and medication related sharps. The issues identified are further outlined under Regulation 29: Medicines and pharmaceutical services.

Notwithstanding the ongoing refurbishment works in respect of premises, further improvements were required as detailed under Regulation 17: Premises.

The external smoking areas contained all the required equipment to ensure the area was safe for residents to use.

Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further action was required to be enure the premises were kept in a good state of repair inside and outside. For example;

- The flooring on some corridors appeared unclean; for example, residual paint was seen in some areas and extra build up of debris at doors leading from the corridors.
- The outside window frames had paint/varnish peeling from the window frame.
- There was a hole in the wall below the sink in the upstairs pharmacy.
- Three wheelchairs were being being stored in one of the bathrooms making the bath inaccessible to residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Both outside smoking shelters contained all the required equipment, such as, a protective smoking apron, call bell, fire extinguisher within reach and a metal ashtray.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The practices and procedures in relation to the management of medications were not aligned with the centre's medication management policies and best practice guidelines. For example;

- The medication fridge was unlocked and visibly dirty. It also contained a number of yogurts, even though this fridge should have been dedicated for medication use only. There was no written evidence of any cleaning procedure for the medication fridge.
- A sharps box containing discarded medications was open and full with discarded medications, there was no opening date on the box. Three other sharp boxes were full, open and contained no written data on them to allow for effective tracing.
- Regularly prescribed medications were being administered outside the safe administration time, which is within one hour from the prescribed time. In

particular on the first floor, the inspector saw medications administered one hour and a half after the prescribed time, which is not safe practice.
- Several wound dressings clearly marked 'for single use only' were opened with part of the unused dressing left in the dressing pack. These were stored on the dressing trolley. The practice was not safe as it compromised the sterility of the dressing and was not in line with the manufacturer's instructions.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans reviewed were person-centered and reflected the residents whom the inspector had met on the day. Each resident reviewed had a comprehensive assessment in place and overall the care plans reflected the residents' care needs. There was evidence of resident and family involvement where appropriate.

Judgment: Compliant

Regulation 6: Health care

There was evidence of access to medical practitioners, through residents own GP's and out-of-hours services when required. Systems were in place for residents to access other healthcare care professionals as required, including tissue viability nurses, dietitian, occupational therapist physiotherapist, psychologist, optician and dentist.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for St Doolagh's Park Care and Rehabilitation Centre OSV-0004042

Inspection ID: MON-0040036

Date of inspection: 14/01/2025

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The PIC and head housekeeping met on the 17th January and developed records for housekeeping team to ensure clarity on all cleaning schedules. This were put into effect from 20th January for all housekeeping staff. A follow up meeting was held on 5th February with the housekeeping team. Feedback was received on use of the new schedules and any amendments and adjustments done. All incorporated in housekeeping policy for all staff and policy signed.

A monthly housekeeping audit is in place to assess the effectiveness of cleaning protocols and equipment. It is also helping identify areas that require improvement including maintenance issues, ensuring that cleaning practices are optimized, and resources are used efficiently. The audit will identify areas that need attention and will have oversight to identify and appropriately respond to ongoing maintenance of aspects relating to premises.

The medication audit will be reviewed to be in line with current practice and policy and ensure compliance. An external audit will also be carried out by Stacks Pharmacy.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
A review of all residents' contracts was carried out on 17th January 2025. This was to

identify if all residents' contracts had accurate details of their terms of residence, room numbers, care and welfare, the services to be provided, or the fees to be charged. New contracts were prepared and revised for the residents who were identified and this included the contracts that had not been updated to reflect the new provider and reflect room number.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The Medication management policy was reviewed at a policy committee meeting on January 15th and changes have been made to reflects the current practice.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All the corridors were buffered on the 15th and 16th January 2025. Skirting boards were refurbished and painted and residual dried paint drips on floor cleared.

The window frames are being reviewed by facilities team with a plan to repair and paint the windows

The hole in the wall below the sink was repaired on 14th January 2025.

All items that were inappropriately stored in the bathrooms were removed to ensure residents' accessibility to the bathroom. Signage placed to communicate this to all staff.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The fridge was cleaned on the 14th of January and a cleaning schedule was put in place

for all staff nurses. The ADON has the responsibility of making sure this is completed.

All single use dressings were discarded. Only appropriate items are stored in the fridge. All other items cleared. Staff have been reminded to ensure the fridge is locked when not in use.

An audit was carried out. The audit assessed the cleaning schedules and ensured the daily cleaning schedules are documented. Stock control and Single-use items discarded at the point of use.

A meeting was held with the pharmacy manager ADON and Clinical Nurse Mangers on 22nd January 2025. This was to review the medication timings currently in place. After review with the pharmacist and the Gp, the medication administration time was adjusted to start at 9am. This commenced on 10th February 2025.

Follow up meeting with the nurses to affirm that the medication management policy is adhered to.

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	24/09/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	05/02/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	28/02/2025

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	15/01/2025
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a			

	medicinal product.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	15/01/2025