



# 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:	16 October 2025
Centre ID:	OSV-0004042
Fieldwork ID:	MON-0048350

## 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
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## 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
Thursday 16 October 2025	07:45hrs to 16:15hrs	Maureen Kennedy	Lead

## What residents told us and what inspectors observed

There was a friendly and welcoming atmosphere in St. Doolagh's Park Care and Rehabilitation Centre during this unannounced inspection. The inspector spoke with many residents to gain insight into their experience of living in centre and residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents reported that they get 'great care' and that staff were 'fantastic here'. The inspector also spoke with some family members and friends who were visiting their loved one on the day, who said that they 'cannot praise the place enough, and that 'they know their loved one is very well looked after'. There were 71 residents living in the centre on the day of inspection.

The centre was visibly clean, tidy and well-maintained, and was tastefully decorated both with professional and residents' own artwork. Many of the residents' bedrooms were personalised with items that were important to them, including their family photographs and souvenirs. The centre is comprised of two floors surrounding an internal courtyard. Bedroom accommodation is provided in single en-suite rooms designed to facilitate assisted showering. Along with the many large communal and smaller lounge areas, the centre had a gym, a sensory room, a games room, and assisted daily living training facilities. Residents were observed by the inspector as they went about their daily routines. There was open access throughout the centre which facilitated their independence, with some residents observed preparing their coffee and snacks in the occupational therapy kitchen, specifically adapted for wheelchair use.

Overall, the premises were very clean and tidy. Notwithstanding the ongoing refurbishment works to maintain and upgrade the premises, the inspector observed that a residents' bathroom on the ground floor was out-of-order, while access to the bathroom on the second floor was blocked by inappropriately stored wheelchairs. Some improvements were also required in respect of staff infection prevention and control practices as further detailed in the report under Regulation 27.

On the day of the inspection, there were adequate staffing levels and skill-mix to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. The inspector spent time observing the environment and interactions between residents and staff. All interactions observed were person-centred and courteous. Staff were responsive and attentive while attending to residents' requests and staff who spoke with the inspector were knowledgeable about the residents they cared for and what their needs were. Staff were observed busily attending to residents' requests for assistance in a timely manner and residents and staff were seen spending time chatting and laughing together.

Residents had access to television, radio, newspapers, and books. An activities coordinator organized the provision of activities within the centre with the programme of events displayed. The rehabilitation programmes for certain residents

were coordinated by the multi-disciplinary team. Residents' family and friends were observed to visit residents on the day of the inspection. There was no restriction on visiting and visitors confirmed they were welcome to the home at any time. They all praised the care, services and staff that supported their relatives in the centre.

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

## Capacity and capability

Overall, the inspector found that residents benefited from a well-run centre with good leadership and good governance and management arrangements in place. It was evident that the centre's management and staff focused on providing a quality service to residents and promoting their well-being. However, an increased level of oversight in respect of premises and infection control was required to ensure the provider was compliant with all the regulations.

The registered provider of St. Doolagh's Park Care and Rehabilitation Centre is Costern Unlimited Company. The person in charge had responsibility for the day-to-day operations of the centre and is supported at a senior level by a regional operation manager and leads a team consisting of an assistant director of nursing, nurses and healthcare support staff. St. Doolagh's Park Care and Rehabilitation Centre was also resourced with a multi-disciplinary healthcare team including a physiotherapist, an occupational therapist (OT), a clinical and assistant clinical psychologist and therapy technicians, to meet the specific needs of the residents living in the centre. There was a schedule of regular meetings in place and the management team had developed audits that identified where improvements were required.

On the day of inspection, the registered provider had ensured that all records were made available to inspector. The records were a combination of electronic and paper and were observed to be stored securely. The policy on the retention of records was in line with regulatory requirements.

The person in charge ensured that all newly admitted residents had contracts of care that met the legislative requirements. In line with a previous compliance plan, the older contracts of residents were reviewed to make sure the bedroom number occupied by the resident was reflected in their contract of care and the inspector was informed that if there was any changes to arrangements or services provided to a resident, there was a process in place to ensure a revision of their contract of care was carried out.

Compliance plans from the previous inspections regarding written policies and procedures was followed up by the inspector. Documents were available for review including, written policies and procedures, directory of residents and residents' guide

and were compliant with the legislative requirements. Documents were observed to be signed as read by the appropriate staff.

### Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection.

Judgment: Compliant

### Regulation 23: Governance and management

Notwithstanding the systems in place for the oversight and monitoring of care and services provided for residents, the inspector found that improvements were required to further strengthen the governance and management as follows:

- Further oversight of the infection prevention and control (IPC) practices and assurance that staff consistently implemented the principles of training and local policies in practice to safeguard the residents from the associated infection risks, as further detailed under Regulation 27.
- The storage capacity within the centre required review. Previous commitments given by the provider in this respect were not fully implemented, as this was a repeat finding of inappropriate storage of wheelchairs as detailed under Regulation 17. This posed a risk of cross-contamination that had not been effectively mitigated by the provider.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any additional fees. The contract clearly stated the bedroom to be occupied.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 of the regulations, were available for inspection. All were updated within the time frame as set out by the regulations.

Judgment: Compliant

## Quality and safety

The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

Overall, the premises was designed and laid out to meet the needs of the residents, with surfaces, finishes and furnishings that readily facilitated cleaning. The general environment and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance and renovations. For example, the schedule for floor covering replacement was observed to be in the final stages with a stairwell floor change ongoing on the day of inspection. However, the centre did not have a working bath available for residents' use on the day of the inspection, and no effective arrangements for repair had been made as further detailed under Regulation 17.

The inspector observed the dining experience in the centre. While some residents choose to dine in their bedrooms with family or friends in attendance, the majority of residents dined in the centre's dining rooms. There was a pictured menu available on the tables with choice of courses and a variety of drinks. There was a calm unhurried atmosphere as residents dined with the radio playing in the background and laughter and banter occurring as staff assisted residents as required. Staff were observed to be knowledgeable of residents' dietary needs including relevant modified diets. The meals provided appeared appetising and were served hot. Kitchenette areas were available throughout the centre should residents wish to make themselves a drink or snack outside of mealtimes and the residents spoken with were complimentary about the food.

The provider had systems to oversee the centre's infection prevention and control (IPC) practices. The provider had one registered nurse trained as IPC link practitioner to guide and support staff in safe IPC practices and oversee performance. The environment was very clean and tidy on inspection day. Hand sanitizer dispensers were conveniently located on corridors to facilitate staff compliance with hand hygiene requirements and clinical hand wash sinks were available in the centre for staff use. Notwithstanding these good practices, some areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

A compliance plan from a previous inspection regarding medicines and pharmaceuticals was followed up by the inspector. Medication rooms and trolleys were observed to be locked, clean and tidy. Administration of medications were observed and medications were administered within one hour of the prescribed time. There was good pharmacy oversight with regular medication reviews carried out. Controlled drugs were stored safely and checked at least twice daily as per local policy.

The inspector found that all reasonable measures were taken to protect residents from abuse. Relevant information was available on advocacy service, Ombudsman, complaints officer, and residents' rights service. There was a policy in place which covered all types of abuse and the inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse. The inspector saw evidence that where required, appropriate referrals to external agencies such as the safeguarding and protection team were completed. The registered provider was a pension-agent for a number of residents and appropriate pension-agent arrangements were in place to safeguard resident's finances. The inspector reviewed a sample of staff files and all files reviewed had a record of An Garda Síochána (police) vetting obtained for staff prior to commencing employment.

### Regulation 17: Premises

Notwithstanding the ongoing improvements made in respect of the premises since the last inspection and the proactive schedule in maintaining and improving facilities in the centre, the following Schedule 6 requirements required review:

- Not all equipment to be used by residents was in working order. For example, the bath on the ground floor was in need of repair.
- There continued to be inappropriate storage, as the inspector observed wheelchairs were being stored in the bathroom on the first floor. This is a repeat finding from the previous inspection.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were offered a choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

## Regulation 27: Infection control

While the inspector observed some good practices in relation to standard precautions to reduce the spread of infection, the registered provider had not ensured that all procedures, consistent with the National standards for the prevention and control of health care associated infections were implemented by staff. For example:

- The hand hygiene standard of "Bare below the elbow" was not fully observed by all staff.
- Required knowledge and practice of 'Transmission-based precautions' were not observed to be fully applied.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good oversight with regular medication reviews carried out.

Judgment: Compliant

## Regulation 8: Protection

The provider had an up-to-date Safeguarding Policy, and measures in place to protect residents from abuse. Appropriate pension-agent arrangements were in place to safeguard resident's finances.

Staff had An Garda Síochána (police) vetting prior to starting work in the centre.

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
<b>Capacity and capability</b>	
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

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

**Inspection ID: MON-0048350**

**Date of inspection: 16/10/2025**

## **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 management team has reviewed and strengthened the existing IPC governance framework. This includes clearer allocation of responsibility at team-lead and clinical-manager levels, improved monitoring and scheduled reviews to ensure ongoing compliance with IPC guidelines and HIQA standards.	Audit and Monitoring: hand-hygiene audits, environmental cleanliness checks are ongoing. Results are reviewed and action plans developed and relayed back to the teams.
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"><li>• The ground floor bath area is being developed into a sensory shower space designed to better meet residents' needs and enhance their sensory experience. This work is underway and forms part of the centre's ongoing improvements to facilities. One operational bath is also available on the first floor for the residents.</li><li>• The service has taken corrective action in relation to storage. A dedicated external storage area has now been cleared and allocated specifically for additional or infrequently used wheelchairs. This will ensure that all internal areas, including bathrooms remain fully accessible, unobstructed, and used solely for their intended purpose. Staff have also been reminded of appropriate storage procedures to prevent reoccurrence.</li></ul>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p><b>Staff Training:</b> The Infection Prevention and Control Outreach Team from Beaumont Hospital facilitated dedicated IPC training sessions for all staff. These were completed on the 6th and 13th of November, ensuring full attendance across both teams. The sessions specifically addressed MDRO management, Transmission-Based Precautions, and the application of standard precautions in daily practice.</p> <p><b>Reinforcement of Key IPC Practices:</b> Additional visual prompts and guidance materials, including posters on "Bare Below the Elbows", "5 moments of hand hygiene", have been installed in all clinical areas to reinforce correct clinical attire and hand-hygiene standards. These materials are positioned at strategic points to maximize visibility and consistency of practice.</p> <p><b>Ongoing Communication and Support:</b> IPC updates are now highlighted in daily handovers meetings. Staff are encouraged to raise concerns or seek clarification and additional support from the IPC link.</p> <p>On the spot training by clinical leads with staff to help reinforce correct IPC practices in real time and to ensure consistent applications of IPC standards.</p>	

## 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	31/01/2026
Regulation 23(1)(d)	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	13/11/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	13/11/2025

	Authority are in place and are implemented by staff.			
Regulation 27(c)	The registered provider shall ensure that staff receive suitable training on infection prevention and control.	Substantially Compliant	Yellow	13/11/2025