



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, Balgriffin, Dublin 17
Type of inspection:	Unannounced
Date of inspection:	24 May 2021
Centre ID:	OSV-0004042
Fieldwork ID:	MON-0032432

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:	68
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 24 May 2021	09:20hrs to 16:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The residents were happy in this centre. They told the inspector it was a nice place to live and one where they felt safe and had many friends. The inspector found that residents were well looked after by a staff team who knew them well and were familiar with the preferences for care and support.

A number of residents showed the inspector their personal weekly activities timetable displayed in their bedroom. These residents were on a rehabilitation programme, their timetable included classes in physiotherapy, occupational therapy, psychotherapy, communication and horticultural classes. Residents explained to the inspector that these classes were helping them become more independent in their daily lives following post their brain injury.

Residents said the staff were great and took good care of them. One resident said the staff were friendly, and that they all said hello when they passed by and how this had a positive impact on their wellbeing. Another resident explained how everyday they had a conversation with the housekeeper and how all staff had played a roll in getting them through 2020 and the COVID-19 pandemic.

The inspector observed good communication between the staff and residents throughout the inspection. Staff from all disciplines were observed treating the residents with respect. Staff were observed knocking on bedroom doors and asking the residents permission prior to entering their bedroom. Allied healthcare staff were observed assisting residents from the first floor to the ground floor for their therapy class and engaging in a friendly chat with them as they did so.

Visiting in the centre had re-commenced and both residents and relatives spoken with were happy about this. One relative explained how the resident was in much better form since the family had started to visit again and the expression of joy on the resident's face when they entered the room was "magical". The inspector was informed that there was no visiting allowed on a Sunday, which was not in line with current visiting guidance (COVID-19 Guidance on visits to Long Term Residential Care Facilities). This was discussed with the person in charge who said it was due for review at the end of May 2021.

Residents explained how they attended activities of interest to them but some said that they did get bored particularly at the weekends. The one activities person spoken on duty on the day of the inspection explained how they worked Monday to Friday and care staff were responsible for facilitating activities at the weekend.

Residents were supported to maintain and improve their self-care abilities and life skills such as cooking and gardening. Residents had access to a kitchenette on both floors where they could help themselves to refreshments, snacks at all times.

The inspector observed good infection control practices during the inspection. Staff

were maintaining social distancing and there were hand sinks at each nurses station although these clinical hand wash sinks were not compliant with recommended guidance for clinical hand wash sinks. There were hand sanisters available to staff on corridors however in at least one area they were not easily accessible.

The inspector saw that the centre was well maintained inside and outside. There was a maintenance schedule for the interior and exterior of the the building. The inspector observed the handrails on the corridors being repainted during the inspection. The inspector was informed that the maintenance schedule included the repainting of some of the bedrooms, communal rooms, the exterior windows and the exterior walls.

Residents were observed sitting in the front garden whilst other residents were mobilising around the garden enjoying the outdoors and the sunshine. The front garden was in bloom with flowers and the trees provided shelter from the sun. The polytunnel was used by residents as part of their activities programme. One resident said he really enjoyed the horticultural classes which were scheduled throughout the week.

The next two sections of this report will set out the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

This was a good centre which utilised best available evidence to ensure compliance with regulations and standards and to deliver best outcomes for residents. The governance and management team were committed to providing a good service and sought regular feedback from residents and families to improve practice and service provision.

The Chief inspector had been notified of an outbreak of COVID-19 in January 2021 which effected two staff and ten residents, sadly one resident who contracted COVID-19 died. This was an unannounced inspection to monitor the provider's compliance with the Health act 2007 (Care and Welfare of residents in designated Centres for Older people) Regulations 2013 and to assess the providers COVID-19 contingency arrangements in the event of another outbreak in the centre.

The inspector found that there were clear lines of accountability and responsibility in the centre. Staff knew who to report to and they told the inspector that they felt supported by the management. They told the inspector that the management team had shown there appreciation for their hard work throughout the pandemic and the recent outbreak. Staff felt well supported and reported that the provider had made a number of gestures of appreciation towards staff during this period. This had been much appreciated by staff and had helped them through the difficult times.

The provider was Costern Unlimited Company. The management team was made up

of the provider representative, the operations manager, the person in charge and assistant director of nursing. They worked closely together to ensure the good levels of oversight were maintained and a consistent standard of quality care was provided to residents. The person in charge explained how they continued to have scheduled senior management meetings on a frequent basis. Minutes of these meetings were available for review and they provided assurance that there was a good level of oversight of staff practices in the centre.

Staff had access to training in a wide variety of topics which facilitated them in providing a high standard of care to residents admitted to the centre especially those with an Acquired Brain Injury. All staff had completed their mandatory training in addition to other relevant courses which enabled them to provide person-centred care which had a rights based approach. A large number of staff had completed training in a rights based approach to providing care to residents. All staff had attended training in introduction to the brain, brain injury and rehabilitation.

The staffing numbers reflected those in the statement of purpose. There were no staff vacancies. The staff had all completed the required mandatory training together with training in caring for residents with a brain injury, their rehabilitation and in providing positive behaviour support to residents. Human rights training had commenced and was being rolled out to all staff. The inspector found that staff had the skills, experience and knowledge to do their job.

Throughout the inspection, the inspector observed staff consistently adhering to infection prevention and control measures such as social distancing

Throughout the inspection, the inspector observed staff consistently adhering to infection prevention and control measures such as social distancing and hand hygiene as per public health guidelines.

Regulation 15: Staffing

The staffing numbers and skill mix were adequate to meet the needs of the 68 residents. There were no staff vacancies. The staffing numbers reflected that on the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix reflected all the training completed to date by all staff. Records showed that staff had the appropriate training completed which enabled them to care for residents in this centre.

Staff reported they were supported in their roles and the inspector found that staff were effectively supervised to ensure the required standards were maintained.

Judgment: Compliant

Regulation 23: Governance and management

The overall governance of this centre was good. The management team met at least once a month and minutes of these meetings were available for review. The agenda and minutes showed that all areas of governing the centre were discussed and where necessary appropriate actions taken to address issues.

The provider ensured that there were adequate resources to provide care and services in line with the centre's statement of purpose.

The person in charge had an audit schedule for the year and a review of a sample of audits completed in 2020 and to date in 2021 assured the inspector that continuous auditing practices was leading to improved outcomes for residents. For example, the call bell audit ensured that call bells were always entered in a prompt manner.

The person in charge had completed a comprehensive annual review for 2020. It included residents feedback on the service and a number of quality improvement plans for 2021.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available for review. Those reviewed in detail reflected the practices observed during the inspection. They had all been reviewed within the required three year period.

Judgment: Compliant

Quality and safety

The quality of service and quality of care received by residents was of a high standard. The residents received evidence based nursing care. The ethos of care was one where the resident's independence was promoted and their rights were

upheld.

Robust recruitment procedures were in place and these ensured the staff caring for residents were appropriately vetted prior to being employed. The provider was assured they had the appropriate skills and knowledge to carry out their roles and responsibilities before they cared for residents.

Residents' assessments and the care plans were completed. However, specific details about the resident's needs and the care required to meet these needs were not included in their care plans. Overall, residents likes and preferences were assessed and recorded which ensured residents needs were met in line with their wishes.

The residents had a full medical review completed each quarter. This had a positive impact on their health and wellbeing, as they knew their health status was monitored closely. There was a rehabilitation team on site which included physiotherapists, an occupational therapist, and psychologists. A number of the residents on a rehabilitation programme had a planned weekly schedule which included therapy sessions with each of these disciplines. A chiropodist came into the centre once every three months to review residents.

Residents received visitors by appointment and the visiting arrangements in place were safe. Residents were extremely happy to have their families and friends visiting them once again. The re-introduction of visitors had a positive impact on both residents and staff, they lifted the atmosphere in the centre.

Infection control practices were in keeping with best practice. A COVID-19 risk assessment was complete and it had been implemented in practice during the recent COVID-19 outbreak. The outbreak had been contained to one unit which reduced the negative impact on those residents who contracted the virus. Records showed that adherence to good hand hygiene practices and environmental audits had helped to reduce the spread of the virus in the designated centre.

There was a weekly schedule of activities developed by the activities co-ordinator following consultation with the residents. The variety of activities included in the schedule ensured that all residents had some form of activity that they enjoyed available to them during the week.

The rights of residents were upheld. For example, they were all registered to vote, to practice their religion and to live their life as they chose. Residents had had been given information about the COVID-19 vaccinations and any side effects and were encouraged to make an informed choice whether or not to receive the vaccination. The resident's preference was respected in relation to accepting or refusing the COVID-19 vaccination.

Residents had access to the daily and local weekly newspapers. They had access to a television and radio in their bedroom. Activities which residents had selected and suggested were facilitated in the centre. However, some residents felt they would like more activities to participate in. The inspector spoke with the activities co-ordinator who stated that group activities were due to recommence as COVID-19

restrictions were being lifted and residents were being vaccinated.

Regulation 11: Visits

Visiting in the centre had resumed in line with HSPC on COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCs). A procedure had been developed and implemented which maximised the residents and their relatives safety and minimised the risk of bringing COVID-19 into the centre. The person in charge stated it was being reviewed each week and that visiting on Sundays would be reintroduced in the near future.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and the risk register were available for review. The risk register included the risk associated with a COVID-19 outbreak together with other actual and potential risks identified in the centre. It was a live document which was updated each month. There were no risks identified on this inspection.

Judgment: Compliant

Regulation 27: Infection control

The location of hand sanitisers required review to ensure they were conveniently accessible to staff.

The two sluice rooms did not contain all the required equipment, they did not contain a suitably sized sink or a sluice sink connected to the foul drainage system.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment of the resident was not available for all residents.

A number of assessments reviewed did not reflect the residents' current status although they had just been updated by nursing staff.

The care plans in place did not provide enough specific details to guide staff and ensure they provided care in line with the resident's assessed needs and preferences. For example, one resident who was receiving subcutaneous insulin did not have a clear care plan in place which stated how many times each day their blood sugar needed to be monitored. This created a risk that the resident's blood sugars would not be appropriately monitored and any potential reduction or rise in blood sugar levels might not be identified.

Judgment: Not compliant

Regulation 6: Health care

The health care needs of residents were met. A sample of residents files confirmed that residents had been reviewed by their General Practitioner (GP) within the past four months. The GP visited the centre each week and reviewed those residents who needed to be seen. Those residents who required access to other allied health care team members were facilitated to access these services without any delay.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including the robust recruitment of staff, ongoing training and effective supervision of staff. A review of a sample of staff files assured the inspector that staff had An Garda Síochána (police) vetting disclosures in place prior to commencing employment.

The centre was a pension agent for a number of residents' pensions. The processes in place were reviewed and were in line with the requirements published by the Department of Social Protection (DSP).

Judgment: Compliant

Regulation 9: Residents' rights

There were no activities staff on duty at the weekends. This required review to ensure the social care needs of this group of residents were being met seven days

per week.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0032432

Date of inspection: 24/05/2021

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>There is a comprehensive Infection Control policy in St Doolaghs Park, with the addition of a COVID -19 Policy since the Pandemic in February 2020. All staff are required on induction and on an ongoing basis to review all policies and procedures in relation to Infection Control and to sign that they have read and understood them. Current policies are updated regularly in line with best practice as per HSE and HPSC guidelines. There is a Preparedness plan in place to guide staff and specific COVID 19 policies to manage an outbreak within the home. All staff have been trained in Donning and Doffing PPE, Hand Hygiene, Breaking the Chain of Infection. Additional Hand Sanitizers were installed during the inspection after it was pointed out to the PIC by the inspector on the 24/05/21 that an additional unit was required on a corridor area ensuring that there was at least one unit in each compartment and are now conveniently accessible to staff. Two suitably sized sluice sinks were ordered, delivered and have been installed on 07/07/2021. They are connected to the foul drainage system.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>St Doolaghs Park PIC always ensures that each resident is provided with care in a person-centered manner that is safe, effective and appropriate to their individual needs. All residents have a suite of Nursing assessments and care plans provided following admission and are updated 4 monthly or more frequently as required. A review will take place to ensure that these assessments reflect the residents' current status and are</p>	

comprehensive. A comprehensive assessment was discussed and developed at the Groups Director of Nursing Meeting on 23/06/21. This assessment has now been added to the list of assessments to be carried out for all residents on the 24th June 2021 and will be updated every four months or sooner if required. The DON/ADON will also continuously audit 10% percent of the Care plans and assessments on a monthly basis to ensure that they completed and updated based on the changing needs of the resident. Care plan training for Nursing staff took place on the 4th and 18th of June 2021. The training covers assessments, rights based care planning, and incident forms, and were discussed in detail. A record of this training is kept. It should be noted that all residents have a comprehensive review completed by the Director of Nursing, Senior Physiotherapist, Senior Occupational Therapist, Senior Psychologist, Assistant Psychologist, Activity Coordinator, GP, Assistant Director of Nursing, and Nursing staff every three months and action plans arise from this meeting to ensure that the residents' needs are being comprehensively met.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents have access to facilities for occupation and recreations and have opportunities to participate in activities in accordance with their interests and capacities. The registered provider, in so far as is reasonably practical, ensures that the residents exercise choice providing that this does not interfere with the rights of other residents, are able to undertake personal activities in private and communicate freely and in particular have access to information about current affairs and local matters, radio, television, newspapers and other media, telephone facilities, which may be accessed privately and voluntary groups, community resources and events. A weekly and daily timetable of activities are on display in the home. Residents meetings are conducted monthly. The coordinator has ensured that all residents who wish to vote are on the register. The notice boards are full of information and independent advocacy notices are present. Individual one to one time is scheduled for residents also. The Home has an activity coordinator who ensures that residents are afforded the opportunity to engage in activities if they so wish. Following the Centres' fortnightly management meeting on 29th June 2021, the registered provider representative agreed to increase the allocated activity hours in St Doolaghs Park to ensure that the residents social care needs were met at weekends. The PIC is reviewing the current activity roster and a new roster will be implemented on the week commencing the 1st August 2021.

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	07/07/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	28/07/2021
Regulation 9(2)(b)	The registered provider shall provide for residents	Substantially Compliant	Yellow	12/07/2021

	opportunities to participate in activities in accordance with their interests and capacities.			
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