



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

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:	16 July 2018
Centre ID:	OSV-0004042
Fieldwork ID:	MON-0022383

## 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. They provide 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 access 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.**

Current registration end date:	29/04/2020
Number of residents on the date of inspection:	72

## How we inspect

To prepare for this inspection the inspector or 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
16 July 2018	10:00hrs to 17:00hrs	Sheila McKeivitt	Lead

## Views of people who use the service

Residents living in the centre appeared relaxed. They confirmed it was a nice place to live and that staff were available to support them to achieve their potential and maximise their independence. Staff were observed doing this using a person centred approach.

Residents said they enjoyed being able to go outside independently and some residents who did gardening were enjoying their new growth tunnel. They told the inspector about the summer bedding boxes they had made at the front of the centre. They felt their views were important and they were aware of how and to whom they would make a complaint.

## Capacity and capability

This was a well managed service. The provider and person in charge has systems and processes in place to ensure appropriate oversight and governance to monitor the quality of care received by residents.

Staffing numbers and skill mix changed in response to the needs of residents. Those residents assessed as requiring one to one supervision had this in place. There was evidence of a learning culture in the centre. This was evidenced by the continuous availability of training opportunities for staff on a variety of relevant topics which enabled them to continue to provide evidence based care to residents. Staff had an annual appraisal meeting where their individual training needs were identified and the information was used to inform the annual training plan for 2018.

The management team continually monitored the ongoing performance of the centre, using items such as audits and unannounced inspections of the centre. A detailed audit plan for 2018 was in place and documents reviewed evidenced that this plan was being implemented effectively. Audit action plans were implemented without delay and practices were re-audited to ensure continuous improvements in care being delivered to residents. Audits results were also discussed at management meetings held every two weeks and with staff at staff meetings.

Residents confirmed they were aware of the complaints process and those spoken with confirmed that complaints they had made were dealt with promptly and to their satisfaction. The inspector reviewed complaints made to date in 2018 and found that the practice followed reflected the centres policy. Complaints were also discussed at management meetings.

<b>Regulation 15: Staffing</b>
The staffing levels and skill mix was adequate to meet the needs of residents. The management team kept them under review.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Staff had access to a range of training opportunities which enabled them to provide evidenced based care to residents. All staff had up-to-date safeguarding, manual handling and fire training in place.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
A directory of residents was maintained, it included all the information specified in schedule 3.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The centre had a contract of insurance in place which met the regulatory requirements.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was adequate resources and a clear management structure to ensure the centre delivered appropriate, safe and constant care to residents. A comprehensive annual review for 2017 had been completed, it included residents views on the

service together with an improvement plan for 2018.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose had been reviewed in June 2018 and was on display in the centre. The contents met the regulatory requirements.
Judgment: Compliant
<b>Regulation 30: Volunteers</b>
There were no volunteers working in the centre, however the policy in place covered the regulatory requirements.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
All incidents had been reported as per regulatory requirements.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The complaints policy was on display and met the regulatory requirements. Complaints were managed in line with the policy.
Judgment: Compliant
<b>Quality and safety</b>
Residents received safe quality care. The management team had appropriate

systems and governance structures in place to ensure this was continuously monitored. Most residents were in a rehabilitation programme this was evident from their enhanced quality of life since admission to the centre.

Residents' well-being and quality of life was enhanced and promoted through on-going review and assessment using recognised nursing assessment tools and care plans that were person-centred and assessment focused. A multidisciplinary approach to those entered into a rehabilitation programme ensured an holistic individualised approach with the resident at the centre of the teams focus.

Residents were protected by medication management practices that were now in line with national standards. Improvements had been made to this area since the last inspection. The indications for as required medications prescribed for some residents was now in place on prescription charts.

Residents safety and well-being was promoted through staff awareness of arrangements in place to safeguard residents from abuse. Staff spoken with were clear of the policy to follow in the event that they witnessed, suspected or had abuse reported to them and they confirmed that they had attended training on this topic.

Precautions were taken to protect residents against fire including the servicing of fire equipment, the fire alarm and emergency lighting. Residents had individual evacuation plans in place and staff practiced what to do in the event of a fire on a regular basis. Residents were protected against potential risks however, one risk associated with smoke drifting up the internal corridor from the ground floor smoking room, required further review.

### Regulation 11: Visits

Arrangements for visiting the centre were clearly displayed, reflected in the residents guide and in the statement of purpose.

Judgment: Compliant

### Regulation 20: Information for residents

The residents guide contained all the required information and was available to the residents.

Judgment: Compliant



## Regulation 26: Risk management

The risk management policy was seen to be followed in practice. The risk register was kept up-to-date for each risk identified it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. The management team reviewed all risks environmental, clinical and individual residents once every three months. The risk associated with smoke drifting up the internal corridor from the ground floor smoking room required further review.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were adequate arrangements in place against the risk of fire including firefighting equipment, means of escape, emergency lighting and regular servicing of systems. Fire drills were practiced with staff on a monthly basis and the support needs of residents were documented.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The processes in place for the medication management was reflect of the centres policies and with best practice guidance. The indications for use of as required medications (PRN) was now in place on each medication prescription chart viewed.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents assessments were completed and person centred care plans were put in place to reflect the assess needs. Reviews took place four monthly or more frequently if required.

Judgment: Compliant

## Regulation 6: Health care

There was good access to allied healthcare services, and residents needs were assessed regularly by a multidisciplinary team to ensure their needs were met.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to protect residents from abuse including the robust recruitment of staff, ongoing training and supervision of staff.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0022383

Date of inspection: 16/07/2018

## 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 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Risk assessment carried out to ascertain the level of risk related to smoke egress from resident smoking areas onto the adjacent corridor by Group Facilities Manager and PIC. Control measures put in place to minimize smoke egress from the smoking room are the installation of a brush strip at the foot of the door, and installation of an extraction unit of sufficient capacity to extract cigarette smoke from the room on an ongoing basis. Works are due to be completed by 10/08/2018.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	10/08/2018