

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	St Doolagh's Park Care and Rehabilitation Centre
<b>Centre ID:</b>	OSV-0004042
<b>Centre address:</b>	Malahide Road, Balgriffin, Dublin 17.
<b>Telephone number:</b>	01 847 7950
<b>Email address:</b>	stdoolaghs@trinitycare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Costern
<b>Provider Nominee:</b>	Keith Robinson
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	Jim Kee;
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections 2015
<b>Number of residents on the date of inspection:</b>	69
<b>Number of vacancies on the date of inspection:</b>	1

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 22 September 2015 10:00 To: 22 September 2015 18:00

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Substantially Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Substantially Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Compliant
Outcome 11: Information for residents		Substantially Compliant
Outcome 12: Notification of Incidents		Compliant

**Summary of findings from this inspection**

This was an unannounced inspection conducted by two inspectors over one day. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. In order to determine this inspectors focused on six outcomes and followed up on a number of outcomes from the last monitoring inspection which took place in April 2014. There were 69 residents in the centre on the day of inspection another 2 were in hospital and there was 1 vacant bed. Ten of the 71 residents in the centre had been diagnosed with korsakoff's syndrome, 4 were just over 65 years of age and 6 were just under 65 years of age. The centre did not have a dementia specific unit, residents with dementia were living on both floors of the centre.

Prior to this inspection the provider and person in charge had submitted a completed self- assessment document to the Authority along with relevant policies and inspectors reviewed these documents prior to the inspection. The judgments in the self assessment were similar to the inspection findings. The provider was in compliance with four outcomes and substantially compliant with five other outcomes. All but one action plan from the last inspection had been addressed in full.

Inspectors found the centre had a person-centred service and the health care needs of residents with dementia were met in an inclusive manner. There was room for improvement in relation to the provision of social care to these relatively young residents. Those residents living on the first floor could not independently access an outside garden and a number found this restriction difficult to live with. Staff had received continuous training which equipped them to understand and engage with residents who had dementia. Residents with dementia had choices in relation to all aspects of their life and their personal choices were respected by all staff. Overall residents with dementia were well cared for.

The action plans at the end of this report reflect where improvements need to be made.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

The wellbeing and welfare of residents with a diagnosis of dementia were being met. The nursing, medical and social care needs of these residents were met to a high standard.

Residents had access to medical and allied health care professionals of their choice. Most residents had chosen a general practitioner close by to care for them. The centre had access to consultant psychiatrists, geriatricians and other specialist consultants based in the local acute hospital. There was no delay in referring residents for assessment to any of the allied health care team members. Inspectors saw evidence of referrals made, assessments completed and recommendations made in resident files. The provider sought external companies to come in and routinely assess residents eyesight and dental hygiene/needs. The general practitioner chosen by most of the residents routinely visited the centre.

There was evidence that all residents had their medical needs including their medications reviewed on a frequent basis. The pharmacist chosen by most residents delivered medications to the centre daily and more frequently if required. The pharmacist also conducted an audit of medication management every three months. Inspectors saw that all but one recommendation made during the last two three monthly audits had been addressed. An outstanding issue regarding the temperature of the room where medications were being stored being over 25 degrees centigrade had not been addressed although this had first been identified as an issue in early 2015. Other aspects of non compliant medication management identified during the last inspection were found to be addressed on this inspection.

Residents had comprehensive assessments completed on admission. Each need identified on assessment had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. Assessments and care plans were updated on a four monthly basis. Care outlined appeared to be provided to residents. Those spoken with were satisfied that their care needs were being met. There was evidence that residents and their families were involved in the residents' care plan. A list of residents' property brought into the centre was now available in their files.

Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. Some residents who wanted had their end of life preferences recorded and an end of life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care. They were detailed and included input from both the resident and their family.

Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

Residents nutritional needs were met and they were supported to enjoy the social aspects of dining. The menu provided a varied choose of meals to residents. Inspectors saw that residents were given the choice as to where they wanted to eat their meals, their choice was respected and facilitated by staff. Residents who required support at mealtimes were provided with timely assistance from staff. Inspectors saw this was provided in a quite, calm and professional manner. Residents diagnosed with dementia had their meals with other residents, there was no segregation of dementia residents. This was seen to work well for all the residents.

Residents had a malnutritional risk screening tool (MUST) completed on admission and this was reviewed three monthly. They were routinely weighed and had their body mass index calculated on a frequent basis. Those with nutritional care needs had a nutritional care plan in place and those identified as at risk of malnutrition were referred to a dietician when nurses felt their input was required. Inspectors saw that residents likes, dislikes and special diets were all recorded. These were known by both care and catering staff.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as substantially compliant.

**Judgment:**  
Substantially Compliant

### ***Outcome 02: Safeguarding and Safety***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Measures to protect residents with dementia being harmed or suffering abuse were in place. Residents spoken with stated they felt safe in the centre. There was a policy and

procedures in place for the prevention, detection and response to abuse. It had been updated since the last inspection and now provided guidance for staff if a member of the management team were involved in an alleged incident. There had been reported incidences of alleged abuse from the centre since the last inspection however, there was evidence that these had been fully investigated by the management team. Staff demonstrated a good knowledge of what constituted abuse and they all had up-to-date refresher training in place. Administration staff managed monies on behalf of some residents, this process was not reviewed on this inspection as it was found to be in full compliance during the last inspection. Residents with dementia displaying behaviours that may challenge had a corresponding behavioural support plan in place and all incidents of behaviours that challenge were being recorded and allied health care team members were available to support both the resident and staff post these incidents.

There was a minimum use of restraint in the centre. Residents with dementia did not have individualised restraint in use. However, as mentioned under outcome 6, the movement of those residing on the first floor was restricted.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as compliant.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents with dementia were consulted with and actively participated in the organisation of the centre. Residents privacy and dignity was respected, including receiving visitors in private. They had choice in relation to how they lived their life and they had a choice of activities however, some residents with dementia particularly those living upstairs told inspectors that there was little for them to do.

Inspectors saw evidence that residents with dementia attended residents meetings, which took place in the centre on a frequent basis. They contributed at these meetings, requesting activities and meals of their choice and attended events outside of the centre. A review of minutes of these meetings showed residents were asked and gave suggestions for external outings. The activities coordinator organised the activities and facilitated residents to take part. She lead some activities and others were provided by external personnel who brought activities of interest to residents into the centre, hence there were a variety of activities available. There was evidence that external outings

were arranged, some residents had attended the local cinema others had been taken out to the local castle and park in August. Also residents told inspectors about the summer party which was recently held in the centre, they appeared to have totally enjoyed this celebration. However, a common theme among those residents with dementia was the lack of activities of interest to them and infrequent trips outside of the centre. Inspectors also observed that non verbal residents were left for long periods with no interaction. This was mainly due to the fact that the one activities coordinator could only lead out on one activity at a time and there were 69 residents in the centre at the time of this inspection. This is actioned under outcome 5.

Residents with dementia had access to advocacy services. Contact details for the national advocacy service were available throughout the centre and advocacy had been discussed with residents at the residents' meetings.

Residents were treated with dignity and respect. Residents with dementia spoken with confirmed this to inspectors. Also, inspectors observed that staff including, nurses, care assistants, catering and household staff communicated and treated residents with the utmost respect. Staff appeared to know the residents well. They took time to communicate with residents and did so in a kind and patient manner.

Residents privacy was respected. They received personal care in their own bedroom or their ensuite which could be locked. Bedrooms and bathrooms had privacy locks in place. There were no restrictions on visitors and residents could receive visitors in private in a number of different areas of the centre. All residents had been offered the choice to register to vote and some had chosen to do so. Residents attended Mass in the church situated close to the centre.

This outcome was judged to be compliant in the self-assessment, inspectors also judged it as substantially compliant.

**Judgment:**  
Substantially Compliant

#### ***Outcome 04: Complaints procedures***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The complaints of each resident with dementia, his or her family, advocate or representative, and visitors were listened to and acted upon and there was an effective appeals procedure.



There was a complaints policy in place which met the regulatory requirements. A copy was on display in a number of areas throughout the centre. Residents with dementia told inspectors that they would complain to Pauline the person in charge or any of the staff. A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer, the outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process, however none on file had been appealed. A review of complaints on file had been conducted quarterly by the nominated person named in the complaints policy to oversee complaints. The findings reflected that of inspectors, all complaints were appropriately responded to, and records were kept.

This outcome was judged to be compliant in the self-assessment, inspectors also judged it as compliant.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

There was an appropriate number and skill mix of staff to meet the assessed health care needs of residents. However, there was just one staff member employed to meet the diverse social care needs of the seventy residents living in the centre.

Agency staff were used in the centre due to difficulties in recruiting staff. However, a review of the roster showed that the agency staff were employed on a consistent basis ensuring some degree of consistency of care for residents. Staff on both floors were being effectively supervised by a clinical nurse manager. In addition the person in charge and general manager were on the floor assisting staff and residents.

The activities person was seen interacting with residents on both floors throughout the inspection. There was a full schedule of activities to choose from which residents from both floors could attend. The activities on the schedule included a variety of activities. Inspectors observed four residents from downstairs being facilitated to cook lunch in their kitchen and inspectors observed the activities coordinator leading a well attended bingo session in the afternoon. Some residents with dementia spoken with told inspectors there was little to do in the centre and inspectors found this to be the case especially for those who were living upstairs. Although external activity providers came in to assist with the provision of activities including art and pet therapy, inspectors saw that there was scope to expand the type, variety and number of activities provider to

ensure the social care needs of residents were met.

Staff had up-to-date mandatory training in place. They also have access to other education and training to meet the needs of residents with dementia. This included training on how to manage behaviours that challenge. In January and February 2015 staff had attended education sessions in relation to cognitive impairment and there were information booklets available to them in relation to korsakoff syndrome which was the main underlying cause of residents with dementia living in the centre. They were observed interacting with residents with dementia in a respectful manner.

There was an effective recruitment procedure in place. Staff files were not reviewed on this inspection as they were found to be in compliance during the last inspection. There were no volunteers working in the centre.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as substantially compliant.

**Judgment:**

Substantially Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises took account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre was clean tidy, well lit and well heated. All residents had their own ensuite bedroom which contained all the furniture they required including adequate storage facilities. All ensuites contained a shower, wash hand basin and toilet. Residents' were encouraged to personalise their bedrooms and inspectors saw that most residents did so. The communal areas downstairs were decorated in a homely manner with areas where residents could relax. The upstairs communal area was in the process of being extended and refurbished. The small private room upstairs was not independently accessible to residents.

The corridors and stairs had handrails in place, the bathrooms and toilets had grab rails in place. Non slip floor covering was used throughout the centre.

The residents had access to equipment required to meet their needs and inspectors saw that equipment such as pressure relieving mattresses, high-low beds and hoists had been serviced within the past year.

Residents with dementia were categorised as being in the low dependency category. They were independent with their activities of daily living as they were in the early stages of their illness. Some residents with dementia showed inspectors their bedrooms and were able to do so without any difficulty.

Signage throughout the centre could be improved to ensure it met the needs of residents as their disease progressed. Inspectors also noted that colour was not used to enhance the environment for residents with dementia, its use may also assist residents to maintain their independence for longer as their disease progressed.

Inspectors found that the patio door leading from the ground floor hallway was open at all times and led directly into an enclosed landscaped area containing seating which residents living on the ground floor had independent access to. However, residents with dementia who lived upstairs could not independently access the lift or stairs leading to the ground floor therefore, these residents could not independently access the enclosed garden downstairs.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as substantially compliant.

**Judgment:**  
Substantially Compliant

### ***Outcome 07: Health and Safety and Risk Management***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
Issues identified during the last inspection had been addressed. Risks associated with falls or infection control were not identified on this inspection.

**Judgment:**  
Compliant

### ***Outcome 11: Information for residents***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

A random selection of contracts of care were reviewed. Improvements had been made since the last inspection. They now included details of additional fees that may be charged, however, a number reviewed did not include the actual weekly fees charged. This was the second consecutive inspection where this non compliance has been identified.

**Judgment:**

Substantially Compliant

### ***Outcome 12: Notification of Incidents***

**Theme:**

Effective care and support

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

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

**Findings:**

Inspectors found that all incidences which were required to be notified to the Authority had been notified within the required time frame. The person in charge kept a clear and detailed record of all notifiable incidents.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Sheila McKeivitt  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Doolagh's Park Care and Rehabilitation Centre
<b>Centre ID:</b>	OSV-0004042
<b>Date of inspection:</b>	22/09/2015
<b>Date of response:</b>	21/10/2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

The room where medications were being stored was greater than the recommended temperature of 24 degrees centigrade.

#### **1. Action Required:**

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance

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

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.

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

Pharmacy stock has been reduced and relocated to alternative locations - Completed

Temporary measures within the pharmacy i.e. environmental cooling, have been taken to ensure temperatures are maintained at required level with immediate effect - Completed

The long-term solution is to have air conditioning installed in the Pharmacy areas, to ensure room are maintained at 24 degree centigrade or below.

Proposed Timescale:

30/11/15 (Air Conditioning)

**Proposed Timescale:** 30/11/2015

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

The amount of activities available did not meet the needs of all 69 residents.

**2. Action Required:**

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

While all residents have access to and can avail of a variety of activities appropriate to their level of engagement, not all residents choose to take up the opportunities available to them.

All residents will have an individualised weekly activity schedule put in place, focusing on individual abilities, interests and choice, with input and agreement from the MDT – 31/12/15

A range of Multi-Sensory Activities for High Support Residents will be evaluated with a view to implementing an enhanced activity schedule for identified individual residents. - Commenced

The plan is to have a dedicated Multi-Sensory Room available to all residents –

30/11/16

Current sensory garden to be enhanced (Internal Courtyard) – 30/11/16

**Proposed Timescale:** 30/11/2016

### **Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

The number of staff employed to meet the social care needs was not adequate.

**3. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Following review, and taking into account that two MDT members had just commenced employment, it was identified that all residents do have activities or access to activities, and while activities were recorded, the planning & sequencing could have been more coherent, and staff allocation to activities more transparent, with a clearer definition and focus i.e. OT & Physiotherapy input.

All residents to have an individualised weekly activity schedule put in place, focusing on their abilities, interests and choices with input and agreement from the MDT. - 31/12/15

**Proposed Timescale:** 31/12/2015

### **Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The use of signage and colour could improve the environment for residents with dementia as their disease progresses.

**4. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.



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

Signage and colour of environment will be enhanced as dementia progresses and used to guide residents to locations within the unit on a more permanent basis. Examples are:

- Corridor rails to be differentiated in each area to give separate spacial identity & awareness.
- Land-marking of key areas
- Enhanced signage

Interventions will be reviewed and monitored on an ongoing basis by the MDT for effectiveness.

**Proposed Timescale:** 30/03/2016

**Theme:**

Effective care and support

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

Residents with dementia did not have independent access to the enclosed outdoor space available.

**5. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

All residents can access the courtyard garden at any time with support from staff - Ongoing

Due to the nature of cognitive impairment of some individuals as well as physical disability and lack of insight; for safety reasons we have been unable to provide open unrestricted and unaccompanied access for every resident.

A Risk assessment will be completed for each resident with regard to individual access – 30/11/15

Where residents cannot access independently we will endeavour to ensure increased access is provided - Immediate

**Proposed Timescale:** 30/11/2015

## **Outcome 11: Information for residents**

### **Theme:**

Governance, Leadership and Management

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

Each residents contract of care did not include the fees charged.

### **6. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Residents fee schedule to be documented on contract of care

**Proposed Timescale:** 31/10/2015