

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Doolagh's Park Care and Rehabilitation Centre
Centre ID:	OSV-0004042
Centre address:	Malahide Road, Balgriffin, Dublin 17.
Telephone number:	01 847 7950
Email address:	stdoolaghs@trinitycare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Costern Unlimited Company
Provider Nominee:	Keith Robinson
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	68
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 January 2017 09:30	24 January 2017 17:30
25 January 2017 09:30	25 January 2017 14:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was announced following an application by the provider to renew the registration of the centre. As part of the inspection, the inspector met with residents, relatives and staff, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Prior to the inspection, the inspector reviewed all documents submitted by the nominated person on behalf of the provider, for the purposes of application to register and were found to be satisfactory.

The centre is registered to accommodate 72 residents and there were 68 residents

on the day of inspection with one in hospital, leaving three vacant beds. The inspector found that the nominated person on behalf of the provider had addressed the five action plans from the last monitoring inspection which took place in May 2016.

The centre was found to be in compliance with thirteen of the fourteen outcomes inspected against. The action plan at the end of this report reflects the one outcome which was in substantial compliance.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A statement of purpose was submitted as part of the application to renew registration. It had been reviewed in January 2017 and outlined the overall aim of the centre and other details as specified in Schedule 1 of the Regulations. Staff were familiar with its content and a copy was on display in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure which was reflected in the statement of purpose.

The Provider, Operations Manager and Human Resources Manager work full-time across the groups five nursing homes. The Person in Charge worked full-time in St Doolagh's Park Care & Rehabilitation Centre. The inspector was informed that all four members of

the management team met once every two weeks to discuss management issues. Minutes of these meetings were available for review and provided assurance that the governance of the centre was strong.

The person in charge was supported in her clinical role by an Assistant Director of Nursing (ADON) and two Clinical Nurse Managers. The person in charge met with members of the nursing management team on a regular basis, minutes of these meetings reflected clinical issues they discussed. The person in charge also attended monthly meetings with directors of nursing (from the groups four other nursing homes), these were chaired by the operations manager, minutes of these meetings showed that learning was shared across the five centres.

The ADON was the named person to take over in the absence of the person in charge. She is a registered general nurse, with a degree in nursing and significant experience in carrying for persons with an acquired brain injury.

The person in charge was auditing areas of practice such as medication errors, nursing documentation, use of bedrails, development of pressure ulcers, accident and incident and falls. The results of most of these audits were clearly analysed, and communicated to staff at handover and staff meetings. Where action plans were included there was evidence that these actions had been addressed by the person in charge.

An annual review of the quality and safety of care delivered to residents had taken place in 2015 and 2016 annual review was in progress. The inspector was informed a copy would be submitted to the Authority on completion.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that there was a guide available in respect of the centre and a written contract of care in place for the residents.

There was a guide available at front reception. The guide contained all the required information as per regulation 20.

The inspector reviewed a sample of residents' contracts of care. All those reviewed

contained information relation to the care and welfare of the resident and the services that would be provided to the residents. They set out the weekly fees that were to be charged to the residents. The contracts also detailed an additional monthly charge for provision of 'additional services'. These services were detailed to include the social programme.

Each contract of care had been signed by the resident and/or their next of kin and a representative of the organisation.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:

The inspector found the records listed in schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure completeness, accuracy and ease of retrieval. The centre had all operational polices as per schedule 5 of the regulations.

The inspector reviewed a sample of residents' records. The directory of residents contained all of the information required in schedule 3. A sample of resident's files reviewed contained all of the health and medical information as listed in schedule 3.

The centre's operational policies reflected the centre's practice. The policies were found to be regularly reviewed and all were up to date.

All other records as per schedule 4 were maintained and readily available. The centre had insurance in place.

A sample of staff files reviewed were found to contain all the requirements as per schedule 2 of the regulations.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome was reviewed in full during the course of a thematic inspection in May 2016 when it was found to be compliant.

Measures to protect residents 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 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 reviewed and was found to reflect the centres policy and best practices guidelines. Records and sums of monies held on behalf of residents' were audited on a three monthly basis by senior staff.

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. Where bedrails were in use there was a record of alternatives trialled , tested and failed prior to bedrails being used. Residents' with bedrails in use also had a care plan in place.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted and protected.

The centre had a risk management policy, an emergency plan and an health and updated safety statement in place. The risk register was comprehensive and kept updated. It identified risks and specific measures put in place to reduce the level of risk.

Records reviewed on inspection showed that the fire alarm and the emergency lighting was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Staff spoken with were clear on what to do in the event of the fire alarm sounding. All staff had completed fire safety training within the past year. Records reviewed showed that fire drills were practiced on a weekly basis. Records of these fire drills were comprehensive reflecting those in attendance, times and any issues identified which required improvement. At least one per annum took place at night time. The inspector saw that there was adequate means of escape and saw all fire exits were unobstructed.

Manual handling practices observed were in line with best practice and records reviewed showed all staff had up-to-date training in place.

Infection control practices were good overall with hand washing and drying facilities and hand sanitizers were available throughout the centre.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication 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:

The inspector reviewed the practices and documentation in place relating to medication management in the centre. There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents.

All medicines were stored securely in the centre. An air conditioning unit had been installed in this storage room since the last inspection and the temperature of the room was being recorded daily by staff and these records showed that the temperature was now constantly recorded at 20 degrees centigrade. Medicines were stored securely within the centre, and fridges were available for all medicines and the temperature of these fridges was monitored. Controlled (MDA) medicines were stored in secure cabinets, and registers of these medicines were maintained with the stock balances checked and signed by two nurses at the end of each working shift. There were procedures in place for the handling and disposal of unused and out of date medicines.

The inspector reviewed the processes in place for administration of medicines, and were satisfied that nurses were knowledgeable regarding residents' individual medication requirements. It was noted that where medications were prescribed on an as required basis, an indication for their use was not recorded.

The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis, conducting reviews of residents' medications and medication audits.

Medication incidents including medication errors were recorded and nursing staff spoken to by the inspector were knowledgeable of the procedure to be followed. The person in charge was monitoring medication errors.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

This outcome was reviewed in full during the course of a thematic in section in May 2016 when it was found to be substantially compliant. The provider had addressed the action plan which related to the high temperature in the medication room, as detailed under outcome 12 this issue had been addressed.

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. The inspector 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.

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. Residents 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.

Residents' expressed their satisfaction with the in-house physiotherapy and occupational programmes.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

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

Findings:

This outcome was reviewed in full during the course of a thematic in section in May 2016, when it was found to be substantially compliant. The provider had addressed the two action plans as follows:

Additional signage had been put in upstairs where residents' with dementia lived. These new signs were both pictorial and written enabling residents with dementia to recognise rooms in the centre. Handrails on corridors had been painted different colours, this enabled residents' with dementia to orientate themselves around the centre.

Residents with dementia could access the enclosed downstairs garden via the lift. A large new communal sitting/living room had been developed on the first floor. It overlooked the front garden.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was an end-of-life policy in place and this was reflected in practices.

Nursing documentation for three residents was reviewed. Residents' comprehensive assessment referred to their wishes/preferences and each of those reviewed had an end of life care plan in place. The end of life care plans reviewed included a record of end of life discussions the staff nurses had with the resident and/or their next of kin and in some cases their general practitioner (GP). Where the resident had not been involved, the care plan stated this was due to a lack of their capacity to participate. The reviewed care plans included certain aspects of preferred end of life care, such as, if the resident wanted to stay in centre or be transferred to hospital, preferred funeral arrangements and who was taking responsibility for these. The centre had access to the palliative care team. Inspectors were informed that prompt referral and review from the team was provided whenever necessary.

The Sacrament of the sick was provided and the priest sought at the residents' request.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a policy in place for the monitoring and documentation of nutritional intake.</p> <p>Residents had access to fresh drinking water at all times. Residents stated that the food provided met their needs, they received a good variety and choice in sufficient quantities at each meal time. Meals and snacks were available at times suitable to residents. Residents' had independent access to a kitchen on each floor. A number spoken with told the inspector that they could make themselves tea or coffee whenever they wished and were able to get their breakfast independently. The inspector saw that the special dietary requirements of each resident were provided for. There was an updated reference list containing information regarding the residents preferred diet and the consistency each residents food and drink needed to be served at.</p> <p>Food appeared to be properly prepared, cooked and served, and appeared wholesome and nutritious.</p> <p>The inspector saw evidence that residents' with a weight loss which was of concern to staff had been reviewed or had been referred and were awaiting review by a dietician. Nutritional supplements recommended by the dietician were being administered to the resident as prescribed by the resident's GP.</p>
<p>Judgment: Compliant</p>

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector was satisfied that staff treated residents with privacy and dignity. One issue identified on the last inspection had been addressed in full. The choice of activities provided to residents had improved since the last inspection.</p>
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Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter. The inspector observed staff interacting with residents in a friendly and courteous manner and residents' confirmed they were treated with respect.

Residents civil and religious rights were respected. All were registered to vote and they were facilitated to do so in the centre or at the local polling station. Mass took place every Friday in the centre and a Church of Ireland minister visited the centre weekly. Other religions were welcome and facilitated in the centre.

Residents had a monthly meeting chaired by the activities co-ordinator, minutes of which were available to residents'. The activities co-ordinator involved the residents in developing a quarterly newsletter which was available throughout the centre. Residents had access to a number of advocates who's details were displayed on the notice board in the front foyer. Details included an advocate for 'mental health residents', disability residents', older persons, acquired brain injury residents and wheel chair dependent residents'.

The choice of activities had improved since the last inspection and this was confirmed by residents' spoken with over the course of the two days. They expressed satisfaction with the choice of activities available to them. Residents' with an acquired brain injury had an individualised daily timetable posted in their bedroom. This enabled them remain control of their life and prompt them to the next item on their schedule. There was an established art class, who had recently had an exhibition of their works in a local gallery. Their work reflecting the 1916 rising was on display in the centre. The horticultural club were observed planting scrubs in the front garden, residents' were responsible for its development and the inspector was informed that there were plans to erect a polytunnel so this hobby, which was of interest to number of residents could be developed further. Residents' expressed satisfaction with the number of external trips, one of which occurred on a daily basis. For example, on the first day of inspection a number of residents' were out in the local shopping centre. The inspector was informed that the management team had been asked to consider the purchasing of a form of transport for the use of residents' in the centre. This would eliminate the current time restrictions imposed by taking public transport and increased cost of taxis.

The inspector was also shown the sensory room which was in the process of being decorated. Some sensory lights and blackout curtains were in place, however further refurbishment was planned. The activities co-ordinator informed the inspector she had completed a course on delivering sonas (a therapeutic programme specifically for residents with dementia). She planned to deliver this programme twice per week to residents with dementia.

Judgment:
Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can
appropriately use and store their own clothes. There are arrangements in***

place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were adequate arrangements in place to protect residents' possessions and to allow residents to maintain control over their possessions.

The centre promoted residents maintaining control over their own belongings. Each resident had suitable storage space for their belongings in their rooms including a lockable area for valuables. A number of residents' told the inspector that they had been provided with keys for their bedroom so they could maintain control of their private space. Each resident had a list of their personal possessions. A sample of these lists were reviewed by the inspector.

Residents' clothing was laundered in the centre unless an alternative arrangement was in place with the resident and/or their family. Residents' spoken with expressed satisfaction with the in-house laundry service. The inspector saw that residents' clothing was individually labelled in their wardrobes.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

There were sufficient numbers of staff with the right skills, qualifications and experience to meet the assessed needs of the 68 residents in the centre at the time of this inspection.

The inspector spoke with a number of qualified nursing staff, they had a mixture of qualifications and experience which included caring for residents' with acquired brain injury, drug addictions and psychiatric illnesses. All qualified staff were registered to practice in 2017 with Bord Altranais agus Cnáimhseachais na hÉireann most were registered general nurses, however the person-in-charge was a registered psychiatric nurse and one nurse was a registered intellectual disability nurse.

There was an actual and planned staff rota which confirmed there was a minimum of one staff nurse on duty at all times and the numbers of staff rostered during the day and night took into account the statement of purpose and size and layout of the building. Residents spoken with confirmed that staffing levels were good, stating they never had to wait long for their call bell to be answered or their requested needs to be met.

Residents spoken with spoke highly of the staff who they described as kind, patient and friendly. The feedback received on the Authorities questionnaires was also extremely positive.

Staff spoken with told inspectors their learning and development needs were being met and they demonstrated a good knowledge of policies and procedures. Records reviewed confirmed that all staff had mandatory manual handling, fire and protection of vulnerable residents' training in place. Staff had also been provided with education on a variety of topics, such as, management skills, medication management, infection control and the management of percutaneous endoscopic gastrostomy (PEG). Staff confirmed that they had appraisals completed with their line manager once every 12 months.

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 report¹

Centre name:	St Doolagh's Park Care and Rehabilitation Centre
Centre ID:	OSV-0004042
Date of inspection:	24/01/2017
Date of response:	24/02/2017

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 09: Medication Management

Theme:

Safe care and support

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

Indications for administering as required medications were not recorded on a sample of medication prescription charts reviewed.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

This was addressed immediately the report was received and all of the indications for administration of PRN medication have been detailed on the Kardex. The action was completed on 15th February 2017

Proposed Timescale: 15/02/2017