

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Royal Hospital Donnybrook
<b>Centre ID:</b>	OSV-0000478
<b>Centre address:</b>	Morehampton Road, Donnybrook, Dublin 4.
<b>Telephone number:</b>	01 406 6629
<b>Email address:</b>	dheffernan@rhd.ie
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	The Royal Hospital Donnybrook
<b>Provider Nominee:</b>	Irene Frazer
<b>Lead inspector:</b>	Ann Wallace
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	62
<b>Number of vacancies on the date of inspection:</b>	4

## **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:
07 June 2017 10:30	07 June 2017 18:00
08 June 2017 08:30	08 June 2017 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially 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	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre. Three clinical areas in the hospital make up the designated centre with 66 beds in total. Two units Rowans and Oaks are on the ground floor of the hospital and Cedars is situated on the first floor.

There were 62 residents in the centre during the inspection. All residents were residing in the centre for continuing care. The centre provided care for residents with complex needs and requiring a high level of nursing care and support.

The inspector met with residents, relatives, the person in charge, the provider nominee and staff. A number of questionnaires from residents and relatives were received prior to the inspection. The collective feedback from residents and relatives

was one of satisfaction with the service and care provided.

The inspector found there were robust governance and oversight arrangements in place. There was sufficient resources to ensure the delivery of care was in accordance with the Statement of Purpose and there was a clearly defined management structure in place.

The building was warm and comfortably decorated and visually clean. Fittings and equipment were clean and generally well maintained.

Residents spoken with stated that they felt safe in the centre. There was an adequate complement of nursing and care staff on each work shift. A range of activities was facilitated by the activities coordinator who worked with an extensive pool of volunteers attached to the centre in order to provide a range of activities and outings for residents.

A total of 10 Outcomes were inspected. Six Outcomes were judged as compliant with the regulations and of the remaining Outcomes, two were judged as substantially in compliance with the regulations and two Outcomes were judged as moderate non-compliances.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of 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.

**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):**

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

**Findings:**

The statement of purpose had been reviewed following the last inspection. The inspector found that there was a written statement of purpose which documented the aims, objectives and ethos of the centre and stated the facilities and services which were provided for residents. The statement of purpose reflected the care and services provided for the residents and the ethos of 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:**

Inspectors found that there were systems in place to monitor the quality of care and experience of the residents in the centre.

The service provided in the centre was seen to be in line with the statement of purpose. The inspector found that there were sufficient resources made available to provide safe and effective care and services for residents.

There was a clearly defined management structure that identified the lines of authority and accountability, and all staff with whom the inspector spoke were clear about the reporting structure. The person in charge [PIC] was supported in her role by the hospital's management team which included key areas such as clinical governance, human resources and finance. The PIC met with the provider nominee on a regular basis and provided monthly reports to the Board of Management and its sub-committees. The PIC was supported in their role by the clinical nurse managers [CNM] on each of the units.

The centre was represented in the hospital's clinical governance and corporate governance committee structures. These structures provided good oversight in key areas such as audits, incidents and complaints and quality improvements. Senior nurse management team meetings were held weekly and Hospital management team meetings monthly. The PIC met with the provider nominee regularly.

Documentation showed that the quality of care and the experience of residents were monitored and reviewed on an ongoing basis. There was a resident's forum which was chaired by a member of the social work team and an annual unit based resident survey was completed in 2016 and was reported in the centre's annual survey. The PIC had overseen a number of improvements in the centre based on the previous inspection report and feedback from residents and families. These included a complete refurbishment of Rowans unit, the provision of visitors' rooms on Oaks and Cedars units and clarification of medication procedures relating to the management of opened medications and medications no longer in use.

As part of the ongoing governance within the centre the senior nursing team carried out a range of monthly audits on practice in the centre and used the findings to identify areas for improvements. Areas audited included complaints, incidents, care plans, medications, use of bedrails, pressure ulcers and falls. The centre had completed an annual unit based resident survey which reviewed the quality and safety of care delivered to residents against the National Standards for Residential Care Settings for Older People in Ireland. The review included feedback from residents and relatives on the quality of services provided in the centre, a review of practice from 2016 and the identification of areas for improvement for 2017. The report was available to residents and their families.

The inspector found that the centre had appropriate arrangements in place to supervise staff in their work. Nursing and care staff were supported and supervised in their day to day work by the unit clinical nurse managers. The clinical nurse managers worked a flexible roster in order to provide support and supervision at weekends and out of hours when required.

Support staff in catering and housekeeping and the laundry were supervised by the heads of departments for those areas.

There were regular staff meetings including staff handover meetings at the beginning of each shift. All meetings were minuted. Staff told the inspectors that they had regular contact with the PIC and the CNMs in the centre and that senior staff were approachable

**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):**

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

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records. Current medical records and other records, relating to residents and staff were maintained in a secure manner and easily retrievable however archived records containing confidential information were not stored securely. Care plan reviews were not clearly recorded in some care plans.

The directory of residents contained all of the information required by Schedule three of the regulations. It was well maintained and kept updated.

All of the policies required by Schedule 5 were in place and were kept updated. Staff were aware of the centres policies and were notified if there were any changes made to policies relating to their work. Staff were able to access up to date policies and procedures on the hospitals intranet system.

The inspector reviewed a sample of staff files and found them to be in full compliance with the requirements of the Regulations.

**Judgment:**

Substantially 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:**

The inspector found that appropriate measures were in place to safeguard and protect residents from abuse.

The centre had comprehensive policies and procedures in place to guide practice in the prevention, detection and response to abuse. Staff were able to articulate the different types of abuse as described in the centre's policy and were clear about what to do if they suspected or were informed about an allegation of abuse and who to report it to. Staff training records showed that all staff had attended safeguarding training and that regular update training was available to staff.

The person in charge and senior nursing staff were familiar with the procedures to follow to carry out an investigation and what their role would be.

Residents who spoke with the inspector said that they felt safe in the centre. This was confirmed in the surveys that residents and families completed as part of the inspection process.

The inspector reviewed the policies and procedures that were in place in the centre relating to responsive [challenging] behaviours and the use of restraint. Policies and procedures followed national best practice guidance and the centre was working towards a restraint free environment. Staff had attended training on the management of responsive behaviours. Care plans were in place for resident's who presented with responsive behaviours. Staff knew the residents who may present with these types of behaviours and how to respond to the individual residents in order to support them and keep them safe.

Where restraints were in use, for example bed rails, residents' records showed that a comprehensive risk assessment had been completed and that alternatives had been considered. Care plans showed that residents and their families were involved in the decision to use restraints. Restraints were monitored by the centre and residents' care plans relating to restraints were reviewed at least four monthly.

**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 inspector found that the health and safety of residents, staff and visitors was actively promoted.

The centre had a comprehensive health and safety and risk management policies in place which met the regulations. There was an up to date Health and Safety Statement which was centre specific and detailed the processes that were in place relating to health and safety. The centre's risk register was reviewed regularly. The risk register risk rated individual risks and documented the measures that had been put into place to mitigate any impact on residents, staff and visitors. The centre had an emergency plan in place which provided guidance to staff on the contact numbers and the alternative accommodation for residents should a full evacuation of the centre be required.

Training records showed that staff had good access to a range of health and safety training including moving and handling, infection control and fire safety. Staff who spoke with the inspector demonstrated a good awareness of health and safety issues and were able to articulate specific risks relating to their work and the measures that were in place to manage that risk. Staff were observed to be following appropriate health and safety practices in their day to day work.

Records showed that fire drills were carried out regularly and included a night time scenario. Staff interviewed demonstrated that they knew what to do in the event of a fire including the centre's evacuation procedures. Fire action signs were on display throughout the building. Evacuation sheets were available for those residents who were identified as needing full support during an evacuation. Each resident had a personal emergency egress plan [PEEP] which clearly outlined the resident's needs in terms of mobility, communications and cognitive impairment in the event of an emergency evacuation. Maintenance records confirmed that fire equipment was serviced regularly. The inspector noted that in line with good practice standards the hospital had recently carried out an extensive audit of its fire safety systems and was currently upgrading its fire detection and safety equipment. The centre was compartmentalized through the use of fire doors which closed automatically when the fire alarm sounded.

Staff were observed to follow the centre's infection control guidelines. The inspector found that staff washed their hands regularly and wore personal protective equipment such as aprons and gloves. Hand sanitizers and hand washing facilities were in place

around the centre.

Records showed that the centre had an extensive programme for servicing and maintaining equipment. Staff told the inspector that equipment was repaired and replaced promptly when required. However the inspector found that a number of specialist mattresses had not been included in the servicing programme. This is discussed under Outcome 12 in the action plan at the end of the report.

**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):**

No actions were required from the previous inspection.

**Findings:**

Medicines were found to be generally well managed and safe practices were observed. However some improvements were required with storage of opened medications as the dates of opening for topical medications were not consistently noted on packaging.

The medication policy gave clear guidance to nursing staff on areas such as the individual responsibilities, the 'ten rights', ordering, administration including that of 'as required' [PRN] medication, crushing medication and the disposal of un-used and out of date medications. Policies and procedures reflected national best practice guidance.

A sample of resident's medication records was reviewed. The records were signed by the nurse following administration of medications and the record included the name of the drug and dosage and the time of administration. There was space to record if a drug had not been administered and the reason why was documented using a coded system. Drugs that were crushed for administration were prescribed by the centre's medical staff as suitable for crushing and liquid alternatives were sourced where possible. Residents' medications were reviewed regularly by the centre's medical staff.

Medicines were stored safely in locked medication trolleys. Controlled drugs were stored securely. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked the medication balances for one resident's controlled drug medications and found them to be correct.

The centre had a range of audits to monitor the safety and quality of medication management systems. This included monthly nursing medication administration audits, monthly medication reviews, monthly medication storage audits, monthly MDA audits

and a regular pharmacy audit. Staff training records confirmed that nursing staff had completed training in relation to medication management.

**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:**

Each resident had an assessment of their needs. There were risk assessments and care plans in place for each resident and these were reviewed regularly. Staff knew the residents well and were familiar with their needs and their preferences for care and support.

The inspector reviewed a selection of resident's records on each unit and spoke with staff who developed and used them. A pre-admission assessment was carried out for all new admissions in order to ensure that the centre would be able to meet the resident's ongoing needs for care and services. Once the resident was admitted a more detailed assessment including the identification of any actual or potential risks was completed. Risk assessments for all residents included nutritional risk, moving and handling risk, falls risk and pressure sore risk. Following the assessment a care plan was developed and agreed with the resident and their family. Care plans were reviewed four monthly or more often if the resident's needs changed. The inspector found that although regular reviews were completed for residents these reviews were not clearly documented in some residents' care plans. This is dealt with under Outcome 5.

The inspector found that residents had access to relevant health and social care professionals including the centres' medical practitioners, physiotherapist, dietician, speech and language therapist, occupational therapy, psychiatry and community mental health services, psychology, podiatry, medical social worker and pastoral care services. There was an in-house seating clinic for those residents with high level needs who need specialist support and advice in this area. The hospital's medical team visited the centre daily and there was an out of hours medical service in place when required. The centre organized dentist and optician services or if the resident preferred to make their own arrangements the centre supported them to do this.

Documentation showed that where residents were temporarily absent from the centre the relevant information was sent with them in relation to their medication and assessment of their current needs. Also when the resident returned to the centre, for example from hospital there was a clear summary of their needs and any changes to medication or care

**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):**

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

**Findings:**

In most areas the layout and design of the centre met the needs of the residents and was appropriate for its intended purpose. However the inspector found that the configuration of the five bedded rooms on Oaks and Cedars units did not ensure that the privacy and dignity of the residents who occupied the rooms could be maintained at all times.

The centre is based in the Royal Hospital Donnybrook. The centre consists of three separate units two of which Oaks and Rowans are on the ground floor and Cedars which is situated on the first floor of the hospital.

Rowans unit has recently undergone an extensive refurbishment programme in line with the first phase of a premises improvement plan which was submitted to HIQA on 1st March 2016. The unit provides accommodation to support residents under 65 years of age with high level physical dependencies. The recent refurbishment had created a safe and suitable environment for residents who required a high level of nursing care and support whilst maintaining a homely, welcoming atmosphere.

Bedroom accommodation consists of eight single rooms and two twin rooms. The inspector reviewed a number of resident's bedrooms. Each room has a wardrobe, chest of drawers and bedside locker for each resident. Residents have lockable storage space in their rooms. Twin rooms have screening curtains in place to respect residents'

privacy and dignity.

Toilet and shower facilities are adapted for residents who require wheelchair and hoist accessibility.

Communal areas include the main lounge, a dining room and a visitors/quiet lounge. Both lounges had access to the enclosed garden areas. Communal areas were spacious and bright and were well used by the residents and their visitors during the inspection. The unit was nicely decorated and comfortably furnished with discreet adaptations to support resident's independence. The outside garden space was wheelchair accessible. Residents were observed mobilizing throughout the unit during the inspection, some spending time in their rooms and others choosing to spend time in the communal areas with their visitors. Residents who spoke with the inspector stated that they were very satisfied with their accommodation in the unit.

Cedars and Oaks units are identical in layout and provide accommodation for residents with high levels of physical dependencies who are over 65 years of age. The units consist of three single en-suite rooms, one four bedded room and three five bedded rooms. The multi-occupancy rooms each have a wheelchair accessible en-suite toilet and shower room which is shared by the residents who occupy the room. Ceiling track hoists are in place throughout Oaks and Cedars units to support safe moving and handling practices. The inspector observed that corridors were wide and kept clear and that doors and lifts were wheelchair accessible to facilitate the high number of residents who use electric wheelchairs to support their independence. Residents were observed mobilizing throughout the two units during the inspection, some spending time in their rooms and others choosing to spend time in the communal areas of the main hospital including the coffee shop, the oratory and the arts room.

The inspector observed that each bed space in the multi-occupancy rooms had a wardrobe and bedside locker with lockable storage for each resident. There are fixed and portable screens available in each room to respect resident's privacy and dignity. However the inspector found that some of the screening did not provide adequate privacy for residents when personal activities were taking place. Residents who occupied two of the five bedded rooms informed the inspector that they did not have sufficient space to carry out their daily activities and that one bathroom between five residents was not sufficient

These deficits were discussed with the provider nominee during the inspection who informed the inspector that phase 2 of the plan which was submitted to HIQA on 1st March 2016 was now being initiated. Phase 2 commenced with the design and costing of refurbishment of the two remaining designated areas. On receipt of costs, consultations would be required with the relevant organizations to secure funding for the required works.

Storage space for portable hoists, wheelchairs and specialist seating in the centre is limited and as a result this type of equipment is stored in dining/lounge areas and in some bathrooms. This is an outstanding action from the previous report. The inspector reviewed the service records for the equipment in use and found that most items had been serviced within the last twelve months. However a number of specialist mattresses

which were owned by the hospital had not been included in the annual service programme. The inspector spoke with nursing and care staff who used the equipment and they reported that equipment was repaired and replaced promptly when needed.

The inspector found that the centre was clean, well lit, in a good state of repair and was suitably heated throughout. The maintenance records showed that there were systems in place to service and maintain the building and equipment including fire equipment. Records showed that the hospital was currently upgrading its fire detection and safety equipment.

**Judgment:**

Non Compliant - Moderate

***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

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was a person centred approach to the residents in the centre that respected their privacy and dignity. However the inspector observed that the configuration of some of the multi-occupancy bedrooms on Oaks and Cedars units did not ensure that the residents' privacy and dignity could be maintained at all times. Some of the screening did not provide adequate privacy for residents when personal activities were taking place. Residents who occupied two of the five bedded rooms informed the inspector that they did not have sufficient space to carry out their daily activities and that one bathroom between five residents was not sufficient.

There was a wide range of activities and support in the centre to provide opportunities for residents to be involved in activities and occupations that were of interest to them. The centre had a dedicated activities coordinator who worked with a large team of volunteers to provide the programme. The inspector observed staff offering support and gentle encouragement to residents attending activities. Activities were provided throughout the hospital in the various departments and communal areas such as the arts rooms, the oratory and the coffee shop. Some activities were provided on the units for those residents who preferred to stay on the units or whose dependency meant that they were not able to participate in the hospital wide programme.

The activities taking place during the inspection included music sessions, relaxation

sessions, craft activities, gentle exercise, gardening and a reminiscence session. The sessions were provided throughout the day from mid morning to tea time. The inspector also saw examples of other activities happening on the day that were not planned but that residents requested such as a trip out to the shop. There were also groups of residents choosing to spend time together and chatting about local news and current affairs with patients and hospital visitors in the foyer seating area. Residents took a real pride in their achievements through the activities programme, for example the flowers and produce from the poly-tunnel and the range of resident's art work on display in the hospital foyer.

The programme included trips to the theatre and to places of interest every couple of months. The centre had the use of the hospital bus for these trips.

Throughout the inspection residents were seen to be making choices about how and where to spend their day. For example when to get up, what to eat and drink at meal times and whether to take part in the activities on offer. There were several visitors in the centre during the inspection and residents could meet with their visitors in private in their rooms or in the visitor's rooms on Oaks and Cedars units.

There were televisions and newspapers available for residents. There was a telephone that residents could use in private. Residents had access to WIFI and the service was being upgraded as part of the centre's improvement plan.

Where residents had communication needs these were identified during their assessment and were documented in the care plans. Staff knew the residents and were aware of individual resident's communication needs and what support was needed to engage with them effectively.

There were regular residents meetings and meeting records showed that topics such as food, the laundry service and activities were discussed regularly. Where issues were raised the centre provided feedback on what had been done to resolve issues.

Residents had access to advocacy within the centre and the option to request advocacy outside the centre. Details were provided in the resident's guide and on the notices around the building.

Residents were supported to vote in elections if they chose to do so.

**Judgment:**

Non Compliant - Moderate

***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:**

The inspector found that there were sufficient staff with the required skills to meet the needs of the residents who were in the designated centre.

The centre is laid out over three units. Each unit had allocated staff including a nurses and health care assistants on each unit. There was also a clinical nurse manager CNM available on each unit providing support and supervision to nursing and care staff. The centre had introduced a new roster which would ensure that there was a CNM available in the centre at weekends. Staffing levels were kept under review by the PIC and staff reported that there was access to extra care and nursing staff when required.

The inspector spoke with a number of staff and found them to be enthusiastic about their work in the centre. Care staff spoke about the importance of getting to know individual residents, their likes and dislikes and their preferred routines. The inspector noted that staff knew the residents well and were able to answer a range of questions about individual resident's care without making reference to the resident's records. This information was verified when inspector reviewed individual resident's care plans.

There were sufficient housekeeping, maintenance and catering staff to ensure that resident's needs were being met and that the centre was maintained appropriately. These were managed by supervisors from the relevant departments.

The centre had a system in place to monitor staff training needs. Staff reported ease of access to training sessions. Staff training records showed that all staff were trained in fire safety, moving and handling, infection control and elder abuse. All staff had received update training. Some staff had attended dementia training and end of life care training. Nursing and care staff had attended training and updates on PEG tubes and tracheostomy care in line with their resident's needs for care.

**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:***

Ann Wallace  
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>	The Royal Hospital Donnybrook
<b>Centre ID:</b>	OSV-0000478
<b>Date of inspection:</b>	07/06/2017 and 08/06/2017
<b>Date of response:</b>	03/07/2017

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

Confidential resident information was not archived securely when no longer in use.

#### 1. Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

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

All archived documentation is stored in a secure location. Locks and keys are now in place. Regular audits will monitor compliance.

Proposed Timescale: Completed

**Proposed Timescale:** 03/07/2017

**Theme:**

Governance, Leadership and Management

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

Care plan reviews were not clearly recorded in some care plans.

**2. Action Required:**

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

Documentation of care plan reviews are in place for all residents. Care plan reviews will continue to be monitored through regular audits.

Proposed Timescale: Completed

**Proposed Timescale:** 03/07/2017

**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:**

The dates of opening for topical medications were not consistently noted on the packaging.

**3. 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 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:**

All the topical medications have the dates of the opening on the packaging. The compliance with the documentation of the dates of the opening on the packaging will be monitored through regular audit.

Proposed Timescale: Completed

**Proposed Timescale:** 03/07/2017

### **Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Aspects of the premises did not meet regulation 17 schedule 6 of the regulations.

The five bedded rooms do not have sufficient number of toilets and shower facilities for the number of residents who occupy these rooms.

A number of specialist electric mattresses had not been included in the centre's equipment servicing programme.

Suitable storage was not provided as wheelchairs, hoists and specialist chairs are stored in dining/lounge area and in bathrooms

**4. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

All hospital mattresses have been serviced. The hospital will include a mattress service schedule in the yearly hospital equipment service programme.

Rental mattresses are serviced yearly by the providing company.

Proposed Timescale: Completed

**Proposed Timescale:** 03/07/2017

**Theme:**

Effective care and support

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

Wheelchairs, hoists and specialist chairs are stored in dining/lounge area and in bathrooms.

**5. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Panels are being sourced to screen off storage areas.

**Proposed Timescale:** 30/09/2017

**Theme:**

Effective care and support

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

The five bedded rooms do not provide rooms of a suitable size and layout for the needs of residents.

**6. 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:**

Refurbishment plans for residential areas have been planned on a phased basis. Phase One was the refurbishment of the Phoenix Unit. These completed May 2017. The Hospital is in the process of commencing the design phase and plan for the refurbishment of the remaining residential accommodation to meet required standards. This will be a phased project to minimise disruption.

**Proposed Timescale:** 31/12/2018

**Outcome 16: 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:**

Some of the screening did not provide adequate privacy for residents when personal activities were taking place. Residents who occupied two of the five bedded rooms informed the inspector that they did not have sufficient space to carry out their daily activities and that one bathroom between five residents was not sufficient

**7. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Two actions

1. Privacy Screens are being sourced to provide adequate privacy.
2. As per Outcome 12- Action 5 The Hospital is in the process of commencing the

design phase and plan for the refurbishment of the remaining residential accommodation to meet required standards. This will be a phased project to minimise disruption.

Proposed Timescale:

1. 31st October 2017
2. December 2018

**Proposed Timescale:** 31/12/2018