Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	The Royal Hospital Donnybrook
Name of provider:	The Royal Hospital Donnybrook
Address of centre:	Morehampton Road, Donnybrook, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	04 December 2018
Centre ID:	OSV-0000478
Fieldwork ID:	MON-0025892

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre is located in the Royal Hospital Donnybrook The Provider is the Royal Hospital Donnybrook and the primary governing body of the hospital is the Board of Management. The Chief Executive Officer(CEO) of the Royal Hospital Donnybrook is the nominated provider representative for the designated centre. The Director of Nursing for the Royal Hospital Donnybrook is the person in charge of the designated centre.
The designated centre provides long term residential services for 66 residents over the age of 18 years old with high and maximum dependency care needs.
The premises is divided into three distinct units; Rowans, Oaks and Cedars. Accommodation is provided in a mix of single, twin and multi-occupancy rooms (of four to five beds). Oaks and cedars units are identical and each can accommodate up to 27 residents in either single or multi-occupancy rooms. All rooms are en-suite. There is a large dining room and a visitor's lounge on each unit.
Rowans unit can accommodate 12 residents under the age of 65 years in eight single and two twin rooms. The unit has two communal lounges and a dining room. There are communal disabled access bathrooms and toilets on each corridor.
All residents can access the facilities available throughout the centre including the prayer room, the concert hall, and a range of activities and therapy rooms located across the hospital site.
The designated centre is located in South Dublin and is close to local shops and amenities and is accessible by Dublin Bus transport routes. There is a large car park at the front of the building with designated disabled parking areas.

The following information outlines some additional data on this centre.

Current registration end date:	29/09/2020
Number of residents on the date of inspection:	63

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
04 December 2018	09:30hrs to 17:30hrs	Ann Wallace	Lead
04 December 2018	09:30hrs to 17:30hrs	Helen Lindsey	Support
04 December 2018	09:30hrs to 17:30hrs	Paul McDermott	Support

Views of people who use the service

Overall the residents and families who spoke with the inspectors spoke very positively about the care and support that they received from the staff and volunteers in the centre. Residents said that staff were kind and caring and that they felt safe in the centre.

Residents enjoyed their meals and said that there were enough staff to help them at meal times if they needed support. Residents also enjoyed going to the coffee shop with their visitors and the Pub without Beer activity which was organised in the coffee shop once a month.

A number of residents who spoke with the inspectors said that they were warm and comfortable in the centre. However a significant number of residents and families said that it was often difficult to find a quiet space to sit or to meet to talk privately. In addition some residents who occupied the multi-occupancy rooms on Cedars and Oaks units said that the rooms did not ensure their privacy and dignity and that they were often disturbed by the activities and noise from other residents in the rooms. Some residents in these rooms also told the inspectors that they did not have sufficient storage space for their belongings.

Many residents commented positively about the range of activities that were on offer in the designated centre. Residents also commented on how their mobility and independence had improved through their access to physiotherapy and occupational therapy services. Residents were observed mobilising around the hospital on the day of the inspection and making good use of the range of activities and the support offered by staff and volunteers.

Capacity and capability

Inspectors found that improvements were required in the governance and management of this designated centre. A number of actions from previous inspections had not been adequately addressed by the provider in relation to premises, residents' privacy and dignity and the storage of equipment. In addition the provider had failed to act effectively to address fire safety concerns raised through the centre's own internal audit processes.

Inspectors identified that there was no clear separation between the governance and management of the designated centre and the wider campus of the Royal

Hospital Donnybrook. For example while page 8 of the statement of purpose for the designated centre identifies that there is a full time person in charge responsible for the operational management and administration of the centre, the post holder actually has responsibility for the entire campus. It was not possible to determine how much of this full time role was spent engaged in the business of the designated centre.

In addition the annual review of the quality and safety of care and services in the designated centre was incorporated into the 2017 annual review of the Royal Hospital Donnybrook. The report did not give a clear account of how the quality and safety of the care and services specific to the designated centre had been reviewed and how the residents living in the designated centre had participated in the review process.

There were comprehensive management systems in place to monitor the quality and safety of care and services provided. These included regular audits and review of key performance indicators. However the provider had failed to progress some of the improvements that were required as described above.

Residents said that they could talk to staff if they had any complaints and that staff would listen to them. Complaints were recorded on each of the units however improvements were required to ensure that all complaints were recorded in line with the centre's complaints procedure, for example a disproportionate number of verbal complaints had been recorded for Cedars unit and this had not been explored by managers. It was also noted that complaints details were not displayed prominently in the centre.

Inspectors found that there were sufficient staff with the right skills and knowledge to provide safe and appropriate care for the residents. There was a well established staff team and a number of staff had worked at the centre for more than five years which helped to provide continuity of care for residents. There was a clear management structure in place and staff had access to supervision and support in their day to day work. However improvements were required to ensure that staff followed the centre's policies at all times. For example on the day of the inspection staff were using the visitors room on one unit for staff meetings. This was not in line with the centre's visiting policy and had been addressed with staff previously as it meant that residents could not use the room to meet with their visitors in private.

Regulation 14: Persons in charge

The person in charge is a registered nurse who holds a qualification in health care management. She has more than five years experience in managing services for adults with long term care needs.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to the needs of the residents and the size and layout of the designated centre. There was a well established staff team and a number of staff had worked at the centre for more than five years which helped to provide continuity of care for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of mandatory and other training opportunities through the centre's induction and ongoing training programme. Staff attendance at training sessions was recorded and monitored by senior staff however training records did not provide assurance that all staff were up to date with their training requirements.

Staff were supervised and supported in their roles and were clear about what was expected of them in their work. However staff required further supervision to ensure that they followed the designated centre's policy on use of the visiting rooms on Oaks and Cedars units.

Some improvements were required in the content of the fire safety training that staff received in the centre and this is discussed under Regulation 28.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors were not assured the provider had appropriate governance and management arrangements in place to ensure a robust quality improvement strategy. The level of non compliance identified during the inspection is indicative that oversight arrangements were not effective.

There was a clear management structure in place that identified the lines of authority and accountability and detailed the responsibilities for all area of care and service provision. Inspectors noted that the management structure was in place for

the entire campus.

Staff were clear about the reporting and communication structures that were in place, however some improvements were required between the maintenance team and the teams on the the units to ensure that any repairs and redecoration required on the units were reported and dealt with promptly.

Management systems were in place to monitor care and services. However the provider had failed to address the ongoing non-compliances in relation to premises and resident's privacy and dignity identified in previous inspections; and the inspectors were not satisfied that sufficient resources had been made available to progress the work required. In addition the provider had failed to act effectively to address the fire safety concerns that had been raised through the centre's own internal audit processes.

The annual review of the quality and safety of care and services in the designated centre was incorporated into the 2017 annual review of the Royal Hospital Donnybrook. As a result the report did not give a clear account of how the quality and safety of the care and services specific to the designated centre had been reviewed and how the residents living in the designated centre had participated in the review process.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated following the appointment of the person in charge in 2018. Overall the document included the information as required in Schedule 1 of the Regulations however the following needed to be clarified;

- the whole time equivalents of the specialist staff such as physiotherapists, occupational therapist and social workers allocated to the designated centre.
- the organizational chart specific to the designated centre.
- information in relation to the communal areas that are available to residents but are shared with the patients of the Royal Hospital Donnybrook.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which identified the person in charge as the person responsible for managing complaints in the centre.

The complaints procedure was available in the centre but was not displayed in a prominent position in line with the regulations.

Residents and their families received a copy of the complaints procedure in the Resident Guide. Residents said that they were able to raise any concerns that they had with a member of staff. Informal verbal complaints were recorded on the units however there were a disproportionate number of complaints recorded for one unit with no clear explanation of why this had occurred.

Formal and written complaints were recorded in the complaints log. Records showed that formal written complaints were managed in line with the centre's complaints policy. A record was maintained of the complainant's satisfaction with how the complaint was managed.

Judgment: Substantially compliant

Quality and safety

This inspection found that improvements were required to ensure care in this designated centre was person centred. In addition inspectors found that improvements were required in relation to the residents rights, access to personal possessions, managing behaviours that challenge, arrangements for visiting, fire precautions and premises.

Records showed that each resident had a comprehensive assessment of their needs prior to their admission to the centre. Following admission a care plan was developed with the resident and or their family. However improvements were required to ensure that care plans supported a person centred approach and were reviewed regularly to make sure they reflected the residents' current needs. For example a number of care plans reviewed did not set out residents likes, dislikes and preferred routines. In addition a number of care plans had not been reviewed within the required four month period.

Care records showed that residents had good access to medical and specialist services such as physiotherapy, occupational therapy, social workers, dietician and speech and language therapists. There was a wide range of equipment available to support residents in maintaining their independence as much as possible. Inspectors noted that this was a particular strength of the service.

There was a comprehensive activities programme in place and residents were supported to attend the activities that they enjoyed. Inspectors noted that the range of activities for resident's with higher levels of cognitive impairment had improved since the last inspection however there were not enough of these activities scheduled on the current programme.

Residents had access to radio televisions and newspapers. However throughout the inspection inspectors observed that residents occupying the multi-occupancy rooms may be impacted by other residents' media choices. For example in these rooms residents were seen undertaking different activities such as one resident watching television, one resident listening to the radio and another resident sleeping. Records showed that some residents occupying these rooms found the noise levels from other residents' televisions and radios was intrusive in their daily lives.

There was an open visiting policy in the centre and visitors were observed coming and going throughout the day of the inspection. Visitors said that they were made welcome when they visited. However some visitors and residents said that they found it difficult to meet in private and a number of residents who occupied the multi-occupancy rooms said that their privacy and routines were often interrupted by visitors who were visiting the other residents in their bedrooms. In addition visitors said that they were often unable to use the visitors' rooms as staff occupied these rooms during the day.

The centre took appropriate actions to ensure that residents were safeguarded from harm. All staff and volunteers working in the centre had Gardai vetting in place and attended mandatory training in relation to the centre's safeguarding procedures. Where a concern had been raised records showed that this had been investigated by the person in charge and where the concern had been upheld a safeguarding plan was agreed with the resident. Residents who spoke with the inspectors said that they felt safe in the centre and if they had any concerns that they were able to talk to a member of staff.

Residents had access to independent advocacy which was organised through the social work team on request. There was a resident's council however the council meetings had not been held since July 2018 due to a social work vacancy and the provider had not made alternative arrangements.

The premises were laid out over three units Oaks, Cedars and Rowans. Rowans unit had been completely refurbished in 2017 and all bedrooms were single or twin rooms. Bathrooms and toilets had full wheelchair access however some bathrooms were used for storage of hoists and other equipment when not in use. There were two pleasant communal lounges which overlooked the garden areas. The dining room provided a homely environment in which residents could enjoy their meals.

Oaks and Cedars provided accommodation for 27 residents on each unit in a mixture of single and multi-occupancy rooms. A number of residents had lived in the multi-occupancy rooms for more than 10 years and some for more than 20 years. Inspectors found that the current layout of the multi-occupancy rooms and the number of residents sharing the en-suite facilities in these rooms did not ensure that

the privacy and dignity of residents were maintained at all times. For example in the multi-occupancy rooms the en-suite facilities were shared by four or five residents. Some residents said that they had to wait long periods to use the toilet or shower facilities when they were occupied by other residents. Records in the centre showed some residents found this frustrating.

Inspectors also observed that residents were receiving visitors in these rooms whilst another resident was in receipt of personal care. Although screens were arranged around the resident's bed inspectors found that the interactions between staff and the resident receiving personal care could be clearly heard by the other people in the room. In addition a number of staff who entered the room during this period did not knock or ask permission from the residents in the room before they entered.

Residents also told the inspectors that they did not have enough storage space for their clothes and personal possessions. Inspectors observed that residents often kept clothes and personal possessions in plastic bags and in suitcases when they did not have enough room in the single wardrobe and locker that were allocated to each resident.

Although there was a spacious dining room on Oaks and cedars units there was no communal lounge space on either unit. Inspectors noted that residents on these units could use a range of communal areas across the campus including; a concert hall, a prayer room, an art room, a library, and a cafe. However these facilities were at a distance from the units and could not be readily accessed by residents who were not independently mobile.

There was an accessible paved garden area off Rowans suite and a small area accessible from Oaks unit. Cedars unit was on the first floor and could access these spaces using the passenger lift. There was also a poly-tunnel and vegetable garden at the rear of the campus which was used for gardening activities.

There were systems in place for routine and other maintenance. Following the previous inspection all specialist mattresses and profiling beds were serviced regularly. However further improvements were required in the general maintenance and upkeep of the premises where doorways, walls and skirting had been damaged and not repaired. In addition a number of corridors including those identified as fire escape routes were cluttered with equipment, record trolleys, delivery boxes and on Rowans unit two radiator covers that were in need of repair.

Storage facilities were not adequate to store equipment such as hoists, wheelchairs and specialist chairs. As a result these were stored in bathrooms and in the communal lounges on the units. There was also storage of equipment on corridors which blocked access to the handrails and created a trip hazard, for example blood pressure monitors, and linen trolleys.

A review of the fire safety processes was completed as part of the inspection and significant non-compliances were found in relation to fire safety procedures and fire safety equipment. As a result the provider was required to complete a number of urgent actions in relation to fire safety within time scales specified by the Office of

the Chief Inspector.

Regulation 11: Visits

.

Although Oaks and cedars each had a quiet visitors room on the unit these were not used by those visiting on the day of the inspection and visitors told the inspectors that these rooms were occupied by staff.

As a result visitors on these units met with residents in their bed rooms and a number of residents told the inspectors that they were often disturbed by visitors meeting with other residents in the multi-occupancy rooms. In addition the inspectors observed that visitors remained in these bedrooms when other residents were receiving personal care or were trying to sleep.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Inspectors found that some residents did not have sufficient space to store and maintain their clothes and personal possessions. Residents in the four and five bed rooms had a small wardrobe and locker available to them. Inspectors observed that some residents were storing clothes in suitcases, plastic bags or that items were placed on their beds and bed side chairs.

This was an outstanding action from the previous inspection.

Judgment: Not compliant

Regulation 17: Premises

The inspectors found that the current premises was not appropriate to the number and needs of the residents and was not in accordance with the statement of purpose and did not conform to all of the matters as set out in Schedule 6 of the Regulations. This was an outstanding action from the previous inspection.

- the multi-occupancy bedrooms bedrooms on Oaks and Cedars units had en-suite shower and toilet facilities that were shared by all the four or five residents. Residents said that they often had to wait long periods to use the toilet or shower facilities when they were occupied by other residents.
- Residents in the multi-occupancy rooms did not have adequate private space and verbalised their concerns to the inspectors.
- There was no communal lounge space available on Oaks and Cedars units. Although residents had access to the communal areas across the main hospital campus these were located at some distance from the units. As a result a number of residents who were not independently mobile spent long periods of time sat beside their bed during the day.
- Residents in the multi-occupancy rooms did not have space and suitable storage facilities for their personal possessions and clothes.
- There was insufficient storage for equipment on all units in the centre.
- Improvements were required in the general maintenance and upkeep of the premises where doorways, walls and skirting had been damaged and not repaired

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire or provide all necessary building services.

- Oxygen supplies within 'The Cedars' unit were inappropriately stored, with a large portable cylinder stored along the bedroom \ escape corridor.
- It was observed that no warning sign was displayed, advising of the increased fire risk, on entry to a bedroom where a resident was receiving oxygen treatment.

- A number of trailing sockets \ extension leads were in use in some nurses stations and day rooms.

The means of escape was not adequately protected in parts of the centre.

- It was observed that the travel distances to compartment boundaries within the 'The Oaks' and 'The Cedars' exceeded the maximum travel distances recommended for phased horizontal evacuation in the Department of Environment Technical Guidance Document B and the Department of Environment "Guide to Fire Safety in Nursing Homes and similar type premises" publications, with no apparent mitigating measures in place.
- Non fire protected storage presses containing flammable materials such as bed linen, hygiene products and medical supplies were located along all bedroom corridors. Bed linen and towels were stored on top of the press units in "The Rowans" unit.
- A non fire protected storage press located within the bedroom escape corridor of 'The Oak's' unit contained 15 litres of flammable alcohol based hand gels.
- 30 boxes of medical supplies were stored along a bedroom corridor in "The Oaks" Unit.
- 16 boxes of medical supplies and three drip stands were stored in the ground floor landing of the escape stairs of "The Cedars" Unit.
- A Nurses station and related storage and filing units were located at the entrance to each unit, along the bedroom \ escape corridors, immediately inside the "hospital corridor" doors with no sub division or protection of the nearby bedroom \ escape corridor.
- The risks presented by a key locked external escape door in the "Oaks unit" were identified in the Fire safety assessment Reports prepared at the request of the provider in May 2017. The recommendations contained in the report for this matter have not been addressed.

The registered provider did not provide adequate emergency lighting throughout the centre.

- A Fire safety assessment Report prepared at the request of the provider in May 2017 identified that the Emergency Lighting and Exit Signage installations "is not subject to an acceptable standard of maintenance and does not have sufficient coverage throughout the site" The provider confirmed that works have not commenced on upgrading the system and was unable to provide a date by which they would commence.

Adequate arrangements had not been made for reviewing fire precautions.

- There was no documented process in place for identifying and mitigating fire risks in the centre.
- Recommendations of the Fire safety assessment Reports prepared at the request of the provider in May 2017 had not been fully implemented.
- While policies were prepared for the preparation of a fire safety risk assessment in the centre, and a six month fire door integrity check to be

conducted, there was no evidence that these fire safety policies were being implemented.
- It was observed that the safety statement for the centre was a generic document and was not made specific to the designated centre.

Inspectors were not assured that persons working in the centre were adequately prepared for the procedure to be followed in the case of fire.

- The scenarios documented in fire drill reports did not provide assurance that all staff were adequately prepared for the most demanding evacuation procedures that are likely to be required in the centre and did not include a simulated full compartment evacuation with night time staffing levels.
- It was observed by inspectors that the largest compartment in the centre has 15 residents most of whom have high evacuation assistance needs, located in three separate five bed rooms. This compartment is within a larger unit accommodating 26 residents. The unit is staffed with 4 night staff, with further assistance to be provided by staff from the other parts of the centre if evacuation of the compartment becomes necessary.No evacuation drill records were available to provide assurance of the adequacy of the procedures or staff or evacuation resources in place to evacuate this compartment in a safe and timely fashion.
- A number of staff spoken to also confirmed that they had never taken part in a full compartment evacuation drill.
- Ski sheets have been fitted to a number of beds, however staff indicated a preference and training for full bed evacuation. Clarification on the preferred evacuation methods should be provided to all staff.

The registered provider did not make adequate arrangements for detecting and containing fires:

- A Fire safety assessment Report prepared at the request of the provider in May 2017 identified that 'There are a number of areas throughout the main building that are not covered by a fire alarm system, i.e. insufficient numbers of detectors and sounders.'The report also identified deficiencies with fire door sets throughout the premises.The provider confirmed that works have not commenced on upgrading the fire detection and alarm system, or on upgrading or repairing deficient fire doors and was unable to provide a date by which they would commence.
- It was observed that the distances between fire doors located along bedroom corridors in all three units, 'The Oaks', 'The Cedars' and 'The Rowans' exceeded the maximum travel distances recommended in the Department of Environment Technical Guidance Document B and the Department of Environment "Guide to Fire Safety in Nursing Homes and similar type premises" publications, with no apparent mitigating measures in place.
- Within the Oaks and Cedar units, the compartment doors next to the innermost nurses station, were fitted with a manufacturer applied tag indicating their fire resistance.The indicated fire resistance was lower than would be required by their location within a phased horizontal evacuation

compartment boundary.

The registered provider did not make adequate arrangements for giving warning of fires

- It was observed that each fire alarm zone constituted an entire wing of the centre, with each wing containing as many as ten bedrooms and between 20 and 25 rooms all within each detection zone. A situation that is likely to considerably delay identifying the location of a fire outbreak in the centre and commencement of evacuation.
- A zone floor plan was not displayed next to the fire alarm panel.

Adequate arrangements had not been made for the safe evacuation of residents where necessary.

- A review of a random selection personal emergency evacuation plans (PEEPs) didn't clearly describe the evacuation procedure or assistance required for some residents. Due to the lack of clarity regarding the evacuation needs of individual residents inspectors were not assured of the adequate provision of staff resources and evacuation equipment within each unit.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were developed with the resident and or their family and residents however a number of care plans reviewed by the inspectors did not set out the resident's likes, dislikes and preferred routines.

Care plan records showed that although care plans were reviewed regularly the reviews had not been completed every four months as required in the Regulations.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a range of GP and specialist medical services on site.

Residents had access to a range of specialist services including; physiotherapy, occupational therapy, speech and language therapies, social workers and dietician. Records showed that where a specialist practitioner had made a recommendation

for care that this was recorded in the resident's care records and was implemented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had received training in the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social of physical environment)

The inspectors reviewed a sample of care plans in relation to responsive behaviours and found that they did not clearly record how the potential triggers for responsive behaviours had been explored by the care team when these related to resident's frustration with their environment. For example a number of incidents of responsive behaviours between residents were as a result of the residents' frustrations with sharing their personal space in a multi-occupancy room. The records did not consistently set out the actual triggers for these behaviours and the de-escalation techniques that were identified were not person centred.

Judgment: Substantially compliant

Regulation 8: Protection

The provider took appropriate measures to protect residents from abuse. All staff had attended training in relation to the detection, prevention and reporting any concerns or allegations of abuse. Staff who spoke with the inspectors were clear about their responsibility to keep residents safe.

Residents said that they felt safe in the centre and that they could talk to someone if they were concerned.

Records showed that where concerns were raised in the designated centre that these were investigated by the person in charge and an appropriate plan was put into place to safeguard the resident.

Judgment: Compliant

Regulation 9: Residents' rights

The multi-occupancy rooms on Oaks and Cedars units did not uphold the rights of the residents occupying these rooms and did not ensure their privacy and dignity.

- Residents could not undertake personal activities in private
- Portable privacy screens available in these bedrooms did not afford adequate privacy
- Personal care delivered in multi-occupancy rooms could be overheard by residents and other people in the room, including visitors
- Staff entered residents rooms without knocking or seeking the permission of the residents
- Residents could not exercise choice in their daily routines and activities such as watching television in their private space without considering the impact on other residents sharing the room.

The activities schedule did not provide enough activities for those residents with higher levels of cognitive impairment to ensure that these residents had opportunities to participate in accordance with their interests and capacities.

Residents on Oaks and Cedars units did not have access to a lounge or seating area on the unit. As a result a number of residents spent long periods of time sat beside their bed during the day.

The resident's council meetings had not been held since July 2018. This was due to a staff vacancy however no contingency plan had been implemented to ensure that the council meetings every three months in line with the centre's statement of purpose.

.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for The Royal Hospital Donnybrook OSV-0000478

Inspection ID: MON-0025892

Date of inspection: 04/12/2018

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: From December 2018 fire training has been amended specifically for the Designated Centre including drills simulating night-time evacuation and vertical evacuation methods. All staff associated with the Designated Centre will attend this training by 31st December 2019. A night-time evacuation simulation drill was held on December 10th 2018 and will be held twice per unit per year. There are weekly practice fire evacuation sessions held locally in each unit. The Hospital will purchase a number of 'Evacuslider' for use in residents who are wheelchair bound (but not in bed at time of evacuation) requiring vertical evacuation, in April 2019. From January 2019 records of Mandatory Training for the Designated Centre have been separated from the whole campus records and will remain so.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An annual report specific to the Designated Centre will be produced for 2018 and annually thereafter July 2019. This report and content will be discussed and agreed with the Resident's Council Q1 meeting, with a view to approval at Q2 meeting prior to	

presentation to RHD Board meeting in July 2019.

The Person in Charge will continue with weekly walkabouts to monitor standards and interact with staff and residents.
In order to enhance our residents experience, from March 2019 quality metrics will be monitored at local level by unit Clinical Nurse Managers- the results of these will be sent to the Person in Charge and will be reviewed and actioned at monthly quality meetings with the unit managers.

From January 2019 the minutes of Family Forum meetings and local staff meetings are also sent to the Person in Charge.

A resident experience survey will be conducted quarterly from March 2019 and first results will be expected in April 2019.

Within the Designated Centre, RHD have a priority listing of all maintenance actions required. RHD have repeatedly sought HSE funding via minor capital grants to address these priority items however no monies have been forthcoming.
RHD fully recognises the inadequacy of the current premises with regards to privacy and dignity for our residents and their visitors and the issues highlighted previously including fire safety systems.

RHD has proposed a plan to redevelop the Cedar and Oaks areas in order to improve environment for our Residents and to implement a programme of works replacing Fire Safety systems. This plan was approved by the HSE in November 2018, subject to funding. The HSE have strongly recommended that RHD implement this refurbishment and redevelopment programme.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
In December 2018 the statement of purpose was rewritten to include Whole Time Equivalent of additional staffing e.g. Occupational and Physiotherapy staff and to acknowledge and identify those staff who are employed across the Royal Hospital Campus. In addition the communal areas that Residents can access which are not solely part of the Designated Centre have been identified as such also.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure: From January 2019 all units in the Designated Centre have developed a Communication Station where the complaints procedure is prominently displayed. From January 2019 a monthly review of complaints will be undertaken and is presented to the Clinical Governance Steering Group to identify trends and to ensure appropriate follow up of complaints. The minutes of the Clinical Governance Steering Group Meeting of February 27th 2019 reflect this.	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: The Residential Care Operational Policy will be updated in March 2019 to specifically reference no staff are permitted to use resident communal areas unless it is to facilitate a meeting with a resident or their families. RHD fully recognises the inadequacy of the current premises with regards to privacy and dignity for our residents and their visitors, the restrictions this places available private visiting spaces and the issues highlighted previously. RHD has proposed a plan to redevelop the Cedar and Oaks areas in order to improve environment for our Residents and to implement a programme of works replacing Fire Safety systems. This plan was approved by the HSE in November 2018, subject to funding. The HSE have strongly recommended that RHD implement this refurbishment and redevelopment programme.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations. RHD fully recognises the inadequacy of the current premises with regards to privacy and dignity for our residents and their visitors, the restrictions this places on storage space and the issues highlighted previously.	

RHD has proposed a plan to redevelop the Cedar and Oaks areas in order to improve environment for our Residents and to implement a programme of works replacing Fire Safety systems. This plan was approved by the HSE in November 2018, subject to funding. The HSE have strongly recommended that RHD implement this refurbishment and redevelopment programme.

In the interim RHD will aim to maximise provision within the constraints of the current physical environment and explore options in consultation with Residents with regards to off unit storage for less frequently used possessions. This will be an agenda item at Q1 Resident's Council meeting- March 2019.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

RHD fully recognises the inadequacy of the current premises with regards to privacy and dignity for residents and the restrictions this imposes on Residents. RHD has proposed a plan to redevelop the Cedar and Oaks areas in order to improve environment for our Residents and to implement a programme of works replacing Fire Safety systems. This plan was approved by the HSE in November 2018, subject to funding. The HSE have strongly recommended that RHD implement this refurbishment and redevelopment programme. In the interim RHD will aim to maximise provision within the constraints of the current physical environment.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Organisational compliance with Regulation 28 will be achieved by the means outlined in our correspondence of December 14th, 19th 2018 and January 11th 2019.
The hospital has retained an Architect and a Fire Safety Consultant and separately

received a further report on the hospital wide fire safety infrastructure. They have examined all matters relating to compartmentalisation, structural integrity, door integrity, risk assessments and storage. A programme of works based on priority risk rating has been drawn up and RHD has developed a plan to implement a programme of works replacing Fire Safety systems. The reports indicate that the priority item is the replacement/upgrade of the Emergency Lighting system.
The other key areas of work are prioritised as follows:
• Cedars: remedial building works followed by storage and door issues
• Oaks: remedial works followed by storage followed by door issues
• Rowans: remedial building works and doors
• Horizontal evacuation routes: commence all areas
This plan has been approved by the HSE subject to funding.

The issues relating to Fire Sensor and Alarm systems, Emergency Lighting and the specification of fire doors on horizontal evacuation routes will be addressed within one year of confirmation of funding from the HSE.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
From December 2018 all individual assessments and care plans are reviewed on a three monthly basis and this is now documented. This is monitored through continuous local audit by the Clinical Nurse Manager, records of which are kept locally in each unit.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Currently all nursing and healthcare staff are trained in managing responsive behaviors. A 'Person Centred Communication' initiative will be rolled out with training beginning April 2019.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

RHD fully recognises the inadequacy of the current premises with regards to privacy and dignity for residents and the restrictions this imposes on Residents. RHD has proposed a plan to redevelop the Cedar and Oaks areas in order to improve environment for our Residents and to implement a programme of works. This plan was approved by the HSE in November 2018, subject to funding. The HSE have strongly recommended that RHD implement this refurbishment and redevelopment programme. In the interim RHD will aim to maximise provision within the constraints of the current physical environment.

The vacant post of Principal Medical Social Worker was filled on 10th December 2018. Resident's Council meetings have been scheduled for March, June, August and November 2019.

Following the return from Maternity Leave of the Volunteer Coordinator a recruitment campaign for additional volunteers was started in February 2019.

From February 2019 the activities schedule is being reviewed, including input from the multidisciplinary team in designing an activity schedule that will be inclusive of all residents. 'Life Stories' programme training is to be provided to a one volunteer by April 2019.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	31/03/2019
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and	Not Compliant	Orange	01/06/2021

	finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	16/01/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	16/01/2019
Regulation 17(1)	The registered provider shall 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.	Not Compliant	Orange	01/06/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	01/06/2021
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	01/06/2021

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	01/06/2020
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	01/06/2020
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	01/06/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the	Not Compliant	Orange	01/01/2020

	procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/06/2020
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	01/06/2020
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	01/06/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	16/01/2019
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the	Substantially Compliant	Yellow	16/01/2019

	complaints procedure in a prominent position in the designated centre.			
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	16/01/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	16/01/2019
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and	Substantially Compliant	Yellow	01/09/2019

	manage behaviour that is challenging.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Yellow	01/09/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	01/06/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	01/06/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	01/07/2019