



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

## Issued by the Chief Inspector

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:	20 July 2023
Centre ID:	OSV-0000478
Fieldwork ID:	MON-0040906

## 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 Assistant 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 50 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 beds). Oaks and Cedars units are identical and each can accommodate up to 19 residents in either single or multi-occupancy rooms. All rooms are en-suite. There is a large dining room and visitors' lounge on each unit. Rowans unit can accommodate 12 residents 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.**

Number of residents on the date of inspection:	49
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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
Thursday 20 July 2023	10:15hrs to 15:00hrs	Margo O'Neill	Lead

## What residents told us and what inspectors observed

This inspection took place in The Royal Hospital Donnybrook in Donnybrook over the course of a day during which time the inspector spend time observing and speaking to residents and staff. Residents reported they were satisfied with the service provided and the staff working in the centre.

The Royal Hospital Donnybrook is located in Donnybrook in south Dublin. The designated centre has 50 registered beds located across three units, the Cedars, Oaks and Rowan Units. The inspector found the centre was warm and well ventilated and over all maintained to a good standard internally and externally. The accommodation comprises of four-bedded, twin and single occupancy bedrooms. Some bedrooms had en-suite bathroom facilities. The inspector observed that residents' bedrooms were clean and comfortable. One resident who was accommodated in a four-bedded room said they liked their bedroom, reporting that it was a 'very nice space'.

Much work had been carried out to multi-occupancy bedrooms on the Oaks and Cedars units to reconfigure the layout and facilities available to ensure residents' right to privacy, dignity and autonomy was respected. For example, each bed space now had built in wardrobes that acted as dividers with the next bed space therefore providing privacy. Additional privacy screens were also in place to ensure privacy when care was being provided or if the resident wanted to sit in their space alone. The layout and configuration of the rooms also ensured that each resident could enter and exit their bedrooms without entering other residents' private space. The inspector noted that in one four bedded bedroom on each of the units that a clinical hand wash sink was installed in very close proximity to the residents' bed. This impacted on the space available for the residents to use. All en-suite bathrooms were found to have sufficient space to allow residents to undertake their personal care activities independently with assistance.

Residents had access to a number of outdoor garden areas across the campus. There was safe paths for residents to use to take in some fresh air and there was seating areas with chairs available so residents and their visitors could sit and enjoy the outdoors. Overall the outdoor areas were observed to be maintained to a good standard.

Meals were served in the centre's dining rooms on each unit. Residents could also take their meals in their bedrooms if they wished. There was sufficient numbers of staff available during meal times to assist residents on both units and it was observed that staff provided unhurried and dignified support to those who required it. Written menus were available on dining room tables and pictorial snack menus were available for residents.

On the Cedars unit the inspector observed that there was a relaxed and social atmosphere during mealtime. The dining space had been decorated nicely creating a

bright enjoyable space. Residents sat conversing with other residents or with staff and there was soft music playing during mealtime. This dining experience was not reflected on the Oaks unit. In contrast there was no music playing and, a hoist, was observed to be stored in the dining room.

There had been a change to the food supplied to residents four weeks prior to the inspection. Residents now received food that was cooked fresh on site each day. There were two hot options and one vegetarian option on offer for residents' main meal, including those that required a modified diet. Many residents reported satisfaction to the inspector regarding the food now on offer with residents saying the food was now 'hotter', 'tastier' and 'looks better'. One resident said that the food was 'wonderful' particularly liking the 'fish'. A small number of residents were not satisfied with the food with one reporting that there were 'good days and bad days' with the food. Other residents reported that the quality of the food was still inadequate, particularly the meat. One resident reported the meat was generally 'dry' while another said it was like 'something you would get out of a can'. Another resident reported that the 'mashed potatoes contained too much butter'.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that the registered provider for The Royal Hospital Donnybrook had taken action to refurbish all multi-occupancy bedrooms on the Oak and Cedar units as required by condition 5 of the centre's registration. Steps towards improving the quality of food on offer to residents had also been taken, however further action was required to ensure that management systems gathered information about resident satisfaction with the food, and that improved choice and adequate amounts of food were available during mealtimes.

The registered provider for The Royal Hospital Donnybrook is The Royal Hospital Donnybrook. The nursing home is situated on the grounds of a larger campus and facility. The person in charge, who is responsible for the day to day operations in the centre was not present on the day of inspection. The inspector found that although there were deputising arrangements in place to cover whilst the person in charge was on leave, these were not sufficiently robust and weakened the strong management structure. For example, information requested by the inspector was not available and had not been handed over to the management team overseeing the service. Furthermore the inspector found that although there were management systems in place for oversight of the service, action was required to ensure that areas identified for quality improvement were monitored following implementation of quality improvement plans to ensure these action plans had addressed and improved the service as required. This is detailed under Regulation 23, Governance

and Management.

This inspection was carried out to monitor compliance with the regulations and to inform the decision on applications to vary/remove conditions of the centre's registration. An application to remove condition 5 of the centre's registration was received by the Chief Inspector of Social Services. The inspector found that the registered provider had completed renovation works of all multi-occupancy bedrooms on the Oaks and Cedars units to improve and support residents' rights to privacy and dignity. The registered provider had also applied to increase the number of registered beds from 50 to 56 as a result of the renovation works having been completed. The applications were under review by the inspector at the time of the inspection.

The inspector followed up on outstanding actions identified on the last inspection in April 2023 under Regulation 18, Food and Nutrition, Regulation 9, Residents' rights and Regulation 17, Premises. The inspector found that although some action had been taken to improve the food available, further action was required to come into compliance.

## Regulation 23: Governance and management

Following the last inspection in April 2023 the registered provider had committed to establishing an oversight system to ensure ongoing monitoring of resident satisfaction with the quality of food following the change from cook-chill to fresh-cooked food on site in June 2023. The registered provider had detailed that internal audits would be commenced and through seeking regular resident feedback that there would be ongoing monitoring and evaluation of the food on offer to residents to ensure resident satisfaction with the quality and choice of food provided. At the time of the inspection managers were unable to provide the inspector with information about the internal oversight mechanisms related to the changes. Although the inspector was informed verbally that feedback had been sought, there was no written records to indicate that resident feedback had been received or that a satisfaction survey had been carried out four weeks following the implementation of the new food preparation system. No records were provided to the inspector when requested of any completed or in progress internal audits. Furthermore two complaints had been received regarding the food on offer since the last inspection in April 2023. One of these complaints had been received following the implementation of the new system, and although details of the complaints were recorded, there were no clear details of the follow up actions taken by management to address the issues raised in the complaints.

The inspector found that that deputizing arrangements in place to cover while the person in charge was on leave were inadequate to ensure the continued leadership and oversight of the service. During the inspection much of the information and records requested by the inspector were not available to the inspector as the person in charge was on leave, and the resulting structure did not adequately cover the

role.

Judgment: Not compliant

## Quality and safety

The inspector found that residents' choices were supported in many aspects of their lives. Residents could choose how they spent their day, what activities to attend and where to take their meals. Further action was required however to ensure that the choice and quantities of the food offered to residents improved to ensure that greater choice of food was available to residents living in The Royal Hospital Donnybrook.

All residents had their nutritional and hydration needs assessed. Individual person-centred care plans were developed to inform staff regarding residents nutritional needs and preferences and there was a system in place to ensure that catering and care staff were aware of residents' needs as they changed. Residents had access to fresh water at all times and there were sufficient staff available to provide discreet assistance for residents at mealtimes.

The inspector followed up on the registered provider's actions to address the issues identified around food and nutrition on the last inspection in April 2023. Four weeks prior to this inspection the inspector was informed that there had been a transition from the cook-chill method of preparing food to fresh food being prepared on-site. The inspector observed that the food provided to residents now had a pleasant aroma and appeared appetising overall. Many residents reported satisfaction with the food provided to them following this change, however a small number of residents still reported that the quality and variety of food available as inadequate. The inspector found that further action was required to ensure that residents had greater choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. This is detailed further under Regulation 18, Food and Nutrition.

All structural and refurbishment works had been completed on the Cedars and Oaks units to renovate the multi-occupancy bedrooms to enhance and support residents' right to privacy and dignity. At the time of inspection room 15 on both units had been renovated. The inspector found that one bed space remained limited in available space for the resident occupying that area due to the close proximity of a clinical hand wash sink. An application to vary condition 3 of the centre's registration had been received to increase the number of registered beds from 50 to 56. The registered provider planned to register three beds in bedroom 8 on both units. The inspector found that these rooms required deep cleaning and lacked furniture and fixtures at the time of the inspection. This required further action.



## Regulation 17: Premises

Some action was required to ensure the registered provider shall, having regard to the needs of the residents, provide premises which conforms to the matters set out in Schedule 6. The inspector identified the following:

- Refurbishment and reconfiguration works had been completed on both the Cedars and Oaks units. However in rooms 15 on each unit, the inspector observed that there was insufficient space for residents occupying the bed space located closest to the door in order for residents to have sufficient space to access their wardrobe. The bed was also located in close proximity to a clinical hand wash sink. This resulted in limited space to manoeuvre around their bed and to support residents' privacy.
- There was inappropriate storage practices identified. For example, a significant number of cardboard boxes and a hoist were observed in one toilet, a hoist was observed in one bedroom and a hoist was observed in a communal dining room.
- The temperature regulation concern remained outstanding in medication rooms. This meant that the registered provider could not be assured that the appropriate storage temperatures for medications was provided at all times.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The inspector found that there was improvement with regard to the quality of food on offer in the centre since the food preparation system was implemented one month earlier. However residents' choice of food remained inadequate. The inspector was informed by staff and management that residents were required to order their meal the day before in order to inform the kitchen regarding the quantities of food that was required. The inspector was also informed that catering staff working on the units were unable to order additional portions of the different options. This meant that should a resident change their mind before or during their meal it was not possible to choose another option, as there was no additional portions provided to the units. This also meant that should a resident wish to have a second helping of food or to taste the other options available this was also not possible. The inspector observed on the day of inspection one resident who was not happy with their meal had no other options available to them. Catering staff working on the unit could only offer toast and cheese slices and a small cup of soup for their main meal of the day.

The inspector also observed that food was brought to the dining room and plated in the presence of residents. However in one unit there was little interaction with residents to inform them about what food was available or to offer a choice of the

side dishes that were available that day.

These are repeat findings resulting the judgement of not compliant.

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents' choice of food remained inadequate. The inspector identified that there was limited quantities of food provided on each unit therefore limiting residents' choice at the time of their meal and also limiting the availability of additional portions or second helpings for residents.

A small number of residents continued to be dissatisfied with the food available to them. No records or clear details of engagement by management to listen to residents' concerns and feedback about food were available to the inspector. Therefore the inspector was not assured that residents' right to be heard and consulted on this important aspect of the service was being supported.

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for The Royal Hospital Donnybrook OSV-0000478

Inspection ID: MON-0040906

Date of inspection: 20/07/2023

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Observation: The registered provider had detailed that internal audits would be commenced and through seeking regular resident feedback that there would be ongoing monitoring and evaluation of the food on offer to residents to ensure resident satisfaction with the quality and choice of food provided. At the time of the inspection managers were unable to provide the inspector with information about the internal oversight mechanisms related to the changes.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>• An internal audit system was in place to seek regular resident feedback on the quality and choice of meals offered in the center. However, this has now been redesigned and converted to an electronic survey format which is accessible to residents to complete by themselves or with the assistance of staff. PIC and the Catering Supervisor meet weekly to collect the data and report to the monthly Catering Meeting with the senior management team and the catering contractor for further action. Commenced on the w/c 28/08/2023.</li> </ul> <p>Observation: The inspector found that that deputizing arrangements in place to cover while the person in charge was on leave were inadequate to ensure the continued leadership and oversight of the service.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>• Plan to register the hospital’s Director of Nursing as a Person Participating in the Management (PPIM) to ensure adequate leadership and oversight of the service. Expected completion Date: 30/09/2023</li> <li>• PIC will ensure that all pertinent records and data are conveyed to PPIM during the subsequent absence so that there is no ambiguity in the event of an unexpected inspection. Expected completion Date: 30/09/2023</li> </ul>	

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Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 Observations:

- Refurbishment and reconfiguration works had been completed on both the Cedars and Oaks units. However in rooms 15 on each unit, the inspector observed that there was insufficient space for residents occupying the bed space located closest to the door in order for residents to have sufficient space to access their wardrobe. The bed was also located in close proximity to a clinical hand wash sink. This resulted in limited space to maneuvers around their bed and to support residents’ privacy.
- There was inappropriate storage practices identified. For example, a significant number of cardboard boxes and a hoist were observed in one toilet, a hoist was observed in one bedroom and a hoist was observed in a communal dining room.
- The temperature regulation concern remained outstanding in medication rooms. This meant that the registered provider could not be assured that the appropriate storage temperatures for medications was provided at all times.

Actions:

- The clinical hand wash basin from room 15 in each unit, has now been moved to outside of the room, and that has given sufficient space. Completed 21/08/2023.
- All items (cardboard boxes) are removed from the toilet and stored appropriately. Completed 24/08/2023.
- The hoist observed in the room and the dining room was there for that time as the staff had not finished assisting the resident’s needs. Staff are reminded to keep it in the storage place. Completed 24/08/2023.
- A couple of ceiling hoists are faulty and beyond the repair status. So, staff are using full hoist until the ceiling hoist are replaced. Expected Completion 30/09/2023.
- The temperature regulation concern has been addressed, air cons are fitted now and room temperature is regularly monitored. Completed 24/08/2023.

Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:  
 Observations:

- The inspector was informed by staff and management that residents were required to order their meal the day before in order to inform the kitchen regarding the quantities of food that was required. The inspector was also informed that catering staff working on

the units were unable to order additional portions of the different options. This meant that should a resident change their mind before or during their meal it was not possible to choose another option, as there was no additional portions provided to the units. This also meant that should a resident wish to have a second helping of food or to taste the other options available this was also not possible.

- The inspector also observed that food was brought to the dining room and plated in the presence of residents. However in one unit there was little interaction with residents to inform them about what food was available or to offer a choice of the side dishes that were available that day.

Actions:

- Catering staff will continue to take the food orders from residents on the previous day. However, they will double-check it with the residents on the day at breakfast time and facilitate any changes requested. Each unit is now provided with additional portions of the menu including the side dishes. This allows last-minute changes, second helping, and tasting of other options available. Completed on 25/8/2023.

- Management has taken the initiative to promote staff interactions with residents. One staff nurse is allocated to be present in the dining room to coordinate and monitor the activities/interactions in the dining room. Completed on 25/8/2023

- Education sessions for staff are ongoing i.e. presentation and portioning of the meal. The staff are encouraged to visit other residential settings to observe resident’s mealtime experiences.

- A group of catering and nursing staff visited other designated services on 18/8/2023, with another visit planned for 29/08/2023.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
Observations:

- Residents’ choice of food remained inadequate. The inspector identified that there was limited quantities of food provided on each unit therefore limiting residents’ choice at the time of their meal and also limiting the availability of additional portions or second helpings for residents.

- A small number of residents continued to be dissatisfied with the food available to them. No records or clear details of engagement by management to listen to residents’ concerns and feedback about food were available to the inspector. Therefore the inspector was not assured that residents’ right to be heard and consulted on this important aspect of the service was being supported.

Actions:

- 3 main meal courses are available on the menu every day. Also, a selection of sandwiches and soups (4 choices of sandwiches and 3 types of soups) are available all day. Commenced on the w/c 28/08/2023.

- Each ward is now provided with two extra main meal options and side options to use as an alternative option. Commenced on the w/c 28/08/2023.

- Additionally, catering staff can order extra portions on the day if needed.

- An electronic survey is now used to get resident's feedback. PIC and the Catering Supervisor meet weekly to collect the data and report to the monthly Catering Meeting with the senior management team and the catering contractor for further action. Commenced on the w/c 28/08/2023.
- Also, resident representatives are encouraged to attend the Nutritional Steering Group where they can voice their concerns/opinions. Commenced on the w/c 28/08/2023.



## 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 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.	Substantially Compliant	Yellow	24/08/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	28/08/2023
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Not Compliant	Orange	28/08/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management	Not Compliant	Orange	30/09/2023

	structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2023
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	28/08/2023
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.	Not Compliant	Orange	28/08/2023