



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:	25 November 2025
Centre ID:	OSV-0000478
Fieldwork ID:	MON-0041869

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 56 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 has 22 bedrooms 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 20 residents in 10 single and five 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:	60
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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
Tuesday 25 November 2025	07:30hrs to 14:50hrs	Aoife Byrne	Lead
Tuesday 25 November 2025	07:30hrs to 14:50hrs	Laurena Guinan	Support

What residents told us and what inspectors observed

Overall, residents were seen to be supported to enjoy a good quality of life by a team of staff who were kind and caring. Inspectors met with many residents in order to gain insight into the experience of those living there. Residents were positive about their experience of living in the centre and said that they were happy with the level of care and support provided.

On arrival to the centre, inspectors observed a relaxed and friendly atmosphere. While walking through the centre, inspectors saw that staff were supportive of residents' communication needs and were observed to be kind and person-centred in their approach to residents. It was evident to the inspectors that the management and staff knew the residents well as they were seen to adapt their approach in line with the residents' individual needs.

The centre is located in Donnybrook, Dublin 4. The centre is registered for 64 residents with four vacancies on the day of inspection. The centre is divided into three units referred to as Cedars, Oaks and Rowans Units, which contained residents bedrooms. Residents' bedrooms consisted of 18 single rooms and 14 multi-occupancy rooms.

The centre was warm and bright throughout. Residents were observed chatting with staff and playing bingo in a number of communal rooms throughout the centre. Each communal area provided comfortable seating options. There was spacious and bright dining rooms and lounges available for residents' use on each unit. Residents could freely access the local community on their own or with the assistance of staff if required.

Inspectors spoke with several residents over the course of the day and all residents spoken with said that they were happy living in the centre. One resident said that "staff always try to have a chat even when they are busy", while another resident told inspectors that they are "treated very well and couldn't ask for more". Inspectors spoke to residents in relation to activities, one resident said they "really enjoy the bingo", while two other residents said that they would enjoy outings but they "have never been asked" and "we don't go on outings" but they enjoy other activities.

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

While there were some good management systems observed to be in place in the centre, the registered provider had not addressed the issues identified in the previous inspection in December 2024. The registered provider had committed to taking action to address the findings under Regulation 15; Training and staff development, Regulation 17; Premises and Regulation 5: Care planning. Inspectors found that the commitments made by the provider had not been implemented, resulting in repeated non compliance in these areas. This will be further discussed under the regulations.

This was a one-day, unannounced inspection carried out by two inspectors of social services. The purpose of the inspection was to ensure that all residents were safe and receiving an appropriate standard of quality care, that the centre had adequate resources and to assess the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

The Royal Hospital Donnybrook is the registered provider of The Royal Hospital Donnybrook. The centre is situated on the grounds of a larger campus and facility. The Assistant Director of Nursing for the Royal Hospital Donnybrook is the person in charge of the designated centre and is new in the position since July 2025. From a clinical and operational perspective the person in charge was supported by the director of nursing. The person in charge was also supported in their role by clinical nurse managers, staff nurses, health care assistants, activity staff, and household staff.

There were governance systems in place such as clinical governance meetings, staff meetings and residents meeting. Inspectors reviewed the records of these meetings and it was evident that these meetings facilitated effective communication across the service. The quality and safety of care was being monitored through a schedule of monthly audits including audits on call bells, care plans and restraints. These audits included action plans in place to ensure that quality and safety systems in the centre could be effectively monitored. An annual review was prepared of the quality of care delivered to residents in 2024, and this included evidence of feedback and consultation with residents gathered throughout the year and targeted action plans for improvement set out for 2025.

Staff had completed the mandatory training in safeguarding vulnerable adults. However, gaps in relation to staff training were identified on this inspection in relation fire safety. This was also highlighted on the last inspection in November 2024 and as part of the compliance plan the provider had commitment to ensuring that all staff would be up to date with this training by March 2025. This is detailed further under Regulation 16: Training and staff development.

The inspectors reviewed nine contracts of care and found that not all contained the information required by the regulations. This was brought to the attention of the Director of Nursing, who reported that the review and updating of residents'

contracts was taking longer than expected due to staffing issues. This will be discussed under Regulation 24: Contract for provision of services.

Regulation 16: Training and staff development

Despite the provider committing to in their compliance from the previous inspection in December 2024 that all staff would have completed fire safety training, 46% of staff did not have up to date fire safety training.

This is a repeat finding from the last inspection.

Judgment: Not compliant

Regulation 19: Directory of residents

There was a directory of residents available in the designated centre. However, all information as set out in Schedule 3 of the regulations was not available. For example:

- The cause of death for all residents was not completed.
- The next of kin's name and contact details were not available for all residents.
- The contact details for the general practitioner (GP) was not completed for all residents
- The admitting organisation details was not completed for all residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there were some areas of improvement in compliance from the previous inspection. Inspectors saw examples where the management and oversight systems in place were not fully effective. This was evidenced by the lack of oversight to ensure that the actions committed to in the compliance plan from the previous inspection in December 2024 were addressed and implemented specifically in the following areas;

- Fire safety training had not been provided to all staff.
- Not all care plans had been updated on the same day after review by allied health care professionals.
- The lack of storage in the centre had not been addressed.

- Residents contracts had not been reviewed despite the time line given by the provider to have the review completed by March 2025.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of residents' contracts was required to ensure that they contained all the required information. This was evidenced by:

- Five contracts reviewed did not specify the resident's room number.
- Six contracts reviewed did not specify the occupancy of the resident's room.
- Five contracts reviewed had not been signed for weeks or months after the resident's admission to the designated centre.
- One contract reviewed had not been signed by the registered provider.
- Six contracts reviewed did not include a statement of any additional service which the resident may choose to use, that are not included in the nursing home support scheme.

This is a repeat finding.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that there was evidence of good care and support provided to residents living in The Royal Hospital Donnybrook, to ensure that residents were safe and well-supported. It was evident that staff were committed to delivering person-centred care with residents supported to maintain their independence. However, issues identified on the previous inspection remained outstanding and required further review and attention to improve compliance with the regulations and to ensure best possible outcomes for residents.

While some areas of the centre were well presented and laid out to meet the needs of the residents, the registered provider had not taken action to ensure that the premises adhered to all matters within Schedule 6 of the regulations. Many of these areas were previously identified at the inspection of the centre in December 2024 and inspectors found there was ineffective action to address all of required findings, such as some areas of the premises not kept in a good state of repair and inappropriate storage remained a finding during this inspection. However, inspectors

saw records of meetings where the issues that required attention were discussed but not followed up. This is further discussed under Regulation 17: Premises.

The inspectors reviewed residents' care plans on each unit and found that while the care plans were reviewed every three months they were not updated, some care plans contained historical information which did not reflect the resident's current status. Additionally, one resident's nutritional status had been changed after a dietician review, but this was not reflected in the resident's care plan. These are repeat findings and will be discussed under Regulation 5: Individual assessment and care plan.

The care plans of residents who had communication difficulties were reviewed. Some were seen to be personalised to the resident and detailed the resident's communication style and preferences. However, there were five care plans which contained generic information and did not inform the specific care needs of the residents. This will be discussed under Regulation 10: Communication difficulties.

Where residents required specific support in relation to responsive behaviours, there were care plans in place, however they did not set out the way a resident may engage, how to respond including redirection techniques, and also any other approaches that were effective. However, inspectors observed through the inspection that the staff knew the residents well, and were able to support residents with any increased anxieties or agitation. This is further discussed under Regulation 7: Managing behaviour that challenges.

The centre had a restraints register in place to record the use of restrictive practices in the centre. There was multi-disciplinary team involvement and, where relevant, the resident was involved in the decisions to implement any restrictive practices. There was ongoing efforts to ensure that alternatives were trialled and documented for residents who had restraints such as bed rails or sensor alarms in place. There was also evidence of safety checks being completed when bed rails were in use at night-time.

The inspectors reviewed documents on each unit for residents who had been transferred to and from hospital. A doctor's referral letter and a validated transfer letter were sent with the resident on transfer. These documents were seen to contain comprehensive information on the resident's current status and the reason for referral. When the resident was discharged back to the designated centre, a medical and nursing update was obtained. Staff spoken with were familiar with the procedures and documents required to ensure safe discharge and return of a resident. There was evidence that the resident, and family, where appropriate, were informed of the discharge.

Regulation 10: Communication difficulties

The registered provider ensured that residents who had communication difficulties were supported to the best of their ability to communicate freely. Staff were knowledgeable of residents who had communication difficulties.

Judgment: Compliant

Regulation 17: Premises

While the overall premises met the needs of the residents, some areas which the registered provider committed to addressing in their compliance plan from the previous inspection were not actioned, for example:

- Damage was observed to walls in several areas of the centre including along the Rowans unit corridor.
- There was inappropriate storage practices observed, for example; mobility aids and hoists were stored in a shower room in the Rowans unit, in residents bathrooms in Cedar Unit and an end of life room on the Oaks unit.

This is a repeat finding.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge had ensured that residents were discharged from, and returned to, the designated centre in a planned and safe manner, and that this was done in consultation with residents and their families.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire and implemented the actions identified in the compliance plan from the last inspection in December 2024. This included, the removal of inappropriate combustible materials from storage areas and the availability of layout plans of fire exits on each unit.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Not all care plans reviewed by inspectors contained relevant information on the resident's current status. This was evidenced by:

- Four residents care plans contained information that was no longer relevant to the residents current care needs. For example: one resident's nutritional care plan did not reflect their current nutritional status, or include recommendations following a dietitian review.
- Five resident's care plans had not been updated with information to guide staff on their specialist communication needs.
- Mood and behaviour care plans for three residents who present with behaviours that challenge, did not clearly describe the types of behaviours, triggers and de-escalation techniques for these residents.

These are repeat findings

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Restraint use in the centre was well-managed and residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage in line with national guidance.

Judgment: 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
Capacity and capability	
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for The Royal Hospital Donnybrook OSV-0000478

Inspection ID: MON-0041869

Date of inspection: 25/11/2025

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The registered provider acknowledges that not all staff had completed up-to-date fire safety training at the time of inspection, which represents a repeat finding.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Review of all mandatory training records completed. • Mandatory fire safety training scheduled for all staff. • Electronic training matrix monitored monthly by the Director of Nursing and Person in Charge. • Training compliance reviewed at Monthly Governance and Management Meetings and escalated to the Board where required. <p>Date of full compliance: 31 March 2026</p>	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents:	

The registered provider acknowledges the finding in relation to the directory of residents. While a directory of residents was in place, the inspection identified deficits in the completeness of information and in governance arrangements to ensure accessibility and effective oversight.

The following actions will be implemented:

The directory of residents has been reviewed to ensure it contains all information required under Schedule 3, including next of kin details, GP details, admitting organisation and cause of death.

Responsibility for maintaining and accessing the directory has been clearly assigned to the Person in Charge, with oversight from the Director of Nursing.

The directory has been made readily accessible to the Person in Charge and relevant senior staff.

A monthly audit and review process has been implemented to ensure accuracy, accessibility and ongoing compliance.

Compliance with Regulation 19 will be reviewed at the Monthly Governance and Management Meeting.

Date of full compliance: 28 February 2026

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Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The registered provider acknowledges that while governance and management structures were in place, they were not sufficiently effective in ensuring that actions identified in the previous compliance plan were fully implemented within the agreed timeframes.

To strengthen governance and oversight arrangements, the following actions will be implemented:

The Registered Provider and Director of Nursing will have joint accountability for

oversight of regulatory compliance, with support from the Person in Charge.

Monthly Governance and Management Meetings will be formally structured and minuted. Attendance will include:

- Registered Provider Representative
- Director of Nursing
- Person in Charge /ADON
- Maintenance Manager / COO
- Admissions Team
- HR Head
- Risk Manager

These meetings will review all compliance actions, including but not limited to:

- Fire safety training and mandatory training compliance
- Care planning and documentation audits
- Premises and maintenance actions
- Contracts of care and administrative compliance
- Risk registers and quality improvement actions

A centralised compliance action tracker will be reviewed at each meeting, clearly identifying responsible persons and timelines.

Any delays or risks to compliance will be escalated by the Director of Nursing and Registered Provider to the Board of Management, with documented oversight and direction.

Progress on compliance actions will be incorporated into the quality and risk reporting framework and inform the centre's ongoing quality improvement plan.

These strengthened governance arrangements will ensure that the service provided is safe, appropriate, consistent, and effectively monitored in line with regulatory requirements.

Date of full compliance: 31 March 2026

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Regulation 24: Contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- Admissions team are responsible for preparing all contracts of care. A standardised contract template has been implemented.
- The Person in Charge (PIC) will complete a monthly audit of contracts of care using a standardised audit tool to monitor compliance with Regulation 24.
- Audit findings will be reviewed at monthly governance and management meetings and any deficits will be assigned to Administrators for corrective action within agreed timeframes.
- Ongoing non-compliance or delays will be escalated by the PIC to the Director of Nursing and the Registered Provider, and where required, to the Board of Management.
- A process has been implemented to ensure that all new contracts are completed and signed on or before admission to the designated centre.

These measures will ensure that all residents have clear, accurate, and timely written agreements in place, in accordance with regulatory requirements.

Date of full compliance: 31 March 2026

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Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

The registered provider acknowledges that aspects of the premises did not fully conform to Schedule 6 of the regulations, including damage to walls and inappropriate storage practices. This was identified as a repeat finding.

Actions to bring the centre into compliance include:

- A full environmental and premises audit has been completed.
- A phased maintenance and refurbishment plan has been developed to address identified deficits.
- Inappropriate storage practices have been addressed through removal of equipment from unsuitable areas and allocation of designated storage spaces.
- The Maintenance Manager, in collaboration with the Director of Nursing, is responsible

for implementing and monitoring premises actions.

- Progress against the premises compliance action plan will be reviewed as a standing agenda item at the Monthly Governance and Management Meeting.
- Any delays or risks will be escalated by the Director of Nursing and Registered Provider to the Board of Management.
- Monthly environmental audits will be completed to ensure sustained compliance.

Date of full compliance: 30 June 2026

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Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The registered provider acknowledges that not all residents' care plans reflected their current assessed needs, including nutrition, communication and behaviour support, representing a repeat finding.

Actions to ensure compliance include:

- A full review of all residents' care plans has commenced.
- Care plans will be updated to accurately reflect:
 - Current nutritional status and dietetic recommendations
 - Individual communication needs
 - Behaviour support strategies, including triggers and de-escalation techniques
- Care plans will be reviewed at quarterly, or sooner if residents' needs change.
- Staff will receive refresher training on person-centred care planning and documentation.

Care plan audits will be completed monthly, with findings reviewed at the Monthly Governance and Management Meeting.

Date of full compliance: 31 March 2026

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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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2026
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	30/06/2026
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	28/02/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/03/2026

	consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	31/03/2026
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant	Orange	31/03/2026
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	Not Compliant	Orange	31/03/2026

	concerned and where appropriate that resident's family.			
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